

Cambodia

Gender Based Violence Institutional Mapping Report

Mia Hyun, Consultant

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1818 H Street NW, Washington DC 20433
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Table of Contents

1. Introduction and overview
2. Situation Analysis of GBV in Cambodia
3. Legal and Policy Framework
4. Role and responsibility of Government in GBV prevention and response
5. Coordination mechanisms
6. Initiatives of Key Development Partners supporting GBV prevention and response
 - a. UN Agencies
 - b. Other DPs
 - c. INGOs
 - d. Local NGOs
 - e. LGBT
7. Gaps
8. Recommendations for World Bank Portfolio by Sector
9. Annexes
 1. List of documents reviewed and useful resources
 2. Table: mapping GBV stakeholders

Acronyms

APLE	Action Pour Les Enfants
ASEAN	Association of Southeast Asian Nations
ATIP	Anti-trafficking in Persons
CCHR	Cambodia Center for Human Rights
CCWC	Commune Committees for Women and Children
CDHS	Cambodia Demographic and Health Survey
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CGAP	Country Gender Action Plan
CIP	Commune Investment Plan
CNCW	Cambodian National Council for Women
CP	Child Protection
CPI	Community Policing Initiative
CSO	Civil Society Organization
CWCC	Cambodian Women's Crisis Center
DHS	Demographic and Health Survey
DoWA	District Department of Women's Affairs
DP	Development Partner
DV Law	Law on Prevention of Domestic Violence and Protection of Victims
EVAW	Eliminating Violence Against Women
GADC	Gender and Development Cambodia
GBV	Gender-based Violence
GRB	Gender Responsive Budgeting
GRM	Grievance Redress Mechanism
H-EQIP	Health Equity Quality Improvement Project
IFC	International Finance Corporation
ILO	International Labor Organization
INGO	International Non-Governmental Organizations
IOM	International Organization for Migration
IP3.3	Three Year Implementation Plan #3
IPV	Intimate Partner Violence
ISAF	Implementation of the Social Accountability Framework
JPA	Judicial police agents
LA	Local Authorities
LGBT	Lesbian, Gay, Bisexual, Transgender
MEF	Ministry of Economy and Finance
MoEYS	The Ministry of Education Youth and Sports
MoH	Ministry of Health
Mol	Ministry of Interior
MoInf	The Ministry of Information
MoJ	The Ministry of Justice
MoSVY	The Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
MSI	Marie Stopes International
NAPVAW	National Action Plan to Prevent Violence Against Women
NCCT	National Committee on Counter Trafficking
NCDD	National Committee for Sub-National Democratic Development
NRIV	Neary Rattanak IV
NGO	Non-Governmental Organization
OHCHR	Office of the High Commission for Human Rights

OSSC	One Stop Service Centers
P4P	Partners for Prevention
PAR	Public Administration Reform
PDoWA	Provincial Department of Women's Affairs
PFMRP	Public Financial Management Reform Programme
PSS	Psycho-social Services
RAMP2	Road Asset Management Project 2
RGC	Royal Government of Cambodia
SGBV	Sexual Gender Based Violence
SNL	Sub-National Level
SOGI	Sexual Orientation and Gender Identity
SWG GBV	Sub-national Working Groups on GBV
SRH	Sexual and Reproductive Health
TAF	The Asia Foundation
ToT	Training of Trainers
TWG	Technical Working Group
TWG GBV	Technical Working Group on Gender / Gender Based Violence
UNFPA	United Nations Population Fund
UNODC	United Nations Office of Drug Control
UNW	UN Women
VAC	Violence against Children
VAWG	Violence Against Women and Girls
WCCC	Women's and Children's Consultative Committees
WHO	World Health Organization

I. Introduction and overview

Addressing Gender Based Violence (GBV) is a top priority for both the Royal Government of Cambodia (RGC) as indicated in the National Action Plan to Prevent Violence Against Women (NAPVAW) I and II¹; and the Neary Ratanak IV², and the World Bank as indicated in the World Bank's Cambodia Country Gender Action Plan (CGAP)³ and for several other Development Partners including DFAT and UNW. The TWG on GBV chaired by MoWA is the most active of the TWG Gender Sub-Groups, and regularly convenes all the key stakeholders for planning and coordination purposes. This *Cambodia Gender Based Violence Institutional Mapping Assessment* aims to inform and advise World Bank and client use in drawing upon available resources to prevent and respond to GBV in relation to World Bank activities in Cambodia. The report covers the roles and responsibilities of Government agencies, coordination mechanisms, and major development partners (DPs) and civil society organizations (CSO) supporting GBV prevention and response.

Working Definition of GBV

Based on the World Bank's working definition of GBV⁴, and the priorities for the countries covered in this assessment, the following manifestations of GBV are included:

- Physical, emotional and sexual violence, both intimate partner violence (IPV) as well as non-partner violence
- Trafficking for sex or forced marriage/childbearing
- Early/child marriage
- Sexual harassment in the workplace
- LGBT related GBV

Mapping Framework

The report proposes a framework for mapping essential services for prevention and response to GBV based on the model created by the UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence (including UNFPA, UNW, UNDP, WHO, UNODC) which recommends the following interventions that should be included in a ["Quality Essential Services" programme](#)⁵:

I. Coordination and Governance:

At national Level the activities will include:

1. Law and policy making, advocacy
2. Allocation of human and financial resources
3. Standard setting for establishment of local level coordinated responses (guidelines)
4. Inclusive approaches to coordinated responses
5. Facilitate capacity development of policy makers and other decision-makers on coordinated responses to Violence Against Women and Girls (VAWG)
6. Monitoring and evaluation of coordination at national and local levels

At local level, they will include:

1. Creation of formal structures for local coordination and governance of coordination
2. Implementation of coordination and governance of coordination

¹ NAPVAW I & II

² Neary Ratanak IV. 2014

³ World Bank. 2019

⁴ World Bank. 2018

⁵ UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence (2015) Essential Services Package for Women and Girls Subject to Violence. This was used to define the pillars 1 and 3, and I added some suggestions for Prevention, Pillar 2.

II. [Prevention](#)

1. Social awareness-raising campaigns, through village level meetings and trainings, mass media, social media, formal education, and youth debates.
2. Mobilization of specific groups to play a role in the prevention of VAW (local authorities, religious leaders, teachers, youth groups, LGBT+, women's groups, health workers, sports groups.)
3. Addressing the secondary factors that cause VAW (alcohol, etc.)
4. Codes of conduct for Public and Private Sector (i.e. sexual harassment in workplace, sexual exploitation in and around construction camps, etc.)

III. [Response: Essential Services](#)

Health:

1. Identification of survivors of GBV and Intimate Partner Violence (IPV)
2. First line support
3. Care of injuries and urgent medical treatment
4. Sexual assault examination and care
5. Mental health assessment and care
6. Documentation (medical-legal)

Justice and Policing:

1. Prevention
2. Initial contact
3. Assessment/investigation
4. Pre-trial processes
5. Trial processes
6. Post-trial processes
7. Safety and protection
8. Assistance and support
9. Communication and information
10. Justice sector coordination

Social services:

1. Crisis information systems
2. Crisis counselling programs
3. Help lines
4. Safe accommodations
5. Material and financial support and aid
6. Creation, recovery, replacement of identity documents
7. Legal and rights information, advice and representation, including in plural legal systems

[Methodology and limitations](#)

The findings in this report are based on an initial desk review (also summarized in the Inception Report), stakeholder consultations during a 1-week mission to Phnom Penh from 5-12 April 2019 supplemented by skype calls when face to face meetings were not possible, and review of additional documents collected during the consultations (see Annex 1: Documents and Resources). The consultations and desk review focused on mapping of key stakeholders and their initiatives, gaps, and examples of good practice. Consultations were held with World Bank specialists (social development, gender, transport, Education, Health), MoWA, MoI (Anti-TIP Committee), DFAT and the ACCESS team, SIDA, UNDP, UNW,

UNFPA, ILO, Action Aid, CARE, Hagar, Plan Int (Skype), TAF, GADC, Rock, CWCC, Women peace makers, Klahaan, Adhoc, Silaka.

Some of the limitations to the research are related to the un-availability of key stakeholders during the time of the mission to Cambodia, as a result the following stakeholders were not consulted: MoH, MoEYS, Bantey Srey, Oxfam.

2. Situation Analysis of GBV

Overview

Two recent studies have provided national level data to better understand the prevalence of gender based violence in Cambodia: the *Cambodia Demographic and Health Survey (CDHS)*⁶ conducted in 2014 and the *National Study on Women’s Health and Life Experiences*⁷ conducted in 2015. The domestic violence module was included in CDHS 2000, and in CDHS 2005 providing data that is comparable over time. The *National Study on Women’s Health and Life Experiences* was conducted using an internationally recognized methodology designed by the World Health Organization (WHO) and provides data that is comparable to other countries (such as Lao PDR, but not Myanmar). This study is referred to as the *WHO Multi-Country Prevalence Study*. Both studies show prevalence rates of violence over the lifetime and in the past 12 months before the survey.

Prevalence of Violence Against Women by Intimate Partner in ASEAN Region from the WHO Multi-Country Prevalence Studies in each country

Country	Percentage of Women who reported experience of physical or sexual violence or both by an intimate partner in their lifetime	Percentage of women who reported experience of physical or sexual violence, or both by an intimate partner in the last 12 months
Cambodia	21	8
Indonesia*	Not available	Not Available
Lao PDR	15	8
Malaysia*	Not available	Not Available
Myanmar*	Not available	Not Available
Philippines	17	7
Singapore*	Not available	Not Available
Thailand	44	22
Vietnam	34	9

The following section breaks this statistic down by different type of GBV experienced.

⁶ NIS/MoP. 2014

⁷ Fulu E. 2015

Domestic violence / intimate partner violence refers to GBV committed by a spouse or current or former intimate partner. It is the most widespread form of violence against women and is a serious concern in Cambodia. One in five women age 15-49 reported they had experienced physical violence at least once since age 15, and 9 percent experience physical violence within the 12 months prior to the survey. Overall, 18 percent of ever married women age 15-49 report having experienced physical or sexual violence from a spouse⁸. Over 30 percent of Cambodian women reported they had experienced physical, sexual, emotional or economic intimate partner violence in their lifetime⁹. Among ever-married women who have experienced spousal violence (physical or sexual) 48 percent reported experiencing physical injuries¹⁰.

Among women age 15-49 who had ever been married who have experienced physical violence since age 15, the majority report that the perpetrator is their current husband/partner (51.7 percent) or their former husband/partner (18 percent). Among ever-married women who have experienced spousal violence (physical or sexual) 48 percent reported experiencing physical injuries¹¹. The women who had experienced intimate partner violence in the last 12 months as a proportion of those who had ever experienced intimate partner violence had reduced over time suggesting that the violence was either more likely to cease or the women were more able to leave their violent partner.¹²

Women with disabilities in Cambodia experience similar rates of intimate partner violence, but higher rates of controlling behavior from partners; and significantly higher levels of all forms of violence (emotional, physical and sexual) from family members compared to other women. Barriers to disclosure and access to services are worsened by the fact that many women with disabilities have less financial autonomy and less power over their lives than other women.¹³ A qualitative study of women in indigenous communities identified that indigenous women also report experiencing all types of GBV, and additionally report challenges in accessing justice, safe shelter, counselling services, legal supports and other services.¹⁴

The following key factors related to intimate partner violence emerged as the most robust and statistically significant: alcohol abuse and childhood exposure to violence as factors that increase severity and/or frequency of intimate partner violence; high media exposure to violence and low educational attainment as factors for both perpetuation and prevention of intimate partner violence. Other factors include: survivors were fearful of their intimate partner, he displayed a higher number of marital controlling behaviors, there was a higher number of live children. Men's alcohol abuse is one of the strongest and most consistent factors. The Cambodia *WHO Multi-Country Prevalence Study (2015)* showed that women in rural areas experience higher rates of physical intimate partner violence than urban women¹⁵.

Rape and Sexual Violence are a concern in Cambodia. Six percent of women age 15-49 report having experienced sexual violence at least once in their lifetime¹⁶. Five percent of women reported having experienced at least one form of sexual harassment in their lifetime¹⁷. Four percent of girls reported at least one incident of sexual abuse before 18¹⁸. One in five ever-partnered Cambodian men report

⁸ Ibid.

⁹ UN Women. 2018

¹⁰ Ibid.

¹¹ National Institute of Statistics. 2014

¹² Ministry of Women's Affairs. 2016

¹³ Astbury and Walji. 2013

¹⁴ Mauney. 2015

¹⁵ Fulu E. 2015

¹⁶ Ibid.

¹⁷ Fulu E. 2015

¹⁸ Fulu. 2015

having perpetrated rape. The study found that rape is most commonly against an intimate partner, with 20.8 percent of ever-partnered men reporting rape of a partner and 8.3 percent of all men interviewed reporting that they had perpetrated rape against a woman or girl who was not their partner¹⁹. Sexual abuse by more than one perpetrator is not uncommon. Among 18 to 24-year olds, more than one in 10 females and more than one-quarter of males aged 18-24 reported that the first incident of child sexual abuse was perpetrated by more than one person. Among 13 to 17-year old, one in eight females and one in six males reported multiple perpetrators as the first incident of sexual abuse²⁰.

Sexual Harassment is defined as unwelcome sexual advances, requests for sexual favors, and other unwanted verbal or physical conduct of a sexual nature.²¹ Five percent of women reported having experienced at least one form of sexual harassment in their lifetime, according to the WHO prevalence study.²² A CARE International study on sexual harassment in the garment industry in Cambodia (2017) showed that in garment factories nearly one in three garment factory workers report experiencing sexually harassing behaviors in the workplace over the last 12 months²³. ILO *Better Factories*²⁴ found that 40-50 percent of workers often are subject to sexual harassment. The ActionAid *Safe Cities for Women Study* (2014) found that female garment workers interviewed in Cambodia reported the lack of safety in factory bathrooms, harassment from both factory managers and people loitering outside the factory gates, poor lighting and bad roads which exposed them to the risk of rape and sexual assault on their way to and from the factories, and a lack of support from police and factory authorities²⁵. ActionAid also found that ¾ of the women don't feel safe after dark, are exposed to violence, and have experienced sexual violence or other crimes in the city²⁶.

Trafficking-in-persons is defined as recruitment, transportation, transfer, harboring or receipt of persons, by means of force, other forms of coercion, abduction, fraud, deception, of the abuse of power, or of a position of vulnerability, or giving or receiving of payments or benefits to achieve the consent of a person, having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, the exploitation of the sex work of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.²⁷ It is a particularly severe form of GBV that affects high rates of Cambodian women, although the actual rates are unknown.

There is no national level prevalence data on trafficking of women and girls in Cambodia or Cambodian women and girls trafficked abroad. Women and girls are the majority of survivors of human trafficking, forced labor and forced marriages²⁸. The clandestine and cross-border nature of trafficking poses distinct problems for institutions tasked with combatting the issue, which struggle to locate survivors and bring perpetrators to justice. In particular, research conducted by the US State Department in 2017 reveals that law enforcement personnel in Cambodia have profited directly from establishments suspected of sex and labour trafficking, and stalled progress in cases involving perpetrators with political, criminal, or economic ties to government officials. Women and girls are disproportionately affected by modern day slavery in Cambodia which ranks third out of 167 countries *for modern slavery* in the world, behind only North Korea and Uzbekistan. Reports indicate that modern slavery patterns predominately include young girls brought into 'entertainment work' from their villages in the provinces to Phnom Penh; and elderly and handicapped women and men who are smuggled to Thailand

¹⁹ Fulu, E. 2013

²⁰ Fulu. 2015

²¹World Bank. 2018. Good Practice Note on Addressing GBV

²² Fulu. 2015

²³CARE. 2017

²⁴ Interview with Sarah Park, ILO Better Factories (4/2019)

²⁵ ActionAid. 2014

²⁶ ActionAid. 2014

²⁷ World Bank. 2018. Good Practice Note on Addressing GBV

²⁸ Global Slavery Index. 2016

to work as organized beggars. According to the Global Slavery Index 2016, more than 60 percent of survivors of forced labour in Cambodia are women²⁹.

Although significant policy-level changes have occurred in Cambodia in recent years, implementation remains limited. Cooperation is weak among parties in the criminal justice response system, including between the police and competent authorities, as well as prosecutors and judges dealing with human trafficking cases. Many NGOs as well as the UN and international organizations face many difficulties in making sustainable progress. Cambodia lacks an effective complaints mechanism to resolve grievances, and an adequate criminal justice response to perpetrators in destination countries remains a significant challenge. Twenty shelters operated by different NGOs provide assistance to female and child survivors of trafficking, there exists only one transit centre in Poipet operated by the government.³⁰

Early, Forced and Child Marriage: Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions.³¹ In 2014, UNICEF reported that 18 percent of all Cambodian women marry under the age of 18³², and among all forced into marriages, 95 percent are women³³. Plan International research on children in Ratanakiri³⁴ found that ethnic minority communities considered marriage as young as 14 normal for girls, and that it is quite prevalent. Ratanakiri province, under the leadership of Her Excellency Chairperson of Provincial Women and Children Consultative Committee (WCCC), in collaboration with Provincial Department of Women's Affairs (PDOWA), has developed an *Action Plan to prevent child marriage and teenage pregnancy in Ratanakiri province*, with the support of MOWA and UNICEF.³⁵

LGBT people are subjected to violence in their family, school bullying from students and teachers, discrimination in the workplace and in the legal context. Transgender women are often rejected by their families and communities, and because they are discriminated against in employment often turn to illegal sex work to survive, where they are vulnerable to GBV at the hands of clients and police. A report by the **Cambodian Center for Human Rights** (2016) found alarming rates of abuse perpetrated against transgender women in public spaces, with 43 percent of respondents reporting experiences of physical violence, 31 percent reporting experiences of sexual assault, and 25 percent reporting having been raped. A survey of 135 transgender women report they are exposed to high levels of verbal, physical, and sexual harassment in public spaces, denial of employment opportunities and discriminatory arrests, detention, and abuse by the police. 92 percent reported verbal abuse, 43 percent reported physical violence, 31 percent reported sexual assault and 25 percent reported rape. 85 percent of respondents that have experienced harassment or discrimination had not reported the incident to the authorities because they believed there was no hope of receiving support³⁶. Efforts to reach gay men have been primarily related to HIV detection, treatment, and other health services. Mechanisms have been through social media, targeted websites, peer-to-peer education programs and others. No groups were identified who worked specifically on addressing LGBT GBV except on projects to raise awareness about their legal rights.³⁷ There is a video of the Prime Minister calling for non discrimination against LGBT which is very powerful for changing mindsets.

²⁹ Global Slavery Index. 2016

³⁰ UNACT website

³¹ World Bank. 2018. Good Practice Note on Addressing GBV

³² UNICEF. 2014

³³ Ibid

³⁴ Plan International Cambodia. 2017

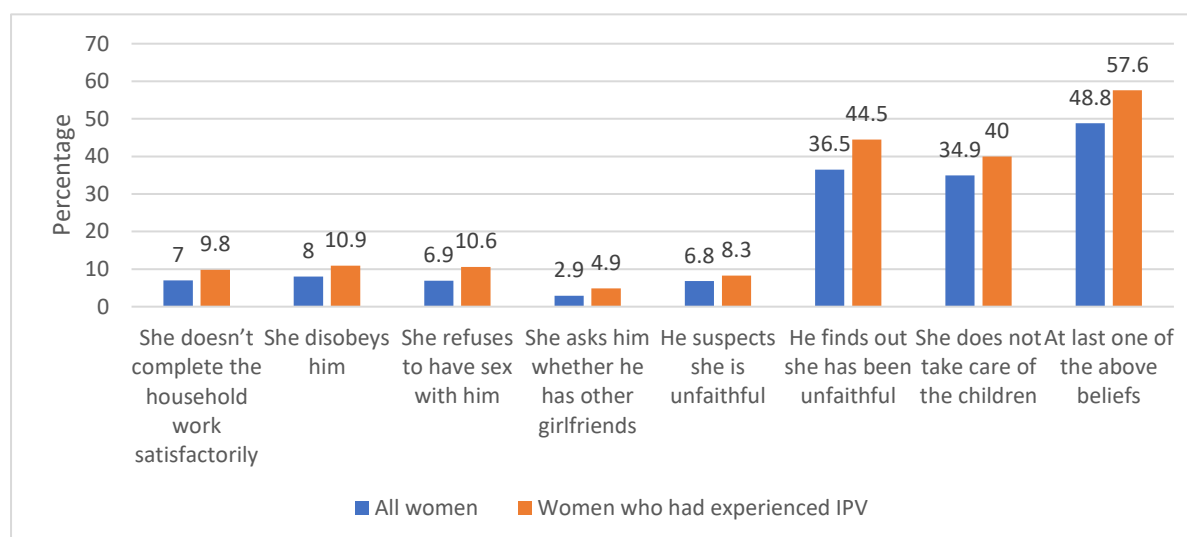
³⁵ RGC. 2018

³⁶ TNS Cambodia. 2015

³⁷ LINKAGES/PEPFAR. 2017

Justifications of GBV: Rigid gender norms and attitudes contribute to a widespread tolerance and

Percentage of all women and women who have experienced Intimate Partner Violence that agree with one or more justifications for a husband/partner to hit is wife (Cambodia WHO Multi-Country Prevalence Study, 2015)



acceptability of GBV in Cambodia, which disproportionately impacts women and girls. One study concluded that violence committed by men at home is seen less negatively than violence committed in public, reaffirming that domestic violence is regarded as a private matter rather than a crime³⁸. The *National Survey on Women's Health and Life Experiences* revealed that 49 percent of the 3,574 surveyed women aged 15-64 agreed that it is justifiable for a man to beat his wife/partner for at least one reason³⁹. The *Cambodia Demographic and Health Survey 2014* supports this finding, 50 percent of the 17,578 interviewed women aged 15-49 agree that a "husband is justified in hitting or beating his wife" for at least one reason. In the same survey, men showed lower rates of tolerance towards violence against women, with only 27 percent of 5,190 interviewed men aged 15-49 finding it justifiable for a man to use violence against his wife or partner⁴⁰. Furthermore, findings from the UN multi-country study on men and violence in Asia and the Pacific showed that 67 percent of women aged 18-49 agreed or strongly agreed that a woman should tolerate violence in order to keep her family together. Of the 1,831 interviewed men 59 percent agreed or strongly agreed with the same statement⁴¹. The study also showed that 67 percent of women in Cambodia, and 58.9 percent of men, agreed or strongly agreed that a woman should tolerate violence in order to keep her family together⁴². GBV is enabled and perpetuated in Cambodia by a justice system that has been widely criticized as ineffective, apathetic and corrupt. Women are underrepresented in the justice sector: women currently make up just 14 percent of judges countrywide, and 20 percent of lawyers. Reports of gender-insensitive courts are common, with some survivors of GBV reporting having been blamed, ridiculed or re-traumatized by justice professionals.

Help seeking behaviour: Women that experience violence commonly do not seek help: about two in five women have sought assistance to stop the violence they have experienced⁴³. Only 24 percent reported seeking help from a formal service provider. The CDHS 2014 showed that about 43 percent of women who have experienced any type of physical or sexual violence from anyone sought out help to

³⁸ Gender and Development for Cambodia (GADC). 2010.

³⁹ Fulu, Emma. 2015

⁴⁰ National Institute of Statistics. 2015

⁴¹ Fulu, E. 2013

⁴² Ibid

⁴³ National Institute of Statistics. 2015

stop the violence⁴⁴. In the Cambodia WHO *Multi-Country Prevalence Study* 38 percent of women never sought help and never told anyone; and 19 percent never sought help but told someone⁴⁵. CDHS 2014 showed that when women do seek help the most common source is her own family (58.5 percent), followed by a neighbour (29.2 percent); husbands' family (11.4 percent). Only 12.3 percent had sought help from the police⁴⁶. In a study on women with disabilities (2013), 68 percent of women with disabilities compared to 48 percent of women without disabilities had not informed anyone about the violence committed by their partner⁴⁷. Sexual assault survivors are reported in some cases to be poorly served by the health care system and face stigma and access issues. For example, few female doctors are available to perform a forensic examination, despite survivors' preferences to work with same-sex physicians, due to a general lack of female physicians in Cambodia⁴⁸.

Costing of Essential Services: A study conducted by UN Women (2016) estimates the scope and cost of a package of essential services that would address the gaps in services for women that have been subjected to violence in Cambodia. This includes providing access to services through hotlines, trained multi-sectoral service providers, and access to justice through the improved responses of the police, local authorities, prosecutors, and judges, and address issues for vulnerable and marginalized populations. The estimated cost for a three-year period for establishment, capacity building, and service provision nationwide is USD 36 million which is 0.24 percent of the GDP of Cambodia. The on-going operational costs after the initial investment would be reduced to an estimated annual cost of USD 11 million. Clearly the cost for services and response for women that have experience violence is significant⁴⁹, that said it is not as high as the cost of not addressing GBV. A study by CARE International (2017) examined the cost of sexual harassment in the garment industry in Cambodia, and found that the productivity cost of sexual harassment in the garment industry is estimated at USD 89 million per annum. This includes the cost of turnover, absenteeism and presenteeism⁵⁰.

3. Legal and Policy Framework

Cambodia is signatory to CEDAW and the Beijing Platform for Action, which include commitments to address GBV. MoWA is the Chair of the ASEAN Committee on Women VAWG Ad-Hoc Working Group on the development of the ASEAN VAWG Data Guidelines under the *ASEAN Regional Action Plan for the Elimination of Violence against Women*. Cambodia has also joined regional commitments through the Association of Southeast Asia Nations (ASEAN) to protect the rights of women. The key commitments through the ASEAN Committee are:

- Declaration on the Elimination of Violence against Women in ASEAN 2004
- ASEAN Declaration against Trafficking in Persons particularly Women and Children which was adopted in 2004
- Declaration on the Elimination of Violence Against Women and the Elimination of Violence Against Children 2013
- ASEAN Regional Plan of Action on the Elimination of Violence against Women
- ASEAN Consensus on the Promotion and Protection of the Rights of Migrant Workers
- ASEAN Convention Against Trafficking in Persons, Especially Women and Children, Nov 2015

Legal framework

⁴⁴ National Institute of Statistics. 2015

⁴⁵ Fulu. 2015

⁴⁶ National Institute of Statistics. 2015

⁴⁷ Astury, J., Walji F. 2013

⁴⁸ USAID. 2016

⁴⁹ UN Women 2016

⁵⁰ CARE 2017

The 2005 *Law on Prevention of Domestic Violence and Protection of Victims* (DV Law) establishes the responsibility of the nearest authorities in charge to intervene in cases of domestic violence. Commonly these are the Commune Authorities. The Commune Councils record the number of families that experience domestic violence. The law provides for protection orders to protect the survivors from any further violence and gives authority for mediation in cases of domestic violence that are classified as petty crimes and misdemeanors. Articles 3 and 7 of the DV Law effectively recognize marital rape by including 'sexual aggression' as a form of domestic violence and incorporating 'violent sex' as an element of sexual aggression. A stated priority of the DV Law is 'family harmony'. While family harmony is desired, prioritising it over the right of women to live free of violence can result in women continuing to be subject to violence to preserve the family. This violates the rights of the survivor of violence. To address the challenges of mediation, MoWA is in the process of developing the *Good Practice Guidelines for Mediation as a Response to Violence Against Women* that will provide guidance on when and how to conduct mediation as a response to violence against women.

The *Criminal Code* (2010) provides the framework for prosecution of domestic violence and sexual violence. While limited data is available nationally, reports from organizations working with female survivors of domestic violence demonstrate low rates of criminal proceeding. Service providers report that commonly there are settlements in cases of rape or sexual violence that are negotiated or mediated as well, which diverts cases from prosecution⁵¹.

Sexual harassment is prohibited in the *Labour Law* (1997) and in the *Criminal Code*. Sexual harassment and indecent behaviour in the workplace are prohibited by Article 172 of the *Labour Law*. While this is an important Article, there is no clear definition of sexual harassment. The *Criminal Code* Chapter 3 classifies acts of indecent assault, indecent exposure and main categories of sexual assault. Although sexual harassment is defined in Article 250, it is not clear if it applies to workplaces and there are no explicit examples of behaviours. This vagueness makes it hard for duty bearers to implement the law and even harder for survivors to seek help⁵².

The 2008 *Law on Suppression of Human Trafficking and Sexual Exploitation* establishes the law against kidnapping persons for labour or sexual exploitation. The policy on extradition and the differing legal frameworks of countries make cross-border prosecution a challenge. Identifying survivors of trafficking also continues to be a challenge⁵³. Article 24 criminalizes soliciting in public for the purpose prostitution and puts women at risk of police harassment.

The *Village Commune Safety Policy* (2010) identifies rape, domestic violence and anti-trafficking as priority areas for commune, municipal, district and provincial councils to address. It prioritizes 'no domestic violence' and 'no trafficking of women and children'. However, the drive to reduce domestic violence is suspected to have an unintended impact on reduction of reporting of domestic violence cases, in order to show success or improvement in the effort to end violence against women.

The *Civil Code* (2007) regulates marriage and divorce. The law forbids marriage under 18 unless one of the parties is over 18 and the other is 16 and has parental permission. However, many Cambodian girls marry young. According to 2014 UNICEF statistics, two percent of girls are married by the age of 15 and 18 percent by the age of 18. It seems clear that the law is not adequately enforced.⁵⁴

The *Law on Tourism* (2009), Article 11 states that, "The Ministry of Tourism shall have shared responsibility for the regulation of other important areas affecting or affected by the tourism industry

⁵¹ Mauney, 2015

⁵² Lo, L. and Op V. 2015

⁵³ National Committee for Counter-Trafficking 2016

⁵⁴ Van Der Keur, D.

in cooperation with other concerned ministries and authorities ... [including] prevention of sexual exploitation.”

National Plans

Neary Rattanak IV (NRIV), is the five-year strategic plan (2014-2018) for Gender Equality and Women’s Empowerment in Cambodia, and it includes comprehensive strategies for mainstreaming gender across key sectors and government agencies. The section on Legal Protection aims to combat gender-based violence, trafficking and sexual exploitation. The NRIV is currently being updated to reflect current trends in gender inequality and emerging issues.

In 2015 the RGC officially launched its second *National Action Plan to Prevent Violence Against Women 2014-2018* (NAPVAW II), reinforcing its commitment to eliminating violence against women. NAPVAW II has identified three most critical violence issues as the highest priorities for prevention including: (1) domestic violence; (2) rape and sexual violence; and (3) violence against women with increased risk, such as women with disabilities, women living with HIV and sex workers. The main priority focus areas for NAPVAW II are coordination, primary prevention, legal protection and multi-sectoral services, formulating and implementing laws and policies, and monitoring and evaluation. The mid-term review of NAPVAW II identified significant progress in coordination, development of standards and guidelines, but also identified gaps and challenges⁵⁵. A significant accomplishment has been the development of GBV Multi-Sectoral Coordination Mechanisms at the subnational level called Sub-national Working Groups on GBV (SWG GBV). The *Third National Action Plan to Prevent Violence Against Women (2019-2023)* (NAPVAW III) is under development and is due to be approved by the CoM in November 2019. It will be designed based on lessons learnt and will continue addressing the gaps and challenges. The overall strategic priority of the NAPVAW III is to reduce violence against women and girls including those at increased risk through increased prevention interventions, improved response, increased access to quality services, and multi-sectoral coordination and cooperation. There is a focus on vulnerable groups (LGBT, Ethnic Minorities). A detailed implementation matrix is being developed with clear responsibilities, timeline and indicators. Four key areas have been identified as primary areas of focus:

- 1) Primary Prevention
- 2) Legal Protection and Multi-Sectoral Services
- 3) Formulation and Implementation of Laws and Policies
- 4) Review, Monitoring and Evaluation

The Ministry of Women’s Affairs drafted a *Strategy for Prevention of Violence Against Women and Girls in Cambodia (2016)* that guides implementation of the Primary Prevention Priorities in the *National Action Plan to Prevent Violence Against Women 2014-2018*.

The mid-term review of the *National Plan of Action of the National Committee for Counter Trafficking in Persons 2015-2018* notes that significant progress had been made in formalizing the structure of the National Committee on Counter Trafficking (NCCT), and significant efforts at addressing the priorities were accomplished to prevent trafficking including promotion of safe migration⁵⁶. The prevention strategy has not yet been developed. The *National Plan of Action for the National Committee for Counter Trafficking 2019-2023* is under development and is expected to address the remaining challenges.

The *Action Plan to Prevent and Respond to Violence Against Children 2017-2021* has five strategic areas: coordination and cooperation, primary prevention, multi-sectoral child protection response, law and

⁵⁵ Ministry of Women’s Affairs 2016

⁵⁶ National Committee for Counter-Trafficking 2016

policy formulation, and monitoring and evaluation. The Action Plan is being implemented through 'Core Commitments' from relevant line ministries.

The *CEDAW Concluding Observation 27* recommended the State to investigate and prosecute cases of sexual assault by law enforcement personnel and ensure that perpetrators are punished with appropriate sanctions, and to address the demand side of prostitution by adopting the use of sanctions against purchasers of sexual services⁵⁷.

The *Provincial Action Plan to Prevent Child Marriage and Teenage Pregnancy* was developed to address child marriage and teenage pregnancy in Rattanakiri province which has high rates of both.

Standards and Guidelines

A number of Standards and Guidelines for operationalising the *NAPVAW* and other GBV policy instruments have been developed including:

Draft Minimum Standards of Essential Services for Women Subjected to Violence have been developed and are in the approval process. This links all the standards and provides overall guidance.

The *National Guidelines for Managing Violence against Women and Children in the Health System (2014)* were completed by the Ministry of Health (MoH), these provide minimum standards of care for survivors of violence against women and children for health centers and referral hospitals. This includes guidance on first line support, health care, information and referral. Health care for survivors of sexual violence includes preventive care for sexually transmitted infections, HIV, and pregnancy. Training on these guidelines and clinical handbook is being rolled out nationally.

MoH finalized the *Clinical Handbook for Health Care for Women Subjected to Intimate Partner or Sexual Violence*, based on the international version of the Clinical Handbook developed by WHO, UNW and UNFPA. Cambodia was a field-testing site for the international version in Phnom Penh with support of CARE and in Kampong Thom and Siem Reap with support of GIZ. The Clinical Handbook was then localized to Cambodia and MoH and UNFPA are developing national training guidelines. Nine provinces have been selected for trialing the training with support of UNPFPA, and 19 communes in Phnom Penh Municipality have been selected for training supported by CARE International Cambodia.

Referral Guidelines for Women and Girl Survivors of Gender Based Violence, and the *Minimum Standards of Basic Counselling for Women and Girl Survivors of Gender Based Violence* were completed by MoWA in 2016. Training has occurred in some provinces and is a priority for future implementation.

Draft Standard Good Practices for Mediation as a Response to Violence Against Women have been drafted and are in the approval process.

Draft Minimum Standards for Investigating, Prosecuting and Adjudicating Cases of Gender-Based Violence Against Women and Girls have been developed and are in the approval process. These advocate providing resources to increase women's access to the formal justice system.

Guidelines on Forms and Procedures for Identification of Victims of Human Trafficking for Appropriate Service were endorsed in 2015.

The *Media Code of Conduct for Reporting on Violence Against Women (2017)* was developed by MoWA and Ministry of Information with support from TAF, to prevent wrongdoing in reporting of violence

⁵⁷ United Nations CEDAW 2013

against women, including depiction of cases with entertainment or comical purposes, and to change social attitudes towards violence against women.

A draft *Prevention Strategy* was developed by MoWA to guide prevention efforts of violence against women, but this remains in draft and a final date for completion is undetermined.

Services and support

An assessment of the effectiveness of the *One Stop Service Center* (OSSC) model as an approach to provision of services for GBV survivors concluded that a centralized OSSC would be resource intensive and could only be situated at the provincial level resulting in limited access to services for most survivors, who mainly go to their local authorities. As a result, the priority is to develop capacity at the district, and commune levels where women first seek help. However, particularly for rape survivors who need a forensic exam, improvements in care at the Provincial Referral Hospital to ensure adequate support and referral is in line with the *National Guidelines* and good practice. There is no mandatory reporting of rape by health centers and no formal cost associated with medical and health care.

A number of other measures have been taken in the past few years to address GBV including:

- Secondary analysis of data sets existing data sets was conducted identifying key areas for intervention: Media, Alcohol Abuse, Child Abuse, and Education. (by TAF)
- The ‘Healthy and Happy Relationships’ prevention project targeting young people was piloted. (by UNFPA/MoWA.)
- The ‘Positive Parenting’ Strategy was developed to target prevention of violence between parents and children. (UNICEF/MoWA)
- Social norm change has been included on training for minimum service standards for state and non-state service providers. (by GIZ, UNW)
- The ‘Why Stop’ Campaign targeting sexual harassment was implemented. (by CARE)
- The Commune Alcohol Notification System was piloted targeting alcohol abuse and violence against women. (by TAF)
- A Sexual Harassment Workplace Policy and Prevention Package was developed and implemented in garment factories. by CARE)
- Awareness raising around the 16 Day Campaign to End Violence Against Women. (by most DPs and NGOs involved in GBV)
- With the Prime Minister’s support, lawyer clubs will be established in every Province to provide legal aid to poor women who are survivors of GBV, a national budget was allocated to support women’s access to legal aid, and for the Cambodia National Council for Women (CNCW) to support the Bar Association. (by CNCW)
- Judicial police agents (JPA) under MoWA were trained in all provinces using the Legal Protection Guidelines. (by GIZ)
- A Data Collection for Services Provided and Referred by health centers, police, PDoWA, NGOs was piloted. (by GIZ/MoWA)
- Discussions leading to a planned review of the Domestic Violence Law were initiated. (by UNW/MoWA)

4. Role and responsibility of Government in GBV prevention and response

(see Annex 2: Stakeholder Mapping Table)

MoWA leads on research, advocacy, policy formulation, and coordination, chairs the TWGG-GBV as the inter-ministerial / DP / NGO coordination mechanism to promote national level coordination for implementation of the NAPVAW. MoWA is currently formulating the NAPWAV III with support from UNW and UNFPA, including data collection at national level. Under the NAPVAW III, MoWA intends to expand (to all 25 provinces) and strengthen capacity and provide coaching to sub-national level working

groups on GBV (SWG GBV), on the referral guidelines, minimum standards for counseling and mediation, data collection and management. MoWA has been discussing with key line ministries including MoH, MoI, MoJ, how to establish OSSCs, based on the Prime Minister's recommendation to establish OSSCs in hospitals. MoWA is pushing for line ministries to take more responsibility for addressing GBV as part of their core mandates⁵⁸.

The MoWA Judicial Police Agents have been trained using the *Legal Protection Guidelines for Women's and Children's Rights in Cambodia*. Department of Legal Protection, including the Office of Prevention of Trafficking in Women and Children under MoWA works on Anti-Trafficking. MoWA collects reports from JPAs, and are initiating a more formal process under the ACCESS program. MoWA is open to include LGBT into GBV services and policy. MoWA and NGOs are cooperating to develop safe workplace policies to discourage sexual harassment and GBV in hospitality and tourism venues. These are voluntary policies where the employer signs an agreement with MoWA agreeing to safer working conditions and commitment for protection measures.

Provincial Department of Women's Affairs (PDoWA) and District Department of Women's Affairs (DoWA) provide support and coordination at sub-national levels to the SWG GBV which are linked closely with the role of the Provincial, Municipality, Khan, District Women and Children Consultative Committee (WCCC), Commune Committee on Women and Children (CCWC). At the PMKD level sectors have gender focal persons, or gender networks, nominated by their managers to work closely with PDoWA, DoWA, and WCCC, to bring gender sectorial issues to address within the WCCC.

The **CCWC** focal points provide information and referral on GBV services, participate in and/or support mediation, and provide shelter if needed. They are also expected to go to the perpetrators' homes and educate them about GBV. In practice the focal points have limited resources and as result are not able to go, or they have to pay for transportation themselves, and they report sometimes having to pay expenses out of their own pocket for survivors' transportation, food or other immediate needs.⁵⁹

Following the instruction of the Prime Minister, the **CNCW** has been allocated additional budget to handle GBV cases, in partnership with the Bar Association. It has been noted that they will require training as this is a new responsibility for them.

Ministry of Health (MoH): in 2018, the Prime Minister recommended MoH to establish OSSCs in hospitals, MoH issued instructions to Provincial Health Departments to provide services to GBV survivors, now hospitals have a designated room where survivors can access counseling and referral for other services. MoH have developed a training manual to build capacity of Health Centers, including for GBV, and held a Training of Trainers (ToT) for all Provincial Health Departments. By the end of 2018, 101 public health facilities received training on health sector response to VAW in line with the National Guidelines and providing services to victims of violence, MoH are implementing the National Guidelines for Managing VAW in Health System and Clinical Handbook and conducting training for health care providers (with UNFPA support). There is a need to expand the implementation of the *National Guidelines for Managing Violence Against Women in the Health System* and the *Clinical Handbook for Women Subjected to Intimate Partner and Sexual Violence*.

The Ministry of Interior (MoI): the National Committee for Sub-National Democratic Development Three Year Implementation Plan #3 (NCDD IP3.3) *Gender and Social Equity Strategy* focuses on GBV services. NCDDs and subnational actors at Provincial, Municipality, Khan, District, Commune levels can improve linkages between the national and subnational coordination mechanisms (bringing issues to the national level and policy priorities to the subnational level) in alignment with the SWG GBVs that

⁵⁸ Contact Sar Sineth for provincial services mapping: sineth_sar@yahoo.com, 011-217-123

⁵⁹ UNW 2016

are being established at District levels by MoWA. The Police, particularly at the commune/Sangkat level, are a critical response to ensure access to justice for survivors, particularly with criminal domestic violence, rape or other crimes. Mol has prioritised ensuring that female police officers are capacitated and in charge of violence against women cases. However, only 5 percent of police are female and this has not increased significantly. The Community Policing Initiative (CPI) project is promoting community policing and violence against women is a priority issue. Anti-Trafficking in Persons (ATIP) comes under the Department of Anti-Human Trafficking and Juvenile Protection, and Mol chairs the *National Committee to Lead the Suppression of Human Trafficking, Smuggling, Labour Exploitation and Sexual Exploitation of Women and Children*, which includes: the National Tasks Force (NTF) to implement bilateral and multilateral agreements and MoUs with foreign countries for eliminating trafficking and assisting victims (2007), the High Level Working Group (HLWG) to lead the suppression of human trafficking, smuggling, labour exploitation and sexual exploitation of women and children (2007), and technical working groups on: Prevention, Protection, Rehabilitation, Reintegration and Repatriation, Law Enforcement, Justice, International Cooperation, Child Affairs, Migration, and Monitoring and Evaluation

The Ministry of Education Youth and Sports (MoEYS) developed a proposed new ‘*Life Skills*’ curriculum for grades 5-12 that offers inclusion of sexual orientation issues, sexual education and gender-based violence. It is expected to be available nationwide by 2023⁶⁰.

The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) Department of Anti-Human Trafficking and Reintegration facilitates reintegration for survivors of trafficking and GBV. MoSVY are responsible for running shelters.

The Ministry of Justice (MoJ) is tasked to ensure access to justice for survivors, through the Provincial Courts.

The Ministry of Information (Molnf) disseminates information about GBV through mass media, and is responsible for monitoring the implementation of the *Journalist Code of Conduct*.

The Ministry of Economy and Finance (MEF) drafts the national budget for social services and social protection, which should in principle include GBV prevention and response programmes. Under the Public Financial Management Reform Programme (PFMRP) Line Ministries are mandated to ‘highlight gender and poverty concerns in their Programme Budgets’.

⁶⁰ UPR Cambodia 2018

Anti-trafficking mechanisms: Responsibility for ATIP is spread across a number of government agencies and committees:

- Department of Anti-Human Trafficking and Juvenile Protection (2002) MoI leads the overall National Committee
- Department of Legal Protection, including the Office of Prevention of Trafficking in Women and Children (1999) MoWA manages the Cooperation of Activities
- Coordinated Mekong Ministerial Initiative against Trafficking (COMMIT) Task Force (2005) (MoWA, with UN-ACT as secretariat)
- Office of Anti-Human Trafficking (2009) and Section on Anti-Human Trafficking (2002) (National Royal Gendarmerie)
- Department of Anti-Human Trafficking and Reintegration (2011) MoSVY leads on protection.
- National Committee to Lead the Suppression of Human Trafficking, Smuggling, Labour Exploitation and Sexual Exploitation of Women and Children (2010) which includes:
 - National Tasks Force (NTF) to implement bilateral and multilateral agreements and MoUs with foreign countries for eliminating trafficking and assisting victims (2007)
 - High Level Working Group (HLWG) to lead the suppression of human trafficking, smuggling, labour exploitation and sexual exploitation of women and children (2007) (MoI)
 - National Committee also includes technical working groups on:
Prevention, Protection, Rehabilitation, Reintegration and Repatriation, Law Enforcement, Justice, International Cooperation, Child Affairs, Migration, and Monitoring and Evaluation
- MOEYS is responsible for Prevention, MoLVT manages Migration, and the National Police head up the Law Enforcement Group, MoJ is in charge of Justice.

5. Coordination mechanisms

Under the MoWA led Technical Working Group on Gender (TWG-G) the [Technical Working Group on Gender-Gender Based Violence \(TWGG-GBV\)](#) serves as the primary coordination body for all GBV programmes, by holding regular coordination meetings with LM, DPs and NGOs, and initiating a joint Annual Operational Plan between five key ministries (MoWA, MoH, MoEYS, MoI, MoSVY)⁶¹ The ToRs are currently being reviewed and updated.

At the sub-national level, Sub-Working Groups on Gender Based Violence (SWG GBV) were initiated in eight provinces (Kampong Thom, Siem Reap, Preah Vihear, Stung Treang, Kampong Cham, Tbong Krong, Kampong Speu, Preah Sihanouk) to improve coordination between key service providers including government and CSOs at the provincial, district and commune levels. MoWA and its subnational departments at relevant levels are permanent members on each of these coordination mechanisms. Each Working Group includes 20-30 members representing the police, military, justice, MoI, MoLVT, MoSVY, PDOVA, MoH, MoEYS, some NGOs (Licado, Bantey Srey) The NGO CWCC initially implemented a model of District-Based Multi-Sectoral Networks (DBMSN) as Coordinated Response Mechanisms in Phnom Penh, Banteay Meanchey, Siem Reap and Kampong Thom, partnering with the District WCCCs, bringing together police, local authorities, health care providers, and NGO service providers to improve prevention and response and service provision of information and referral.⁶² The SWG GBVs handle cases based on the referral guidelines, and protocols are currently being developed, they also provide intervention on incidents, contact shelters, and undertake service mapping. MoWA with support of the now closed GIZ *Access to Justice II* project trialed the model in two provinces at the Provincial and District Level, in Siem Reap and Kampong Thom. CARE trialed the model at the Commune Level in Phnom Penh Municipality. These trials serve as a model for developing coordinated services, and trailing and implementing minimum standards of service including *Minimum Standards of Basic Counseling and Referral Guidelines*. MoWA, with the support of UNW, is implementing the *Essential*

⁶¹ requested UNW to provide list of members

⁶² GIZ Access to Justice II concept for coordination

*Services Package for Women and Girls Subject to Violence*⁶³ in additional provinces which also includes a coordination mechanism. Efforts are ongoing towards scaling up this model. NAPVAW III intends to expand these to all provinces utilizing the mechanism of the Provincial and District Women's and Children's Consultative Committees (WCCCs) and the Commune Committees for Women and Children (CCWC). While these efforts are significant and showing promising results at improving quality of and access to services, coverage remains limited, there is currently no terms of reference to clarify the roles and responsibilities of participants in these mechanisms except for their role in referral of survivors, based on the MoWA referral guidelines, and capacity to implement a women-centered and human rights-based approach to service provision is limited.⁶⁴

6. Initiatives of key Development Partners supporting GBV prevention and response

(see Annex 2: Stakeholder Mapping Table)

a. [United Nations](#)

[UN Women \(UNW\)](#) supports government partners to collect and analyze data, develop policies and institutionalize services required to prevent and respond to gender-based violence. UNW has developed and introduced the essential services package, and good practice guidelines at national level. In partnership with MoWA they strengthened inter-ministerial coordination to formulate, implement and monitor the NAPVAW through the TWG GBV. UNW is also currently providing technical assistance to MoWA to develop the NAPVAW III. Ongoing support is provided to public awareness-raising campaigns organized by MoWA and Civil Society. UNW is supporting MoWA to review and recommend amendments to the Domestic Violence Law, and is building capacity of the police and justice system to address GBV. UNW helped LGBT activists and organizations advocate for recognition through learning about CEDAW's potential to promote their rights, and has helped ensure that LGBT concerns featured for the first time in the national CEDAW report.

In 2017 UNW, supported by DFAT, produced the '*Cost of Essential Services for Women Subjected to Intimate Partner and Sexual Violence in Cambodia*' report which estimated the out of pocket costs for survivors of intimate partner and sexual violence seeking services, and the cost of a multi-sectoral package of essential support services for survivors of IPV and SGBV. The report includes a mapping of relevant policies, current and planned essential services, and gaps. Both the theoretical and actual itineraries of survivors seeking help were documented as tools for better understanding the gaps and challenges and to set priorities.⁶⁵

UNW is implementing the [Safe and Fair](#) programme, through a partnership with the [ILO](#), which focuses on women migrant workers in the 10 ASEAN member states, and aims to improve policies, services, data and attitudes to promote women migrant workers' rights and ensure that women migrant workers are less vulnerable to violence and trafficking and benefit from coordinated responsive quality services.⁶⁶

[UNW and UNODC](#) are implementing a trafficking programme in the Greater Mekong Sub-Region, to increase resilience of border communities, and provide economic opportunities for survivors of trafficking, promote women in leadership in law enforcement and strengthen the capacity of frontline officers in border locations to meet the needs of women.

⁶³ The Essential services package forms part of the [United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence](#):

⁶⁴ UNW 2016

⁶⁵ UNW 2016

⁶⁶ Spotlight Initiative 2017

UNFPA, UNW and Partners for Prevention (P4P) developed and piloted a community-based intervention that engages young adolescents and adolescent caregivers through participatory methodologies. *'Shaping Our Futures'*⁶⁷ addressed modifiable risk factors among a critical group changing social norms in ways that challenge the acceptance of the problematic status quo of gender and violence. The intervention equipped adolescents to foster healthy, non-violent interpersonal relationships and gender-equitable attitudes and behaviours and created a more enabling environment for these changes.

UNFPA is scaling up the number of health facilities providing high-quality, integrated and youth-friendly sexual and reproductive health services (SRH) and information including treatment and services for survivors of VAW, and supporting the development and implementation of guidelines and protocols for OSSC, as per international standards, focusing on provinces with the highest prevalence of VAW. They also support policies, strategies and programmes that address social norms hindering access to information and services on sexual reproductive health and VAW and advance reproductive rights and gender equality through partnerships, especially with women and youth led organizations; and ensure emergency preparedness through building capacity of the health sector to respond to sexual reproductive health needs and gender based violence in emergencies. They are providing technical assistance to the 2019 Population Census of Cambodia and the 2020 Demographic and Health Survey data collection exercises, and will gather additional evidence on barriers, including social norms that hinder women and girls from exercising their reproductive rights and accessing sexual and reproductive health and VAW information and services.⁶⁸ UNFPA supports 4 of the Provincial SWG GBV. Previously they supported the development of National Guidelines for the health sector, and supported MoH to adopt the Clinical Handbook based on WHO guidelines, with a training manual to train health staff to incorporate GBV into their routine work. They are planning to also introduce a training manual for health sector line managers at provincial level. UNFPA supported a pilot in Kampung Cham on prevention, which based on the 2018 evaluation proved to be a good model to change gender norms.

UNICEF is strengthening the Child Protection (CP) system working with government, police, schools and communities on prevention, and is launching a Child Protection Management Information System (CP MIS). In Ratanakiri province, in collaboration with the WCCC, PDWA, UNICEF has developed an *Action Plan to Prevent Child Marriage and Teenage Pregnancy*.⁶⁹

The ILO and IFC *Better Factories* project has been running since 2001 and engages with workers, employers and governments to improve working conditions and boost competitiveness of the garment industry. One of the critical issues they address is sexual harassment of factory workers, in partnership with CARE. As mentioned above ILO are also collaborating with UNW on the regional *Safe and Fair Migration Programme*. IFC globally has developed a respectful workplace (including sexual harassment) training package for the private sector which could be used for government partners as well as contractors.

Established in 2014, UN-ACT is a UNDP project ensuring a coordinated approach to more strategically and effectively combat trafficking in persons in the Greater Mekong Sub-region and beyond. The project builds upon the work previously undertaken by the United Nations Inter-Agency Project on Human Trafficking (UNIAP).

IOM are working along the Thai border on safe migration. UNW, UNAIDS, OHCHR conduct awareness raising and sensitization on LGBT rights.

⁶⁷ MoWA, P4P 2018

⁶⁸ UNFPA 2019

⁶⁹ RGC 2018

b. Bilateral Donors

DFAT has historically been the main bilateral supporter and funder for EAW programmes, and is currently supporting the ACCESS Programme in partnership with MoWA and MoSVY, which aims to support the implementation of NAPVAW, focusing on two workstreams: increasing access to quality GBV services, in particular supporting coordination through the expansion of the SWG TWGs, and increasing capacity for resource allocation and planning for GBV services, by working with MEF on PFM, and advocating key Line Ministries such as MoH, MoI, MoJ to allocate sufficient budget and resources to GBV. While ACCESS will focus on increasing resources, access and quality of services, and implementing the minimum standards, they are not addressing primary prevention or trafficking. The implementation modality is to fund partners (including government agencies, DPs and CSOs) to implement complementary projects that can be piloted and eventually scaled up, as well as provide technical assistance and policy dialogue. ACCESS will also engage with CSOs working with vulnerable groups in the commune investment planning (CIP) process, and ISAF. The Community Policing Initiative was established with the support of the Australian government in 2016, to assist the Cambodian National Police (CNP) to adopt a community policing modality.

GIZ used to provide considerable support to MoWA for GBV under the *Access to Justice Project*, and while the project has finished some of the activities (ie SWG GBV) are continuing using national budget through the PDoWA. They supported the development of multi sectoral coordinated response mechanisms which formed the basis for the SWG GBV model, in Siem Reap and Kampong Thom.

USAID funded the *Cambodia Counter Trafficking in Persons (CTIP) Programme* through Winrock, from 2015 to 2019, using the 4P Framework (Prevention, Protection, Prosecution, and Partnerships) to counter human trafficking. The USAID CTIP program (October 2015-September 2019) is targeting 100 communes in nine provinces of Cambodia by addressing the root causes of human trafficking; strengthening the safety nets that protect survivors; building the capacity of government to prevent, monitor and prosecute trafficking; and leveraging private sector actors to advance counter-trafficking efforts. USAID recently initiated a USD 1 million project through GADC called *Collective Action to Support Women's Rights* which promotes women in leadership and within that address GBV. US PEPFAR funds a project called Linkages, addressing GBV and HIV among Entertainment Workers, and LGBT, and produced a review of available resources for addressing gender-based violence against these groups.⁷⁰

c. International NGOs

CARE takes a 'mainstreaming GBV' approach and has a number of projects under their *Socially Marginalized Women* program that include a GBV element. A key thematic priority for CARE Cambodia's *Socially Marginalized Women* program is addressing GBV through improved laws and policies, engagement with key duty bearers and strengthening access to health and legal services, including better workplace and community protection mechanisms. As part of their Education in North East Ratanakiri project, they have integrated GBV, early marriage and pregnancy in the school curriculum, included sexual harassment in teacher training through the provincial department for education, and collaborated with PDoWA on developing an action plan on early childhood marriage and pregnancy (2018-2021). Their *Know and Grow* (2015-2020) program focuses on improving education and life skills, including SRH, GBV, early marriage, and sexual harassment. CARE has experience in conducting GBV and Sexual Harassment and HIV awareness training for ADB Roads Projects, and is also one of the ISAF implementation partners.

⁷⁰ LINKAGE/PEPFAR 2017

CARE also supports a regional *Enhancing Women's Voice to STOP Sexual Harassment (STOP)* project (covering Myanmar, Cambodia, Laos, Vietnam) to address sexual harassment in the garment industry. Through this project, CARE is developing models to support industry, government, and civil society in preventing and responding to sexual harassment. The project will develop, test and adapt workplace models for preventing and responding to sexual harassment in Cambodia, Laos, Myanmar and Vietnam, ensuring violence-free workplaces. The project strengthens the evidence base on the effectiveness of workplace interventions to tackle sexual harassment in factory settings. The evidence and research from the project will inform national advocacy efforts, including reforms and regulations to address workplace sexual harassment.

At a global level, based on demand for clear guidance on how to practically and ethically monitor and mitigate GBV within non-emergency, international development programming, CARE USA developed the *Guidance for Gender Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Programming (Guidance Manual)*. This manual provides guidance for integrating GBV into sectoral programming, and was piloted in the *Local Economic Leadership (LEL)* project in Sre Ambel, Koh Kong Cambodia.⁷¹ The guide includes a checklist and interview guidelines, and recommends the following steps for non-GBV sector projects in Cambodia to monitor and mitigate GBV:

- Understanding prevalence of attitudes toward different types of GBV in target area
- Identify community resources to respond to GBV
- Provide training on gender and GBV for project level staff and partners
- Development of a referral list for staff, partners and Local Authorities including Health (emergency and forensic exam), Police (for official reports), Safe Shelter, Psycho-social support, Commune Committee for Women and Children, NGOs working in GBV
- Documentation of cases
- Raise awareness and address inequitable gender norms with project participants
- Community level prevention activities
- Provide training for Duty Bearers
- Promote networks and coordination of service providers

HAGAR International has 2 offices in Cambodia (Phnom Penh and Battambang) covering 15 provinces, and is providing a number of services to survivors of sexual abuse and exploitation, trafficking, IPV, and child labour. They provide the following services: case management, referral to health services, trauma treatment and counselling, economic empowerment, reintegration in the community. They have a community learning center for at risk children. They partner with the Dept of Psychology at RUPP, MoSVY, MoWA, MoI (NCDD), MoFA, and NGOs such as TPO, IKM, ADHOC, APLE, CPU, the Chap Dai Coalition. They also provide capacity development to NGO partners and local government on case management, counseling, and social work.

ActionAid does not provide GBV services directly but works with local women's organizations and workers unions such as CFSWF (Cambodia Food and Services Workers Federation), United Sisterhood (garment, entertainment and sex workers) to understand their rights, and to lobby and advocate for improved policy and services for GBV. Their flagship *Safe Cities Project* addresses GBV and personal security in public urban spaces, on the street and workplaces. Their target group includes entertainment workers, garment workers, sex worker, and LGBT who frequently experience sexual harassment during work or after leaving work. The programme organizes women to monitor effective implementation of laws and policies at local level, through sensitization and training with media and journalist on VAWG, community mobilization for prevention and responding to VAWG, empowering and training women's groups on human rights, women's rights, gender based violence, government policies, and building coalitions with institutes and agencies that are well placed to influence cross sectors. They established the *Gendered Violence in the City Network*, in consultation with several groups

⁷¹ CARE 2016

who are working in the area of violence against women, the members include local organizations working directly with sex workers, garment workers, beer promoters, etc. Action Aid globally has developed gender responsive budgeting (GRB) for public services framework for a engages in advocacy and provides training to Local Authorities, around including GBV in GRB. They are ISAF Implementing Partners in Kampot and Koh Kong. They have designed an app that is a complaint handling mechanism, which allows citizens to have direct interface with service providers.

[The Asia Foundation \(TAF\)](#) have done extensive research on underlying causes of GBV related to alcohol consumption and exposure to violence in the media, resulting in Primary Prevention Targeting Briefs which recommend good practices to prevent violence against women focused on *Alcohol Abuse, Media Exposure in Cambodia, Childhood Exposure to Violence, and Educational Attainment*. TAF also supported the development of the *Media Code of Conduct for Reporting Violence Against Women* related to reporting on GBV. They are planning a project to support the Bar Association to better address GBV cases and connect survivors with legal aid.

[Oxfam](#), under their *Voices for Change Programme* provides capacity building on the dynamics of VAWG, laws and policies, and promotes evidence-based research on knowledge, attitudes and practices related to VAWG to address its root causes and support collective efforts for social change. They have recently released [research on entertainment workers](#) which covers sexual harassment and GBV.

[Plan International](#) under their child protection program works on prevention of violence against children (VAC) in Siem Reap, Tbung Khmung, Ratanakiri, Stung Treng, by supporting family protection networks, community based child protection mechanisms, at village level. They also build capacity of local authorities (LA) on case management and referral. They partner with UNICEF, MoWA, and MoSVY. Together with World Vision, Save The Children Fund, and Childfund they developed the *Eliminating VAC Guidebook*. Plan is part of the working group in Ratanakiri (with CARE and World Vision) on gender equality which conducted a study on child marriage and supported the developing of *Provincial Policy and the Action Plan on Child Marriage*. In Tbung Khmung, they implement the DFAT-funded *Child Protection Plus* project, which focuses on strengthening community based social work services to support families and children affected by VAW/C. With SIDA support they will start a similar project in Ratanakiri. Plan conducted a survey on trafficking, and promotes child protection in migration.

[Action Pour Les Enfants \(APLE\)](#) is working on child trafficking and abuse.

d. [Local NGOs](#)

There are a large number of local NGOs working on GBV, including: Silaka, Banteay Srei, Cambodia Women's Crisis Center (CWCC), Cambodia HIV Education and Care (CHEC), Child Helpline Cambodia, Legal Aid of Cambodia (LAC), Transcultural Psycho-Social Organization (TPO), Adhoc, LICHADO, Mlop Tpong, Cambodia Defenders Project (CDP), Gender and Development for Cambodia (GADC), NGO CEDAW, Social Services of Cambodia (SSC), Legal Services for Children and Women (LSCW), Samatpheap Khnom Organization (SKO), Cambodia Center for Human Rights (CCHR), Cambodia Women for Peace and Development, Legal Services for Children and Women, Reproductive Health Association of Cambodia (RHAC), and Women's Resource Center.

Below is an overview of the key service providers. [Banteay Srei and CWCC](#) are the few that offer comprehensive services including safe shelter, referral, counseling, psycho-social support, economic empowerment, legal support and representation.

[Banteay Srei](#) covers 44 communes in Siem Reap (20), Battambang (20) and Preh Vihear (4) provinces. They provide capacity building of community networks and stakeholders, community awareness on

gender and GBV; as well as referral, health and psychosocial care, access to legal advice and counseling as well as shelter to survivors. On the prevention side they work with female commune councilors, village chiefs, and PDoWAs. Banteay Srei works with networks including Gender Peace Network, Men Network, Happy Women Network and Young Women Network, which provide counselling to women and men on gender-based violence and women's rights. They work with Lawyers without Borders to provide free legal services. In serious cases of violence, Banteay Srei organizes meetings with LA to investigate the case, and works with their lawyer to support the survivors. They have community facilitators that work directly with the survivors and who can provide emergency funds.

Cambodian Women's Crisis Center (CWCC) works on prevention and provides comprehensive protection services for GBV survivors, including shelter, trauma and psychosocial counseling, health referral, legal consultation and support in court, and reintegration into the community. They have developed women support groups, to raise awareness and empower women, to monitor and report cases, as well as connect survivors to the CCWC. They run 3 regional shelters based in Phnom Penh, Siem Reap, Banteay Meanchey, each can accommodate up to 50 clients, who can stay from 1-3 months. The shelters offer life skills, and business training, but have had to scale back on vocational training due to lack of funding. They initiated the model of multi sectoral SWG GBV that is currently being scaled up by MoWA. They have successfully advocated to the health sector to provide free forensic exams to rape survivors. Their target areas include Phnom Penh, Kampong Thom, Siem Reap, Banteay Meanchey.

ADHOC focuses on GBV including rape, IPV, human trafficking and migrant abuse. They conduct investigations and provide legal advice to survivors. For human trafficking they provide awareness about safe migration, protection in destination countries, legal aid, repatriation, work with partners to on reintegration and provide vocational training. They engage in advocacy on safe migration to government, local and regional NGOs. They run a radio show to disseminate information to the public about their legal rights around migration, GBV and IPV. They support networks for survivors and encourage survivors to become human rights defenders in their community, who can advocate to local authorities and provide counseling to community members. They have produced materials and guidelines for women in the community to help them file complaints and seek support for legal aid.

Silaka work on the policy and advocacy level, and in previous projects have trained survivors of GBV to become activists and created a network of IPV survivors in Kampong Chhnang and Kandal to reach out to other women in violent situations and support them to break the silence. They also have a network of youth activists in provinces who are change agents in their communities. Silaka also trains female Commune Councilors and leaders, as a strategic entry point for raising GBV and how to address it in the community and respond to survivors' needs.

GADC works at the grassroots level through community outreach to ensure that women are able to speak out about their concerns and network, and to change men's attitudes and behaviors about gender and GBV. They also work with youth, placing them as interns in commune councils, to help link the CIP process with the needs of the community. The *Men's Perspective* programme is being implemented in 4 provinces including Prey Veng, Kampong Chhnang, Kampong Speu, and Pursat. They organise a 'gender café' which brings together groups of women to discuss gender issues including GBV. They promote women in leadership, and are linking GBV with the role of women councilors. They have just been awarded a USD 1 million by USAID to implement a large women's leadership programme. Their Strategic Plan for 2018-2022 prioritises GBV.

Women Peace Makers works on gender and women's issues in peace and conflict transformation and address GBV through capacity building for commune dispute resolution committees and CCWC at Commune and District levels for more gender sensitive alternative dispute resolution and mediation, to ensure that service providers are more gender responsive when dealing with GBV. They are currently

researching issues faced by women survivors related to mediation mechanisms in Tbong Khmung, Kampong Speu, Kampong Chhnang. They are also doing research on overall gender context including GBV in Ethnic Minority communities. They will use the research to develop policy briefs to inform advocacy efforts. They are collaborating with MoWA, MoI and MoJ.

[Klahaan](#) is a new 'virtual' intersectional feminist organization that uses research and digital campaigns to expose and transform restrictive social norms to create a fair society, with a strong focus on GBV. They use online platforms, such as facebook and other social media to communicate messages, online petitions, and urgent appeals for public action. They use research to document evidence, and stories from the field to inform campaigns to change of behavior and policy. They recently conducted research on public perceptions of GBV including rape and sexual assault in Phnom Penh, and are currently assessing the capacity of faculty at 6 universities to design gender responsive human rights and law course material. They also work with LGBT and labour movement groups to support analysis of GBV in the workplace.

[NGO CEDAW](#) facilitated an NGO review of the Domestic Violence law.

The [Lawyers' Training Center \(LTC\)](#) has been providing gender sensitive legal service training for the Cambodian Bar Association. LTC developed a training curriculum for working with and representing survivors of GBV (including the specific needs of vulnerable groups of women).

e. [LGBT GBV](#)

[Rock](#) is a LGBTIQ membership-based organization with 2000 members, the majority are trans men. They run Sexual Orientation and Gender Identity (SOGI) and human rights workshops, to build support and raise awareness among duty bearers at commune and SNL about violence and discrimination in the family and among local authorities and police, and to increase the visibility and participation of LGBT groups. They are advocating for changing the law on gay marriage.

[Destination Justice Cambodia and the Cambodian Center of Human Rights](#) are part of coalition on SOGI, and are conducting research on judicial reforms and human rights. CCHR produced research on '*Discrimination against Transgender Women in Cambodia's Urban Centers*'⁷² and a [fact sheet on VAW](#). [CamAsean](#) is very active at the grassroots level.

7. Gaps

While these efforts are significant, gaps remain. Prevention efforts are still project based, limited in scope, remain underfunded and uncoordinated. Minimum service standards have been approved or are in progress for essential services, health, mediation, referral, media, and others. These are significant steps toward improving the quality of services, however, training to build capacity for their implementation is limited to a few pilot provinces, so prevention and response services are still limited in scope and quality. Services are located far from survivors resulting in lack of access to services or high costs for transportation. There are additional costs associated with accessing medical care and legal aid. Additionally, an administrative data collection system has been developed, but is not implemented nationally.

[Traditional gender biases](#) which do not recognize the underlying causes of GBV and blame the survivor result in the on-going prevalence of GBV and the culture of impunity that protects the perpetrators, survivors not feeling safe or validated to seek help and justice, IPV seen as a personal family issues and not a criminal offence. At a policy level this translates into government agencies ultimately seeing GBV

⁷² CCHR 2016

as falling under MoWA's mandate, and not taking responsibility for their sectoral roles in prevention and response. There is a need to 'mainstream' GBV responsibility across government agencies at national and SNL and not to leave the entire burden to MoWA to 'convince' rest of government to do their job. Furthermore, GBV/sexual harassment should be mainstreamed in workplace policies and procedures within government, and private sector including garment, finance and tourism sectors which employ a lot of young women who are reporting to male managers.

Coordination of services is limited at SNL: At the national level the TWGG-GBV is a strong mechanism for inter-ministerial coordination and coordination with development partners and CSOs. The SWG-GBVs are emerging as strong mechanisms to improve coordination of services and improve the referral pathways at the subnational level. However, their coverage remains limited to certain provinces, there is currently no terms of reference to clarify the roles and responsibilities of participants in these mechanisms except for their role in referral of survivors, and capacity to implement a women-centered and human rights-based approach to service provision is limited. These mechanisms must be strengthened and replicated across the country for improved response nationally, the local authorities need to be trained on their roles and responsibilities in addressing GBV. The systems must also be resourced and capacitated with sufficient human resources, technical skills, and funding.

Mediation is not woman-centered: While mediation is a very common response from local authorities to address violence against women, its ineffectiveness is demonstrated by the requirement for it to be repeated. The mediation approach itself is not survivor-centered, often blaming the survivor or holding her at least partly responsible for the violence. Implementation of the pending *Minimum Standards for Mediation as a Response to Violence Against Women* will be an important contribution to improving this process, to this end MoWA, UN Women, and TAF will provide training in the Good Practice Guide for Mediation as a Response to VAW.

Police and justice systems are not responsive to GBV: When survivors initially report the incident to the local authorities and police, they try to mediate between the families, as opposed to undertaking an official legal process, but if they are connected to perpetrator the outcome is not in favour of the survivors, and police sometimes sexually harass survivors. There should be a specialised unit within police and LA dealing with GBV cases, with qualified female authorities and police officers. With respect to trafficking, Cambodia lacks an effective complaints mechanism to resolve grievances, and an adequate criminal justice response to perpetrators in destination countries remains a significant challenge.

Lack of adequate safe shelter: Local authorities, police, CCWC Focal Points and survivors all identified the gap in safe shelter. In a crisis, when no safe shelter is available, survivors of violence are often sheltered in the home of the local authority, police office, or even the CCWC focal points' home – whomever is willing to provide this service. This process is ad hoc and based on the willingness of the service provider. Safe shelter facilities are limited and there is no organised system for community based safe accommodation. Additionally, little effort is made to implement protection orders which could remove the perpetrator from the home at least temporarily instead of removing the survivor. MoSVY is responsible for providing shelters however there is limited understanding in how to manage shelters in a survivor-centric manner: they recommended putting a sign and national flag outside the shelters which defeats the purpose of protecting the survivor from their abusers.

Health care protocols are not fully implemented: *The National Guidelines for Managing Violence Against Women in the Health System* and the *Clinical Handbook for Health Care for Women subjected to Intimate Partner and Sexual Violence* have been developed but are not fully implemented. As a result, the quality of response is based on where the survivor lives. If the health care providers have been trained, the survivor will receive first line support and referral. Additionally, the forensic exam is

then more likely to be available free of charge. This training for health care providers is important to ensuring a more effective health sector response. There are few female doctors available to perform a forensic examination, despite survivors' preferences to work with same-sex physicians, due to a general lack of female physicians in Cambodia

Limited state budget to implement responsibilities: Duty bearers including police, PDoWA, CCWC Focal Points and MoWA and Line Ministries lack adequate budgets to implement their responsibilities. Service providers often cover survivors' costs out of their own pocket. This includes paying direct expenses for survivors such as food or safe accommodation, along with paying the cost of delivering services such as gasoline to carry out investigations or visit a survivor in their home. This is a significant barrier to delivery of government services.⁷³ Government and NGO programmes and services are often project-funded and therefore only cover particular locations for limited periods of time. The PFMPRP needs to allocate national budget to each Line Ministry and Local Authority at national and SNL to adequately resource GBV prevention and response, the ACCESS programme is supporting this, and the NCDD should also address this as part of their Gender and Social Inclusion Strategy which prioritizes GBV. This needs to translate into provision of free services for GBV survivors, under the social protection strategy. The high cost of accessing services is often a deterrent to survivors.

Data collection and analysis needs to be strengthened and more consistent across surveys, the CDHS is not comparable to the WHO survey and to the CSES household survey, which included a GBV module in 2004/5 and 2014/5 but not 2010.

Legal Framework is weak: The Domestic Violence Law currently includes ambiguous language and contradictions, and needs to elevate domestic violence from civil to criminal case, it also prioritises mediation and keeping the 'family harmony' over justice for the survivors.

Other gaps include access to psychosocial counselling, GBV prevention and response in informal economy such as construction, entertainment industry, as well as for IP and LGBTI groups; effective use of the education system to train teachers and students from an early age and increasing public awareness in general about gender discrimination and GBV.

8. Recommendations for WB Portfolio by Sector

The following section outlines how the WB can further promote GBV prevention and response in selected, existing and pipeline projects, and specifically within project interventions and activities, indicators and in result frameworks. WB project teams and clients should receive knowledge and awareness on the importance of GBV in each project.

The Bank can deepen its engagement with the GBV coordination mechanism by participating in the TWG-GBV at national level to stay informed of new development and identify potential entry points and partners. In provinces where the Bank has project sites that require referral mechanisms and where a SWG GBV is in place, World Bank project teams could consult with the SWG GBV to get a better understanding of the system and how they can both support it and use it in their own projects. The Cambodia country office could consider engaging a locally based INGO or local CSO (or a partnership of both) to provide GBV/Sexual harassment training to various project stakeholders including government, communities and private sector contractors and partners. Some suggestions include CARE, Bantey Srey, CWCC, GADC, Silaka, see list of CSOs working on GBV above.

Key Cross-sector resources for all WB sector teams to review and refer to when designing their GBV interventions include:

⁷³ UNW 2017

- NAPVAW III, due to be approved by then CoM in November 2019.
- UNFPA Essential Package of Services.
- IFC Respectful Workplace and anti-Sexual Harassment Training.
- CARE International *Guidelines on Mitigation of GBV within non GBV Programming* and adapt it to fit their own programming process, and trial it on a pipeline project, such as some of those identified below.

Health

The [Health Sector](#) is the most obvious entry point for mainstreaming support to the GBV response agenda. The World Bank and DFAT produced a joint *Gender Assessment in H-EQIP*⁷⁴ which recommends the project include in-service training modules on GBV and clinical guidance on the treatment of survivors of intimate partner and sexual violence into pre-service training based on:

- National Guidelines for Managing Violence Against Women and Children in the Health System
- Clinical Handbook for Responding to Intimate Partner and Sexual Violence
- Clinical Handbook for Responding to Children Subjected to Violence.

Furthermore, the project could also encourage MOH to include GBV related services (including psychosocial counseling) as part of the package of essential health services covered under the health equity fund to ensure that survivors are able to access GBV health services free of charge. DFAT, one of the main H-EQIP donors, could possibly provide some technical assistance through its ACCESS programme. UNFPA have been supporting rolling out of the guidelines.

H-EQIP has expanded the current Service Delivery Grant into a mechanism for providing performance-based financing to different levels of the primary and secondary health system based on achievement of results and improve performance in capacity-building activities for in-service and preservice candidates. This component could include delivery of GBV services as part of the criteria for assessing performance to incentivise and reward uptake of health centers, and include GBV in the capacity building activities.

The pipeline project on [Pre-service Training for Health Workers](#) will support MOH and the University of Health Services to prepare a “Human Resource Development Readiness Assessment and Plan”. This assessment and plan will be prepared in a participatory way (line ministries representatives, faculty members, students, etc.), and it will seek ways to promote imbedding social inclusion and environmental sustainability aspects in the project activities during implementation. This project could include training modules on GBV, psychosocial first aid and counselling, a national referral network of resource persons, and clinical guidance on the treatment of survivors of intimate partner and sexual violence into pre-service training based on the Clinical Handbook for GBV Survivors.

The [Cambodia Nutrition Project](#) will increase delivery of integrated outreach services, this could include basic GBV services such as referral and counselling for households and communities, this can be done in partnership with local CSOs such as Bantey Srey and CWCC.

Education

The [Education Sector](#) ([Higher Education Improvement](#), [Secondary Education Improvement](#)) provides an entry point for mainstreaming support to the GBV prevention agenda, through integrating GBV awareness training as part of improving school-based management, teacher performance, and school environments, as well as outreach to communities (parents and students). Integrated GBV and SRH,

⁷⁴ World Bank 2018

gender equality and LGBT tolerance and anti-bullying could be taught in schools as part of the health curriculum and life skill programs, as well as the Civic Awareness subjects, and included in teacher training and youth group activities. Early and Child Marriage could be addressed as part of the community outreach to parents, following the Government's 'Positive Parenting Strategy'. As the Higher Education project is building a dormitory for women to increase enrolment of women in STEM, it could also put in place measures to protect female students from GBV and sexual harassment such as GBV prevention and response (referral mechanisms), awareness training for dorm residents and monitors, increased security around the dorms, and a nominated GBV focal point who can provide information on referral in the case of an incident. This can be done in partnership with local CSOs such as Bantey Srey and CWCC for the GBV referral services, and CARE for the sexual harassment training.

[Roads](#)

[RAMP2](#) is actively addressing gender and GBV and is setting an example of good practice on social safeguards, including GBV. The project team is working with two highly regarded national gender specialists on gender assessment, planning and training. They have been working on a short video on GBV, and exploring how to include GBV in the Grievance Redress Mechanism (GRM). The contractors have signed on to a code of conduct for their staff, and are committed to providing GBV training to their workers as part of the bid proposal requirements. The project team also provides additional GBV training support. The commune councils in the project sites are invited to the GBV training to ensure a common understanding about the referral system in the case of an incident. The project team could also engage with sub-national SW GBV where they exist, in order to ensure alignment with the local referral system and get support from government agencies. It is also recommended to include GBV awareness as part of the community consultation and outreach that is carried out for social safeguards, including distributing information about referral and GRM.

The [Road Connectivity Improvement Project](#) is under the ESF, so the GBV-related activities for MPWT will be expanded from RAMP2 to cover MRD. For this project it is proposed that the implementing agencies (MPWT for the national/provincial roads and MRD for the rural roads) include project induced labor influx and Gender Based Violence (GBV) assessments and plans, with clear procedures and institutional responsibilities to help minimize community conflicts, misunderstandings, and exposure to communicable diseases. Among others, it will include provisions to promote local recruitment of workforce plus mitigation measures such as a worker code of conduct (including provisions for both worker-community and worker-worker interactions). Additional activities to be included in the assessments and plans to avoid GBV include specific actions (training, public awareness, etc.) to avoid sexual harassment, sexual assault and exploitation and human trafficking, establishment of a health screening form and HIV/AIDS awareness program will be implemented to limit community exposure to labor influx and Gender Based Violence. Potential partners include IFC and CARE who have GBV and sexual harassment programs targeting private sector (contractors).

For both road projects it is recommended to institutionalize GBV prevention and response mechanisms and capacity within the GMAG for both Ministries. It is also recommended to produce a video on how the project is addressing GBV to raise awareness within government and the public.

[NCDD/ISAF](#)

[ISAF Phase II](#) (2019–2023) will aim to strengthen the engagement and ownership of line ministries in citizen monitoring and implementation of JAAPs, achieve full national coverage of communes, establish sustainable support networks for active citizenship, integrate social accountability practices into existing government systems, and expand the ISAF into new public services and urban areas. The sectors covered could also include GBV services (which can be integrated under health, education, and commune council) to increase accountability of local authorities for GBV service delivery. Criteria can be based on the following:

- Referral Guidelines for Women and Girl Survivors of Gender Based Violence
- Minimum Standards of Basic Counselling for Women and Girl Survivors of Gender Based Violence
- Minimum Standards to Protect the Rights of Survivors of Human Trafficking
- Minimum Standards for Alternative Care for Children
- Directive on the Reintegration and Follow-Up on Survivors of Human Trafficking
- Commune Alcohol Notification System (CANS)
- Minimum Standards for Mediation as a Response to Violence Against Women
- Commune Safety Policy
- Code of Ethics for Cambodia National Police
- Legal Protection Guidelines for Women's and Children's Rights in Cambodia

Below is a summary of key responsibilities of service providers which are included in ISAF as per the draft NAPVAW (*note that this is based on an unofficial draft of the NAPVAW, not to be shared or cited until the NAPVAW is formally approved by the (CoM in November 2019)*)

Health Centers:

- Training, mentoring and coaching of health care workers on the *National Guidelines for Managing VAW*, and the *Clinical Handbook*, including providing care for women with increased risk for violence, or challenges in accessing services (i.e. women migrant workers, women with disabilities, LBT, Garment Workers, Sex Workers, Entertainment Workers and others)
- Adopt the *Manual for Health managers: Strengthening Health Systems Response to Women subjected to Intimate Partner Violence or Sexual Violence* and provide training to health care managers
- Provide training to the Forensic Exam Committee/Doctors on gender and presenting evidence in court.
- Promote Health Care Providers Participation in GBV Working Groups
- Initiate collection of VAW information to be included in the Health Management Information System

Schools:

- Identify and/or develop training tools for adolescent boys and girls to learn about their rights (sexual rights, gender equality and sexuality, healthy relationships etc)
- Provide training to adolescent boys and girls in child clubs, community groups and other settings using identified or developed tools
- Provide adolescent boys and girls in school settings training using identified or developed tools
- Develop a Peer Group methodology, key messages and tools for focusing on prevention or violence against women with adolescent boys

District Level Authorities:

- Terms of Reference for GBV Working Groups is standardized and implemented universally in current and new districts
- Provide Training for Legal Actors in the Justice Chain (local authorities (commune, district), police, lawyers, prosecutors, judges) on relevant laws, standards, and guidelines, on gender responsive justice practices
- Assessment and development of mechanisms for reporting and information sharing between TWGG-GBV, PWG and District GBV Working Groups

ISAF could include the following responsibilities as part of the minimum standards⁷⁵:

- Commune Councils could be operationalizing the following:
 - Commune Alcohol Notification System (CANS)
 - Minimum Standards for Mediation as a Response to Violence Against Women
 - Commune Safety Policy
 - Legal Protection Guidelines for Women's and Children's Rights in Cambodia
- Local authorities and CCWC receive training on referral violence cases to police and court to process investigate and issue administrative order
- Local authorities and relevant service providers receive trainings on case management and data collection system process
- ISAF could encourage pilots (for example in urban areas) for Communes to invest in shelters using their commune funds, and partner with the existing service providers to set up and operate these shelters.
- Health Centers could be trained in and following the National Guidelines for Managing Violence Against Women and Children in the Health System, and be aware of and using the GBV referral system. The *Manual for Health managers: Strengthening Health Systems Response to Women subjected to Intimate Partner Violence or Sexual Violence* could be adopted and training provided to health care managers.
- Schools could provide gender responsive sexual and reproductive health, rights and GBV awareness to staff and students.
- Districts could ensure that the Sub-National TWG on GBV and referral mechanisms are established and functioning.

GBV is a key priority of the *IP3.3 Gender and Social Inclusion Strategy*. Policy dialogue with NCDDSD should also emphasise the need to provide financial and capacity building support to SWG GBV, and their line department members, to fulfil their GBV related functions. Policy dialogue on PAR should ensure that GBV responsibilities are clearly outlined in the mandates of related Line Ministries. This links with the PFMRP dialogue which should include budgeting for GBV across line ministries (see UNW Costing Estimates), UNW and DFAT both support this and would be able to provide technical assistance.

Public Financial Management: The World Bank together with DFAT, EU, ADB are supporting the MEF PRFMRP. The DFAT funded ACCESS program is supporting MOWA, MOSVY and DAC to strengthen the integration of their respective strategic policy planning with budget processes, in alignment to the central Platform 3 objective for PFMRP (strengthening “budget-policy linkages”), in particular the preparation of BSPs and annual PBs. ACCESS will provide PFM technical assistance to MoWA and the TWG/GBV to support their advocacy with MEF, NCDD and key LMs, to promote increased earmarked national budget allocations for GBV activities in LMs and subnational investment plans. ACCESS have conducted an initial situation analysis which found that GBV budget data is currently only available for MoWA, but not other Line Ministries. WB could support the GBV budgeting agenda through the PFMRP by working with their LMs partners such as MoH, Mol/NCDDSD, MoEYS (and even MPWT and MRD for Roads) to cost out necessary GBV activities and include in their annual budget submissions to MEF to ensure that their GBV responsibilities under the NAPVAW are adequately and sustainably resourced through the national budget. The UNW 2016 Costing of GBV services (see above) can provide some indicative budget allocations for key services.

The pipeline Community-based Childcare for Garment Factory Workers Project aims to establish sustainable community-based childcare services for garment factory workers that increase factory

⁷⁵ Note: The NAPVAW III will include the official responsibilities for these government stakeholders, once it is approved in November 2019 these criteria can be revised accordingly.

worker retention, increase household consumption and improve child development. As this project is working in the garment sector, it presents an opportunity to encourage participating factories to host GBV and sexual harassment training targeting managers and employees, using the CARE materials which have been designed for this purpose.

The [Livelihood Enhancement and Association of the Poor \(LEAP\) Project](#) aims to improve access of poor and vulnerable households in selected communities to financial services, opportunities for generating income, and small-scale infrastructure, and to provide immediate and effective response in case of an eligible crisis or emergency. Under the skills development subcomponents, the project could provide sexual harassment prevention training to women and potential employers, potentially in partnership with CARE, as above.

9. Annexes

1. List of Reference Documents
2. Table: mapping GBV stakeholders

Annex 1: List of Reference Documents

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Annex 2: GBV Mapping for Cambodia

Functions & Services	Gov Responsibility	Stakeholder Actions: who is doing what
1. Coordination and governance		
Research	<ul style="list-style-type: none"> MoWA 	<ul style="list-style-type: none"> WHO: GBV survey UNW/DFAT: costing study UNFPA: CDHS, Population Census UNICEF: VAC survey DFAT: funding partners to conduct research TAF: causes of GBV: alcohol, violence in media OXFAM: Voices for Change, research on Entertainment Workers Plan International: early marriage in Ratanakiri, survey on child trafficking Klaahan: gender attitudes towards rape and GBV Women Peace Makers: GBV and EM, mediation Destination Justice Cambodia, CCHR: judicial reforms and Human Rights CCHR: Discrimination against Transgender Women in Cambodia's Urban Centers
Policy & Advocacy	<ul style="list-style-type: none"> MoWA: NAPVAW CNCW: CEDAW MEF: national budget 	<ul style="list-style-type: none"> UNW: NAPVAW, DV Law UNFPA: NAPVAW UNICEF: Policy on VAC DFAT: NAPVAW formulation and implementation, MEF/PFM TAF: Commune alcohol control OXFAM: Voices for Change CARE/UNICEF/Plan International: Child Marriage in Ratanakiri CWCC: SWG-GBV Silaka: gender equality and biases NGO CEDAW: CEDAW shadow report Women Peace Makers: GBV and EM, mediation Klaahan: gender awareness, policy briefs Rock: law on gay marriage
Coordination Mapping	<ul style="list-style-type: none"> MoWA: TWG GBV, SNL TWG GBV, Anti-trafficking 	<ul style="list-style-type: none"> DFAT, UNW: TWG GBV DFAT ACCESS: expanding SWG-GBV UNW, GIZ: TWG GBV Annual Operational Plan

	<ul style="list-style-type: none"> • PDoWA, DoWA, WCCC, CCWC 	<ul style="list-style-type: none"> • UNFPA: supports 4 SWG-GBV • CWCC, GIZ, UNW, UNFPA: SWG-GBV • GIZ: Justice Coordination Group in Siem Reap, Kampong Thom • UN-ACT: coordinating for Counter-Trafficking
Guidelines	<ul style="list-style-type: none"> • MOWA • MoH 	<ul style="list-style-type: none"> • UNW: Draft of Good Practices (Guidelines) for Mediation as a Response to Violence Against Women; Minimum Guidelines for Prosecuting and Adjudicating Violence Against Women Cases (to provide guidance on DV Law and other relevant laws to promote women's access to justice), Essential services package; Referral Guidelines for Women and Girl Survivors of Gender Based Violence; Draft Prevention Strategy • UNFPA: Clinical Handbook and Guidelines for Health Sector, OSSC • CARE: Mainstreaming GBV into Sector Projects • TAF: media code of conduct • Plan, World Vision, Save The Children Fund, Childfund: Eliminating VAC Guidebook.
2. Prevention		
Women's empowerment	<ul style="list-style-type: none"> • MoWA • MoEYS 	<ul style="list-style-type: none"> • UNW/ILO: Safe and Fair Migration • UNW/UNODC: Anti-Trafficking • UNFPA: awareness raising on GBV and gender equality • ILO/IFC: Better Factories • USAID/GADC: 'Collective Action to Support Women's Rights' project • USAID/Winrock: ATIP Project • CARE: awareness raising on GBV and sexual harassment, STOP, child marriage in Ratanakiri, <i>Know and Grow</i> • HAGAR: vocational training to survivors • ActionAid: awareness raising on GBV and sexual harassment • CWCC: vocational training to survivors, awareness raising on GBV • ADHOC: turning victims into advocates, radio show • GADC: awareness raising on GBV and gender equality • Klahaan: awareness raising on GBV and gender equality • Women Peace Makers: awareness raising on GBV and gender equality • Silaka: trained victims to become advocates
Men's awareness	<ul style="list-style-type: none"> • MoWA • MoEYS • MoInf 	<ul style="list-style-type: none"> • GADC, CWCC, Banteay Srei: anger management, positive masculinities • TAF: Commune Alcohol Notification System (not sure of status) • UNPFA/P4P: pilot 'Healthy and Happy Relationships' project in 2016-17 in Kampong Cham • CARE: Why Stop? Campaign to prevent sexual harassment • Various NGOs: Annual 16 Day Campaign Activities

		<ul style="list-style-type: none"> • P4P (UNW, UNFPA, UNDP) • ILO/IFC: Better Factories • ActionAid: Safe Cities • TAF: Violence in media, Media code of conduct, alcohol consumption • GADC: Men’s Perspective programme in Prey Veng, Kampung Chhnang, Kampung Speu, Pursat • Klahan: social media campaigns on gender • Bantei Srey: counselling to men on gender and GBV • ADHOC: radio show
Integrated GBV/SRHR	MoH MoEYS	<ul style="list-style-type: none"> • UNFPA: scale up health facilities, youth groups • CARE: factories, EM in Ratanakiri • Marie Stopes International
Local Authorities	Mol	<ul style="list-style-type: none"> • UNW/ILO: Safe and Fair Migration • UNW/UNODC/IOM: Anti-Trafficking • UNICEF: Child marriage in Ratanakiri, VAC, CPMIS • CARE: ISAF • ActionAid: Safe Cities, ISAF • Plan International: Child marriage in Ratanakiri, VAC, Child protection • Banteay Srei: gender & GBV training • CWCC: gender & GBV training • IOM: Safe migration • GADC: gender & GBV training, women in leadership • Silaka: trains female councillors on Gender • Women Peace Makers: gender responsive mediation
LGBT		<ul style="list-style-type: none"> • UNW, UNAIDS, OHCHR: awareness raising, inclusion in CEDAW • USAID/PEPFAR: research on LGBT GBV • Klahan: awareness • Rock: SOGI and human rights workshops, awareness for SNL • CamAsean: grassroots activism • Destination Justice Cambodia and the Cambodian Center of Human Rights: research, advocacy, outreach
3. Response: Essential Services		
Health	MoH	<ul style="list-style-type: none"> • DFAT/ACCESS: grants to partners • UNFPA: training on National Guidelines for Managing Violence Against Women and Children, CB for HC • CARE, DFAT: Clinical Handbook Training with 4 Referral Hospitals and 17 Health Centres in Phnom Penh

		<ul style="list-style-type: none"> • UNFPA, UNW: Clinical Handbook Training in 9 provinces (Preah Vihear, Kampong Cham, Stung Treng, Tbong Khmum, etc) • RHAC: adapted the National Guidelines (WHO compliant) to its NGO private clinics – included identification, care, referral) • Marie Stopes International: Sexual and reproductive health and GBV
Justice, Policing	<ul style="list-style-type: none"> • MoI: police, trafficking • MoWA/PDoWA Judicial Police Agents (JPA) • CNCW • Bar Association • MoJ 	<ul style="list-style-type: none"> • DFAT/GIZ: Judicial Police Agents (JPA) of MoWA/PDoWA trained in all provinces using Legal Protection Guidelines • DFAT: Community Policing Initiative (includes GBV) • UNW: Training of key actors in justice system on feminist jurisprudence • APLE: Child Trafficking • USAID: Anti-trafficking • ADHOC: access to justice for victims of GBV and trafficking • Women Peace Makers: gender responsive mediation • Lawyers’ Training Center (LTC): legal training • ACTED: Provision of awareness raising for commune police to increase reporting of acts of violence • CARE: Training to Police under UN Trust Fund Grant (Safe Workplace Safe Communities)
Social Services: Counselling and PSS	<ul style="list-style-type: none"> • CCWC: primary counselling, information, referral • PDoWA/MoWA JPAs: primary counselling, legal advocacy, referral • MoSVY: Reintegration, shelter 	<ul style="list-style-type: none"> • DFAT/ACCESS: Grants to partners • CWCC: comprehensive services to survivors of trafficking, VAW (psycho-social support, legal assistance, income generation, shelter, reintegration, etc.) funded by multiple donors including UN Trust Fund, was funded by EVAW in Kampong Thom and Siem Reap. Currently has a joint grant to work with ADD on inclusion of women with disabilities that have experienced VAW. • Banteay Srei: Safe Shelter, psycho-social support, men’s programming, community based programming (income generation, peace house) • Hagar: aftercare for victims of trafficking and GBV (shelter, psycho-social support, employability, access to education, re-integration) (funded by DFAT.) • Transcultural Psychosocial Organisation (TPO): psychosocial services under DFAT/EVAW in Kampong Thom, Siem Reap, Battambang (now reduced due to budget). • World Hope International: Coordination, training for social workers, response for GBV in Kampong Speu– UN Trust Fund • GADC: support to GBV victims • ADD: Services and Prevention for women with disabilities that have experienced VAW. • CARE: Sexual harassment in garment factories • Plan: Case management and referral for CP in Ratankiri and Tbung Khmung

		<ul style="list-style-type: none"> • ActionAid: Violence and sexual harassment in public spaces, garment factories • ACTED: Anti-trafficking • RHAC: SGBV protocol, referral system, improved identification • Marie Stopes International: Sexual and reproductive health and GBV • Women's Resource Center • APLE: child trafficking and abuse.
Shelter/safe house/OSSC	<ul style="list-style-type: none"> • MOSVY 	<ul style="list-style-type: none"> • CWCC: Phnom Penh, Siem Reap, Bantey Meanchey • Bantey Srey: Siem Reap, Battambang, Preah Vihear
Case management and referral	<ul style="list-style-type: none"> • Commune Council • WCCC, CCWC 	<ul style="list-style-type: none"> • CWCC • Bantey Srey • HAGAR
Legal Aid Access to Justice	<ul style="list-style-type: none"> • MoJ 	<ul style="list-style-type: none"> • Legal Aid of Cambodia • Legal Services for Women and Children • Cambodia Women's Crisis Center • Bar Association Members • Bantey Srey with Lawyers without Border • CNCW with Bar Association • TAF: Bar Association • ADHOC: trafficking, rape • Women Peace Makers