

KINGDOM OF CAMBODIA

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Policy Brief

Promote response services for women and Children survivors affected by Gender Based Violence



The Ministry of Women's Affairs, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, has established working groups to develop the Policy Briefs



Preface

Under the leadership of **Samdech Moha Borvor Thipadei Hun Manet**, Prime Minister of the Kingdom of Cambodia, the Royal Government of the 7th Legislature of the National Assembly has carried on promoting gender equality and preventing all forms of gender-based violence by increasing investment in gender and empowering women in all fields to enable conducive environments for women to exercise their leadership rights to alleviate gender-based violence, early marriage, and teenage pregnancy, as well as to enhance public health, such as malnutrition among women and children, aimed at mitigating maternal and child mortality.

As a secretariat to the Royal Government, the Ministry of Women's Affairs has played a key and active role in promoting gender equality and health, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, and developed recommendations for Policy Briefs related to gender and health.

The Inter-ministerial Working Group, which is composed of members from the Ministry of Women's Affairs, the Ministry of Health and the National Institute of Statistics of the Ministry of Planning, has decided to select 5 topics as follows:

1. Promote response services for women and children survivors affected by gender-based violence;
2. Promote eradication of cervical cancer to save women's lives;
3. Mitigate maternal and infant mortality by promoting women's health and nutrition, reproductive health, pregnant women, and postpartum women aged 15-49;
4. Mitigate the impact of early marriages and teen pregnancy; and
5. Promote women in leadership and governance roles in the health sector.

The aforementioned 5 recommendations of the Policy Briefs have responded to the Pentagonal Strategy – Phase I of the Royal Government of the 7th Legislature for Growth, Employment, Equity, Efficiency and Sustainability by continuing to embrace "People" as a priority, with Pentagon 1 focusing on "Development of human capital" that takes into consideration of promoting people's health and well-being people and strengthening social support system. Pentagon Side 4.1 on "Sustainable and Inclusive Development" focuses on promoting

gender equality. The Ministry of Women's Affairs' Neary Rattanak VI Five-Year Strategic Plan consists of 6 key strategies, the 3rd of which relates to promoting well-being of women and young girls, transforming gender in health sector. Hence, Data to Policy (D2P) is absolutely crucial as it serves as evidence for advocacy in taking public health response measures as part of Neary Rattanak VI Strategic Plan.

With the support of Vital Strategies, the Ministry of Women's Affairs has led and collaborated with the Ministry of Health and the National Institute of Statistics of the Ministry of Planning to organize several meetings and consultative workshops as well as reviewed and analyzed existing data and identified 5 key issues for the formulation of the recommendations of the Policy Briefs on gender and health to advocate with concerned ministries, institutions and partners.

In addition, strengthening the capacity of officials to develop D2P Policy Briefs recommendations on gender and health in line with the policies of the Royal Government of the 7th Legislature focuses on public administration reform, public financial management reform and other reforms at national and sub-national levels.

We firmly believe that these recommendations of the Policy Briefs serve as guiding aide-memoires for the Royal Government and line ministries and institutions to make informed decisions in the formulation of action plans to contribute to the reduction of identified issues and provide recommendations based on this Policy Briefs.

Last but not least, the Ministry of Women's Affairs, the Ministry of Health, and the National Institute of Statistics of the Ministry of Planning strongly believe that all stakeholders within the Royal Government, development partners, private sector, and civil society organizations will use these recommendations of the Policy Briefs as a compass for effective and efficient implementation to contribute to the promotion of gender equality and health in response to the Pentagonal Strategy - Phase I of the Royal Government of the 7th Legislature of the National Assembly, and Neary Rattanak VI Strategic Plan.

Phnom Penh, December 24, 2024

For - Minister

SECRETARY OF STATE



CHAN SOREY

Acknowledgement

The Policy Briefs Recommendation Development Working Group would like to express our most profound gratitude to **Her Excellency Dr. Ing Kantha Phavi**, Minister of Ministry of Women's Affairs, **His Excellency Professor Chheang Ra**, Minister of Ministry of Health, and **His Excellency Bin Trochhey**, Minister of Ministry of Planning, for their constant support to the successful completion of the Policy Briefs recommendations formulation.

In addition, the working group would like to thank the leaders of the 3 ministries, including **Her Excellency Chan Sory** and **Her Excellency Man Chenda**, Secretaries of State of the Ministry of Women's Affairs; **Her Excellency Pen Riksy**, Secretary of State of the Ministry of Health; **Her Excellency Pech Pitoratha** and **Her Excellency Thongphean Chhaymaly**, Under-secretaries of State, Ministry of Women's Affairs, and the technical working groups of the 3 ministries.

We would like to thank Vital Strategies for providing both financial and technical supports for the development of the recommendations of the Policy Briefs, in particular to **Mr. Luis Ocaranza**, Senior Technical Advisor; **Dr. Mean Reatanasambath**, Country Coordinator; **Ms. Emily Myers**, and **Mr. Ric Mateo**, Trainers, for having developed the capacity of the working group to formulate these recommendations of the Policy Briefs. In the meantime, we would also like to thank the experts from the relevant ministries, institutions and partners for their inputs on the formulation of these recommendations of the Policy Briefs.

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Acronyms / Abbreviations and Definitions

Acronym	Definitions in English
CDHS	Cambodia Demographic and Health Survey
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
GBV	Gender-based violence
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
IPD	In-patient department
IPV	Intimate Partner Violence
LGBT	Lesbian, gay, bisexuals, and transgender
LIVES	Listen, Inquire, Validate, Enhance, Support
NCOD	Notification of Cause of Death
M&E	Monitoring and evaluation
OPD	Outpatient department
OSSU	One Stop Service Unit
SDG	Sustainable Development Goal

Summary

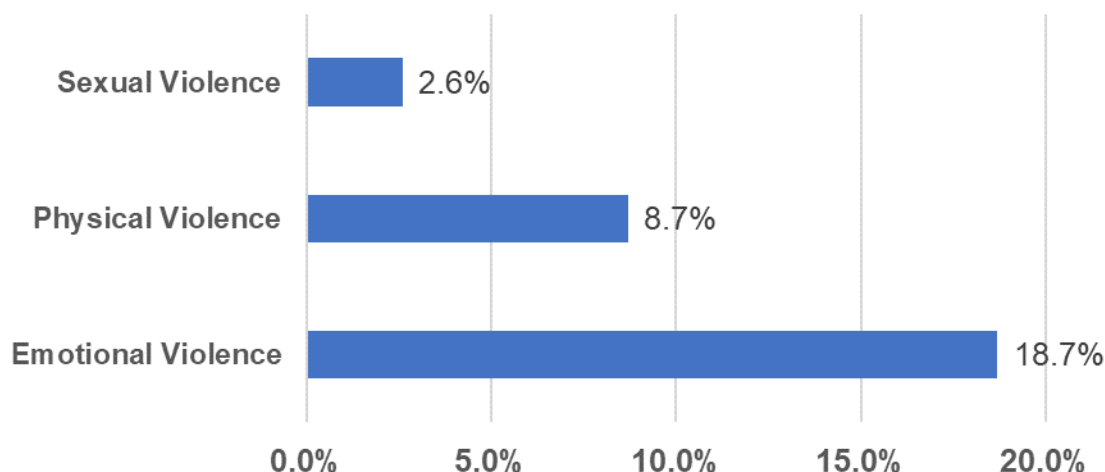
Responses

and Facilitation of One Stop Service for Women and Children Survivors of Gender-Based Violence

Gender-based violence (GBV) results in, or is likely to result in, physical, sexual or psychological suffering or harm to women, including threats to commit those acts, coercion or arbitrary deprivation of freedom, whether occurring in public or in private life. Gender inequality is globally recognized as a root cause of GBV.

Based on the Cambodia Demographic and Health Survey 2021-22 (CDHS) Report on Domestic Violence, out of a total of the 5,780 women who were interviewed for this study, aged between 15 and 49 years old and who had partners, 21% of them had experienced intimate violence in their lifetime.

The 3 Main Types of Violence



Source: Cambodia Demographic and Health Survey Report (CDHS) 2021-22

Among that, emotional violence was the highest at 18.7%, followed by physical violence at 8.7% and sexual violence at 2.6%. Domestic violence and/or intimate partner violence is the most common form of gender-based violence (GBV) and a serious concern in the world as well as in the Cambodian society. According to the Cambodian Demographic and Health Survey 2021-22:

- More than 20% of Cambodian women were reported that they experienced physical, sexual, psychological or economic violence perpetrated by intimate partners in their lifetime;
- In general, 13% of women aged 15-49 who had been married were reported having experienced physical or sexual abuse by their partners;
- 8.7% of women aged 15-49 years experienced physical violence from intimate; and
- About 3 out of 10 women sought help to cease the violence they experienced, and only 31% of them were reported seeking help from an official service.

In response to GBV issues, the expansion of a multi-service delivery facility to respond to GBV victims in referral hospitals with high violence rates has been developed as part of the Pentagonal Strategy – Phase I of the 7th Legislature of the Royal Government.

According to the recommendations of **Samdech Akka Moha Sena Padei Techo, former Prime Minister of the Kingdom of Cambodia**, at the annual meeting of the Cambodian National Council for Women on 18 February 2019 ⁽²⁾, National Action Plan on the Prevention of Violence against Women 2019-2023 ⁽¹⁾ and the Result of the 2023 Stockpile Meeting and the 2024 Action Plan of the Ministry of Women's Affairs under the high presidency of **Samdech Borvor Thipadei Hun Manet, Prime Minister of the Kingdom of Cambodia** on 29 April 2024 ⁽³⁾, the Royal Government of Cambodia, with the Ministry of Women's Affairs as its assistant and the national mechanism in facilitating the promotion of gender equality, preventing and responding to all forms of violence against women and girls in Cambodia in collaboration with the Ministry of Health, has set up One Stop Service Units to respond to GBV victims the Capital-Provincial Referral Hospitals, in addition to the existing mechanisms, i.e. multidisciplinary response teams to GBV in some provinces.

Promoting the responses and facilitation of service delivery to women affected by GBV is a priority for One Stop Service Units and for GBV multidisciplinary response teams at the provincial and district levels, in line with National Action Plan on the Prevention of Violence against Women 2019-2023. During the implementation of the National Action Plan on the Prevention of Violence against Women 2014-2018, One Stop Service Units responding to GBV victims were established and piloted in 2 provinces, namely Kampong Cham and Stung Treng, (which was in response to the recommendations of **Samdech Techo Hun Sen**). Such One Stop Service Units have contributed to better and timely responses to quality service delivery for women affected by GBV. The One Stop Service Units were designed in response

to the 2nd Strategy "Legal Protection and Multidisciplinary Services" of the 3rd National Action Plan for the Prevention of Violence against Women (2019-2023) ⁽¹⁾.

Another important task in preventing and responding to violence against women and children is the recording of violence cases in details, which is currently being carried out through the record of health workers who are required to write all gender-segregated data such as age, sex, family status, type of violence, perpetrators, treatment



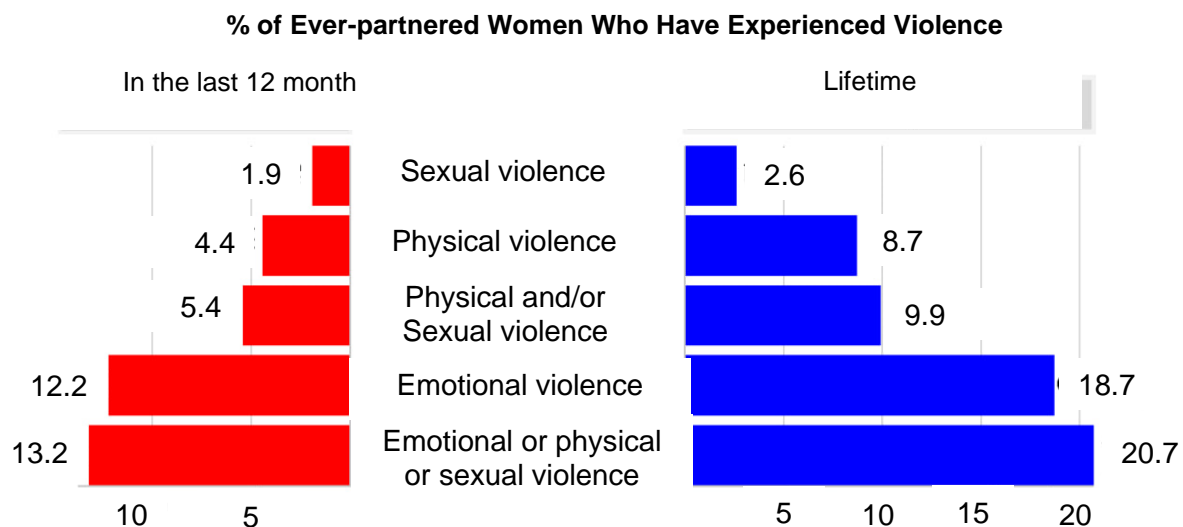
Source: UNICEF Cambodia/2023/Cristyn Lloyd

provided, where it was sent from, and place of referral. Although the record is done manually, it actually is useful because it allows us to know the number of cases and type of violence, geographical location, and type of perpetrators ⁽⁴⁾.

1. Introduction

Cambodia faces high levels of violence, including domestic violence, gender-based violence and community conflict. These issues yield a significant impact on public health and require wider health care responses. Provincial referral hospitals play key roles in providing services and care to victims, in particular in areas where high rates of violence prevail. By expanding the number of service delivery facilities in provincial referral hospitals, Cambodia is able to better address the impact of violence, effectiveness of service delivery, and overall public safety.

GBV can take place regardless of sex, identity, sexual orientation, ethnicity, or family status (rich or poor). Studies show that most GBV victims are women and girls, and that men and boys, lesbians, gays, bisexuals, and transgenders (LGBT) have also experienced being the victims of violence. Women have experienced violence in the home, at work, and in the community. The most common types of violence against women in Cambodia are domestic violence (intimate partner violence - IPV) and sexual violence. Domestic violence and/or intimate partner violence is the most common form of GBV and is a critical concern in the world as well as in the Cambodian society. In Cambodia, there are only 6 One Stop Service Units (OSSU) for GBV victims at the Capital and Provincial Referral Hospitals, namely Stung Treng, Tbong Khmum, Battambang, Phnom Penh, Kampong Cham, and Preah Vihear.



Source: Cambodia Demographic and Health Survey (CDHS) In-Depth Analysis Report 2021-22

Based on the Cambodia Demographic and Health Survey 2021-22 (CDHS) Report on Domestic Violence, out of a total of the 5,780 women who were interviewed for this study, aged between 15 and 49 years old and who had partners, 21% of them had experienced intimate violence in their lifetime ⁽⁵⁾. Among that, emotional violence was the highest at 18.7%, followed by physical violence at 8.7% and sexual violence at 2.6%. In the past 12 months, 12.2% of women experienced emotional violence, compared with 4.4% of them who experienced physical violence, and 1.9% of them who experienced sexual violence by their intimate partners. In total, one-fifth (1/5) of women who had had a partner aged 15-49 reported experiencing psychological and/or physical and/or sexual violence, or three types of violence, by their intimate partner in their lifetime. About 13.2% of women who had had a partner reported having experienced physical, sexual, and/or emotional violence in the past 12 months. About one-tenth (1/10), equivalent to and 5.4%, of women reported experiencing physical and/or sexual violence by their intimate partners in their lifetime in the past 12 months ⁽⁵⁾. According to the Health Information Management System (HMIS) report, in 2022 a total of 73 victims of violence received counseling and in-patient services at health facilities, while in 2023 there were 648 victims.

Many factors are the root causes of the problem: 1) Most victims did not seek health services on time (after 72 hours). 2) In a large number of health facilities, there were no appropriate rooms in which confidentiality and privacy for victims could be maintained, 3) Gender-based violence was partially integrated in the HIMS system but it was not operational, and 4) It was hard to collect the reports from health facilities.

In 2018, the Ministry of Health and the Ministry of Women's Affairs, in collaboration with line ministries and institutions, set up 1 OSSU for women and girls affected by all forms of violence to facilitate the provision of legal services, social services, health services and other services for victims and expanded the OSSUs in 6 provinces (Stung Treng, Tbong Khmum, Battambang, Phnom Penh, Kampong Cham, and Preah Vihear).

The implementation of GBV response service delivery work covered:

- 1) Establishing the National Protocol on Health Care for Women Victims of Violence in 2017 ⁽⁸⁾,
- 2) Providing training for 125 trainers of trainees from 25 capital and provinces, and

- 3) Trainers provided cascade trainings to service providers consisting of 39 hospitals, 165 health centers, and 711 service delivery people.

2. Problem Analysis

Gender-based violence (GBV) results in, or is likely to result in, physical, sexual or psychological suffering or harm to women, including threats to commit those acts, coercion or arbitrary deprivation of freedom, whether occurring in public or in private life. Gender inequality is globally recognized as a root cause of GBV.

The common forms of GBV include sexual violence (rape, attempted rape, sexual assault, sexual exploitation, and sexual harassment). Intimate partner violence or domestic violence includes physical, psychological, sexual and economic abuse and dangerous traditional and cultural practices, including forced marriage and child marriage ⁽⁵⁾.

Women experience violence in the home, at work, and in the community. The most common types of violence against women in Cambodia are domestic violence, intimate partner violence, and sexual violence. GBV in all forms results in far-reaching physical, psychological and social consequences for those who have become its victims. Quite often, those people are referred to as "Victims" or "Survivors". GBV victims enjoy the right to effective and timely necessary care, support and services to assist them in accessing assistance and justice ⁽⁵⁾.

The health consequences resulted from violence can be devastating. Two-thirds (2/3) of women who have experienced violence from the intimate partners have serious psychological and physical health consequences. Of the women surveyed, only half of them sought treatment and care for injuries caused by physical violence. Many studies show that violence against Cambodian women as a whole is instigated by the intimate partners. The GBV problems in all forms, including physical, psychological, and sexual nature, have been providing many consequences, such as ^(6, 7, 12):

The physical consequence is that it results in pain, scarring, from minor injuries to serious injuries, and can cause the victims to fall ill, become disabled, or even die.

The psychological consequence is that the victims become angry, and if the anger reaches a high level, it can result in retaliation, which leads to hostile acts and murders. Apart

from this, there are sadness, psychological pain, abnormal feeling, and feeling of shame and even emotional distress, while some women decide to run away from home, and some young women refuse to marry for fear of suffering like their mothers. If the victims are very upset, it can lead to suicide.

The consequence on children's behavior is exemplary that the violent act is a normal, acceptable behavior, and it is likely that children will adhere to disorderly attitudes, be content to quarrels both in and out of the home, and possibly result in cruelty.

In response to the aforementioned issues, the Royal Government has developed legal frameworks, policies, guidelines and legal regulations to prevent and respond to gender-based violence, including:

- Article 31 of the Constitution directly incorporates a number of international instruments on human rights into Cambodian laws to ensure the protection of human basic rights, including the right to life, individual rights, right to personal security, and freedom of movement, right to belief and religion, right to form a community and political party, and right to a fair and equal trial before the law;
- Cambodia is a signatory to major international conventions pertinent to human rights, women's rights and children's rights, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the CEDAW Optional Protocol;
- Cambodia ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on 15 October 1992. Of the many international human rights conventions, only CEDAW focuses specifically on the protection of women's rights. This Convention sets out 3 main principles (equality, non-discrimination and obligations of States Parties) and requires the State Parties to regularly enforce the rights of women and to condemn all forms of discrimination against women as well as to execute all appropriate measures;
- Commitment of the International Conference on Population and Development (ICPD) and the Sustainable Development Goals (SDGs): Goal 5 (SDG 5) and Goal 16 (SDG 16);
- The Universal Declaration of Human Rights which applies to all UN member states (Articles 1, 2, 7, 16, 23, 23 and 26 provide for the recognition of the protection of human rights);

- The 1992 Convention on the Rights of the Child was ratified in 1992, through which Cambodia is subject to the legal obligations as set out in the provisions of the Convention;
- Article 12 (Non-Discrimination Section) of the Labor Law 1997: Prohibition of discrimination based on race, color, sex, religious belief, political tendency, birth, social origin, membership of a trade union, or the exercise of union activities. Article 172 (Section on Labor for Women and Girls): All employers and managers of establishments in which child laborers or apprentices below 18 years of age or women work, must watch over their good behavior and maintain their decency before the public. All forms of sexual abuse are strictly forbidden.
- The 2009 Criminal Code and the 2007 Code of Criminal Procedure provide prevention on all forms of violence against women and children and violent acts shall be prosecuted in accordance with the 2007 Code of Criminal Procedure and the 2009 Criminal Code;
- The 2006 Code of Civil Procedure and the 2007 Civil Code stipulates that family members must respect each other's rights and freedoms and prevent domestic violence;
- Law on the Suppression of Human Trafficking and Sexual Exploitation (2008): This law, promulgated in 2008, prohibits the trafficking in human and sexual exploitation in various forms, including prostitution and pornography and indecent acts;
- Law on Prevention of Domestic Violence and Protection of Victims (2005): This law responds to victims of domestic violence in accordance. According to Article 2 of this law, it provides protection to 3 groups of victims, namely 1. Husband and wife, 2. Dependent children, and 3. People living under the same roof and dependants, including household servants;
- National Strategic Development Plan (NSDP) 2019-2023;
- Pentagon Strategy - Phase 1 of 7th Legislature of the National Assembly of the Royal Government of Cambodia: Focusing on Growth, Employment, Equity and Efficiency;
- National Action Plan on the Prevention of Violence against Women; and
- Neary Rattanak Strategic Plan.

In this regard, the Ministry of Health also strives to translate policies, guidelines and strategic plans of the Royal Government and of the Ministry of Women's Affairs, which is the ministry concerned, to be in line with the United Nations and the World Health Organization

and abide by the patterns successfully implemented at international level for the development of key documents in response to the National Strategy for the Elimination of Gender-Based Violence in Cambodia.

2.1. Findings

A. Domestic violence

Domestic violence and/or intimate partner violence is the most common form of gender-based violence (GBV) and is a serious concern in the world as well as in the Cambodian society. The Cambodian Demographic and Health Survey 2021-22 uncovers that ⁽⁵⁾:

- 21% of women aged 15-49 who had been married reported having experienced physical, sexual, psychological or economic violence perpetrated by their intimate partners in their lifetime;
- 13% of women aged 15-49 who had been married reported having experienced violence by their intimate partners in the past 12 months;
- About 3 out of 10 women who experienced violence sought help to cease the violence, and only 31% reported seeking help from an official service provider; and
- More than half of children experienced violence at least once before they turned 18 ⁽⁴⁾.

B. Rape and sexual violence

Rape and sexual violence are also a concern in Cambodia. The data on rape and sexual violence shows that ⁽⁵⁾:

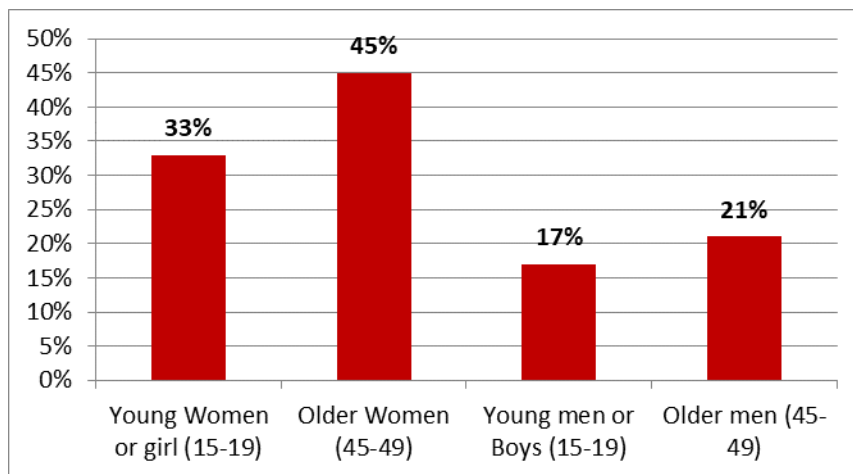
- 3% of women aged 15-49 experienced sexual violence at least once in their lifetime;
- 5% of women reported experiencing at least one form of sexual harassment in their lifetime;
- 4% of girls reported experiencing sexual abuse at least once before the age of 18; and
- Sexual abuse committed by more than one perpetrator was not uncommon. Among women aged 18-24, there was more than 1 in 10 women, and more than a quarter (1/4) of men aged 18-24 reported that the earliest case of child sexual abuse was perpetrated by more than one person. Of the 13-17 years old, 1 in 8 women and 1 in 8 men reported having more than one suspect in the first case of sexual abuse.

On the other hand, it is acknowledged that other groups of women suffer from various forms of discrimination and gender inequality, which make them even more vulnerable to

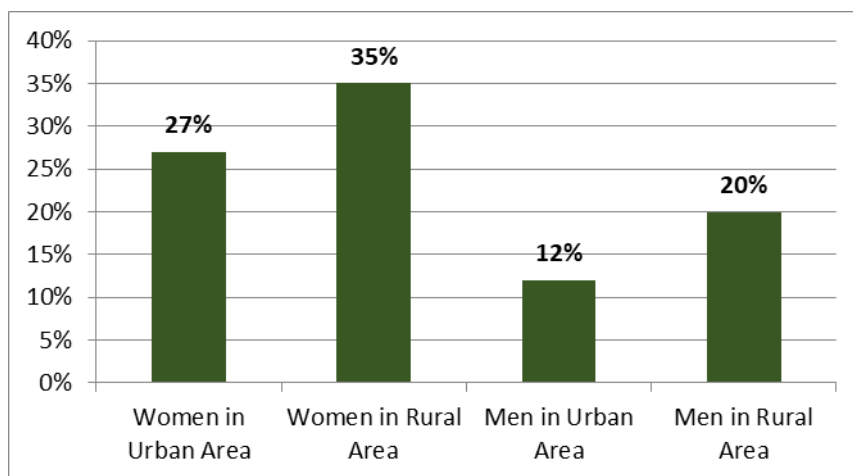
violence. Social norms, stigma and discrimination can increase the risk of violence or create challenges in accessing their protection and services. These victims include women with disabilities, women living with HIV, lesbians, gays, bisexuals, transgenders (LGBT), older women, female migrant workers and employees, female entertainment workers, female factory workers and female other workers, female drug users or women with partners using drug, female prisoners, indigenous women, and women from religious or ethnic groups.

C. Attitudes toward physical abuse on both men and women

Percentage of physical abuse by type and age group

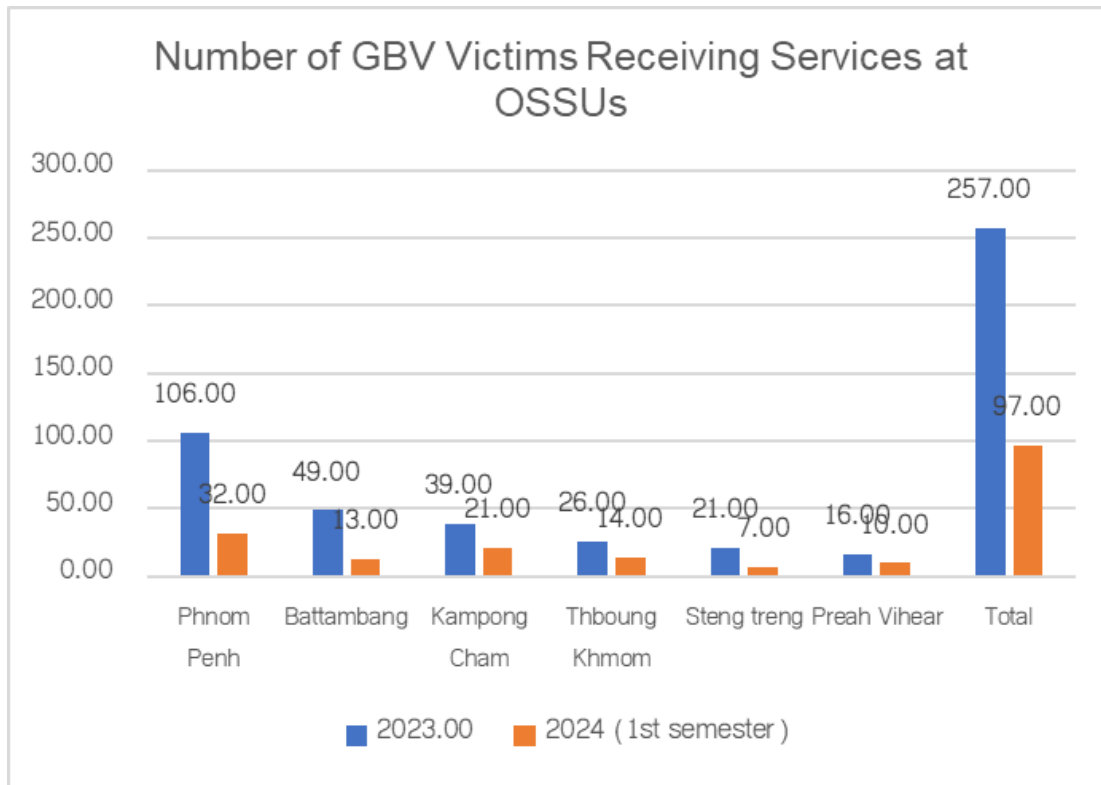


Percentage of physical abuse by type and living areas



Source: Cambodia Demographic and Health Survey Report (CDHS) 2021-22

Physical abuse in young women aged 15-19 was 33% lower than in older women aged 45-49, accounting for 45%. This issue is seen more common in women in urban areas, accounting for 35%, than women in rural areas, accounting only for 27%. In addition, boys between the ages of 15 and 19 have experienced less physical violence than men aged 45-49, at 17% to 21% respectively. Similar to women, the physical abuse of men is also seen more common in rural areas, accounting for 20%, than in urban areas, accounting only for 12% ⁽⁹⁾.



Source: Report of Ministry of Women's Affairs

In 2023, the total number of GBV victims accessing the services at OSSUs was 257, and in 2024 (first semester) the total number was 97 in the 6 capital and provinces. In 2023, we could see that in Phnom Penh there were 106 GBV cases, which was higher than other provinces, while there were 16 cases in Preah Vihear, lowest number of cases.

2.2. Challenges

Gender-based violence occurs regardless of gender, gender identity, sexual orientation, race, or caste. Studies show that most GBV victims are women and girls, and men/boys, gays, lesbians, bisexuals, and transgenders (LGBT) have also experienced being GBV victims. In addition, it is acknowledged that other groups of women suffer from various forms of

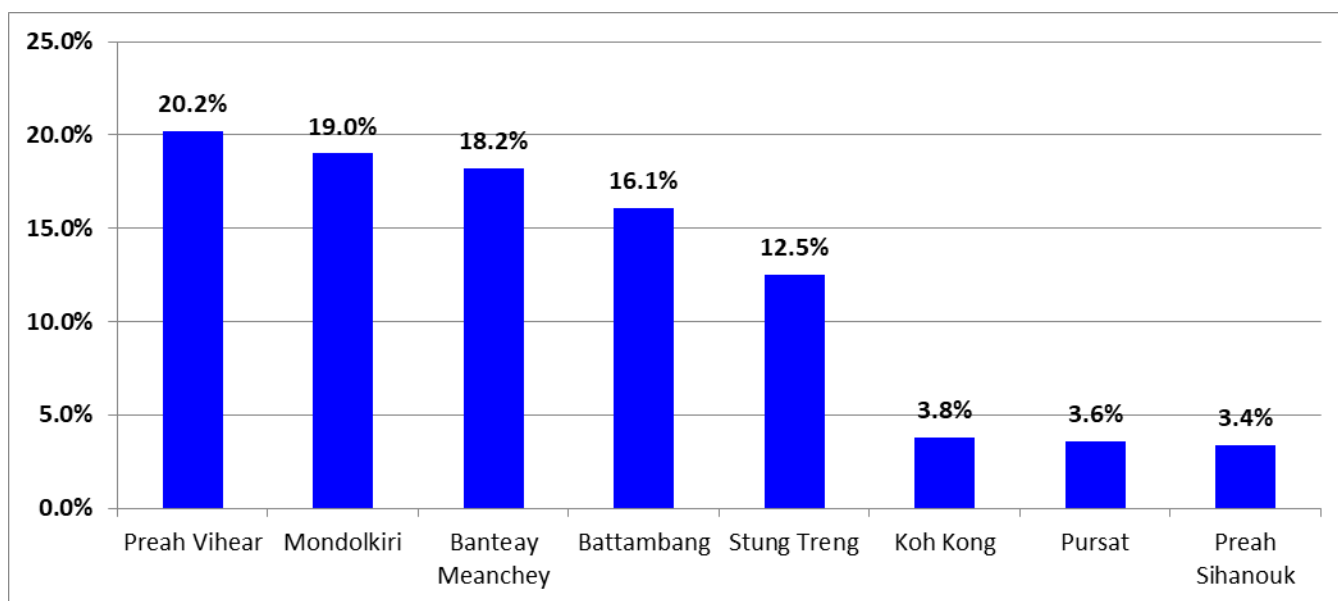
discrimination and gender inequality, which make them more vulnerable to violence. Social norms, stigma and discrimination can increase the risk of violence or create challenges in accessing their protection and services. In Cambodia, these women include women with disabilities, women living with HIV, lesbians, gays, bisexuals, transgenders (LGBT), older women, female migrant workers and employees, female entertainment workers, prostitutes, female factory workers and female other workers, female drug users or women with partners using drug, female prisoners, indigenous women, and women from religious or ethnic groups.

2.2.1. Effects of gender-based violence

Women victims of violence are severely affected, and the effects of violence place a socio-economic burden on the government, families, communities and society, as the families and the state have to pay for health services, loss of productivity and safe havens for women and children, and pay for social services, legal services and other necessary services for rehabilitation of women victims. The organization of counseling rooms or service delivery facilities and quality of services are inadequate and limited for the provision of services to victims, in particular in remote areas. In general, according to the actual situation of the safe shelters for victims' temporary accommodation, they are not yet extensively available (they are available only in Phnom Penh, Siem Reap and Banteay Meanchey). Victims do not have access to information about the effects of violence, the services, and the right to protection due to incomprehensive dissemination (either onsite or online) and limited cooperation, facilitation and knowledge of the service providers.

Women victims of violence are suffered from health effects or loss of resource capacity and time to earn a living for their families. Not only that, GBV has a huge impact on their children's education and their children's mental health. The majority of women and children affected by GBV are less likely to seek legal assistance, those in especially in remote areas. As per gender mindset, or social mindset, women and girls are more frequently blamed, and discrimination, travel time, and cost are adverse effects on GBV victims. Furthermore, many other factors prevent women from seeking help from local authorities or relatives.

Physical Abuse in 8 Provinces with the Highest Percentage and 3 Provinces with the Lowest Percentage in 2021



Source: Cambodia Demographic and Health Survey (CDHS) Report 2021-22

The highest rate of physical abuse caused by intimate partners was observed in 5 provinces: Preah Vihear ranking first in 2021 with the highest rate of physical abuse at 20.2%, followed by Mondul Kiri ranking second with the rate of 19.0%, Banteay Meanchey ranking third with rate of 18.2%, Battambang ranking fourth with rate of 16.1%, and Stung Treng with the rate of 12.5%. The provinces with the lowest rates were in 3 provinces: Koh Kong (3.8%), Pursat (3.6%) and Preah Sihanouk (3.4%). See graph above ⁽⁹⁾.

2.2.2. The root cause of the problem

Establishing OSSUs at referral hospitals or establishing multi-service delivery facilities to respond to GBV victims remain limited. Moreover, the materials and equipment required for forensic examination purposes have not yet realized the need for setting up an OSSU.

The number of facilitating staff providing the services is not sufficient, in particular the capacity of staff providing response services has not yet been mobilized to focus on victims or to respond to Protocol on Health Care for Women Victims of Violence, especially the LIVES approach (Listen, Inquire, Validate, Enhance the safety, Support) remains a constrain.

In general, setting up an OSSU to smoothly run and respond to the needs of victims requires full budget support to determine the structure, flow, referral, facilitation and service

delivery. Apparently, however, the budget for this work has not yet been adequately satisfied. Likewise, bringing awareness to USSUs and related services has not been widespread, especially on the online platform and in provinces prone to violence. In the meantime, the monitoring and evaluation (M&E) system and monitoring equipment are not yet standardized, while the human resources for carrying out this work are not yet responsive. The facilitation and provision of services between the concerned parties are still incomprehensive and do not align with the standards or guidelines.

Some victims or vulnerable groups encounter problems or find it hard to find services and do not have access to information about the services, in particular those in remote areas due to the geographical location, i.e. the distance from their home to the service facility; the service facility does not provide privacy; people lack the understanding due to their literacy, shyness as well as safety issue, means of transportation and services delivery by service providers.

3. Selection of Policy Recommendations

When women and girls are affected by GBV, they are more likely to get wanted or unwanted pregnancy, and unsafe abortions and sexually transmitted infections, including HIV cause them a long-term psychological trauma. Gender-based violence is often rooted in a culture of silence, stigma and discrimination which requires psychological support to GBV survivors, and the provision of health and psychological services to them is a main priority and effort towards the realization of Global Health Assurance and the 2030 Agenda for Sustainable Development. We need to ensure that women and girls affected by violence have the confidence to approach health care providers and to ensure that they are in safe hands. This is what these standard operating procedures aim to achieve by providing a comprehensive package of activities for health care providers to manage and address GBV incidents. The standard operating procedures will improve the facilitation of service delivery and the quality of responses and protection mechanisms for GBV victims. The use of "standard operating procedures" can enable the clinical practice more comprehensive, uniform, and responsive to the needs of survivors.

3.1. Policy Recommendation Option 1

The Ministry of Women's Affairs and the Ministry of Health need to update and promote the exercise of the Guidelines for the Establishment of One Stop Service Unit at Capital and Provincial Referral Hospital throughout the country, which are key tools to be used as aide-memoire for concerned parties in establishing OSSUs for GBV victims in the capital and provincial hospitals and enhancing the implementation of services by respecting human rights approach, ensuring safety, strengthening actual empowerment, having no blaming attitudes, having no judgmental attitudes, maintaining privacy and confidentiality, and having not discrimination, especially providing the orientation in setting up OSSUs for GBV victims in keeping with the appropriate standard, and responding to the needs of victims with respect, dignity and discrimination free.

In addition, the adoption and promotion of the implementation of these guidelines is one of the key priorities of the Royal Government: increasing investment in gender equality and preventing violence against women and girls to achieve Cambodia's Sustainable Development Goals as well as Commitment to Eliminate Gender-Based Violence to the Lowest Level Possible (Zero) by 2030 which the Royal Government of Cambodia, together with more than 180 countries, pledged at the International Conference on Population and Development in Nairobi, Kenya in late 2019 that it would achieve three zeros by 2030 (zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence or harmful practices).

The establishment of OSSUs responding to GBV victims in capital and provincial hospitals was in response to the Second Strategy “Legal Protection and Multidisciplinary Services” of the National Action Plan on Prevention of Violence against Women, Neary Rattanak Strategic Plan and high recommendations of **Samdech Techo, Former Prime Minister of the Kingdom of Cambodia**, addressed at the Annual Meeting of the Cambodian National Council for Women on 12 February 2018 and Reference Letter No. 335 SChN, dated 22 March 2018, to inform the Ministry of Health and the Ministry of Women's Affairs to cooperate with the relevant ministries and institutions to establish an OSSU (only 1 location) for women and girls affected by all forms of violence in order to facilitate the provision of legal, social, health and other services to the victims, and Letter No. 123 ABS of the Minister of the Ministry of Health to His Excellency Director General of Calmette Hospital, Directors of

National Centers, Directors of National Hospitals, and Directors of Capital/Provincial Departments Health to establish an OSSU (only 1 location) for women and girls affected by all forms of violence in order to facilitate the provision of legal, social, health and other services to the victims, and they had to cooperate with the Ministry of Women's Affairs and relevant departments in their localities, particularly with the local authorities.

To be in line with the existing national policy and action plan, in particular the Ministry of Health being equipped with the resource infrastructure in place, it is the best opportunity to solidify and expand such OSSUs more widely in accordance with the indicators as set out in the Draft 4th National Action Plan on the Prevention of Violence against Women (2024-2030), the Neary Rattanak VI's Strategic Plan ⁽¹⁰⁾ and the Pentagonal Strategy - Phase 1 of the 7th Legislature of the National Assembly ⁽¹¹⁾.

3.2. Policy Recommendation Option 2

The Ministry of Women's Affairs, the Ministry of Health and relevant ministries and institutions need to develop the capacity of relevant multi-service providers at health facilities.

Capacity building programs are one of the top priorities which the service providers need to work on to reinforce their knowledge of how to perform their tasks and how to provide responses by focusing on victims in order to make sure that all services delivered to victims or vulnerable groups are effective and timely. The training packages to strengthen the capacity of service providers to respond to GBV victims and implement the OSSUs to assist GBV victims include:

- Key service packages for women and girls affected by violence (health service, justice and judicial police services, social service and safe shelters, facilitation and management of facilitation work);
- Minimum Standards for Basic Counseling for GBV Women and Girl victims;
- National Protocol on the Care of Women Victims of Violence in Health Sector. This protocol should be linked to the designated Primary Health Care Protocol as set forth in the Decision on the Establishment of the Working Group and the Secretariat of the Working Group for the Management of the Capital/Provincial Primary Health Care Promotion Framework;
- Guidelines on Legal Protection for Women and Girls in Cambodia;

- Guidelines for Referral of GBV Women and Girl Victims;
- Management and collection of data of GBV cases;
- National Guidelines for Health System on the Management of Gender-Based Violence (GBV);
- Management and health care of women victims of domestic violence or sexual violence;
- Health care for women victims of violence for health service supervisors; and
- Other training courses related to the performance of this work.

Capacity building training of the service providers to have sufficient knowledge to more effectively respond to the needs of victims should be regularly rendered (the refresher course can be provided once a year) together with further in case there are any updated documents or guidelines.

3.3. Policy Recommendation Option 3

The Ministry of Women's Affairs, the Ministry of Health and relevant ministries and institutions must strengthen the system for recording, monitoring and evaluation of One Stop Service Units providing helps to GBV victims who come for services.

As per the implementation of OSSUs responding to GBV victims and the pattern of services rendered by the service providers, the monitoring system, implementation reports, and review meetings on a regular basis, such as semi-annual or annual meetings, must be established. Data recording to strengthen the quality of the monitoring system should be linked to health data system called NCOD System.

The National Working Group is in charge of conducting inspections on a regular basis (every 6 months or once a year), using the checklist. In addition, the National Working Group or independent consultants must conduct the monitoring and evaluation (once a year), as well as conduct reflection workshops between provinces with OSSUs assisting GBV victims to monitor the progress and challenges, share experience, and identify common remedies and proposals to ensure better performance of such work. If possible, there should be study tours to some countries in the region with the successful implementation of OSSUs, together with hotline services, etc.

3.4. Policy Recommendation Option 4

The Ministry of Women's Affairs, the Ministry of Health and relevant ministries and institutions need to seek support to increase resources for the provision of services to help GBV victims, in particular budget for social protection for victims in capital and provincial referral hospitals.

The National Social Protection Policy Framework plays a main role in increasing access to social assistance and social security for public servants and private sector and the population of the informal economy. In order to enable a better situation in providing social protection services for the Cambodian people which responds to the new vision of the social protection system, the Royal Government will strive to develop programs and mechanisms to attain wider coverage. Along with this, the task ahead is to set up the social protection scheme which specifically focuses on the protection of the poor and vulnerable, and to build necessary infrastructure to ensure the effectiveness and sustainability of the social protection system in the future. The poor and vulnerable people have access to the protection under various forms of social protection, such as from the establishment of orphanage centers, centers for the people with disabilities, maternal and child health centers, support for the poor in-patients or women giving births, and the provision of free education from elementary to higher education. In addition, the Royal Government has formulated the National Social Security Fund for Civil Servants, the National Social Security Scheme, the National Fund and the People With Disabilities Foundation to provide income security for the population, health care, employment risk, disabilities, etc. Furthermore, in connection with social protection for in-patients, it is significant to focus on integrating victims and groups vulnerable to all forms of GBV into having access to health care, cash assistance, career development, and facilitating packages on the cost of getting access to services and other opportunities to ensure that the victims and vulnerable people can stay clear of the cycle of violence and acquire full, fair, effective and timely support services.

3.5. Analysis of policy recommendations

Each of the policy recommendation options as outlined above contains its advantages and disadvantages, and the selection of which depends on the priorities and hurdles of the decision maker.

- Policy Recommendation Option 1 is the first priority for the enhancement of health outcomes and assurance of equity, but it requires a lot of investment and faces some major challenges while being executed, such as collaboration, infrastructure, and budget;
- Policy Recommendation Option 2 provides an effective way to increase mechanisms and human resources to better contribute to the GBV prevention and response, but it requires more investment and time. This Policy Recommendation Option 2 must be carried out in conjunction with the Policy Recommendation 1, in particular for newly formed facilities;
- The Policy Recommendation Option 3 provides an effective approach to identifying gaps and performance challenges so that they can be filled in and adjusted in a more consistent and enhanced manner, but it requires a lot of investment both human resources and budget and time;
- The Policy Recommendation Option 4 may not be applicable due to the high cost and time required to seek support, as it requires resource adjustments and proper management and referral systems.

Overall, the Policy Recommendation Options 1, 2 and 4 are needed because they are interconnected and complementary and applicable.

Applicability

Policy options	Support from leaders / government	Possibilities
Policy Option 1		
Policy Option 2		
Policy Option 3		
Policy Option 4		

Color identification

High possibility	
Some possibility	
impossibility	

4. Policy Recommendations

With reference to the recommendations of **Samdech Techo, former Prime Minister of the Kingdom of Cambodia**, raised during the annual meeting of the Cambodian National Council for Women on 12 February 2018, the National Action Plan on the Prevention of Violence against Women 2019-2023, the results of the 2023 Review Meeting, and the Action Plan 2024 of the Cambodian National Council for Women 2024 under the high presidency of **Samdech Borvor Thipadei Hun Manet, Prime Minister of the Kingdom of Cambodia** on the 29th April 2024, the Royal Government of Cambodia with the Ministry of Women's Affairs as its assistant and a national mechanism to facilitate the promotion of gender equality and the prevention and response to all forms of violence against women in Cambodia, in collaboration with the Ministry of Health in setting up OSSUs to respond to GBV victims in addition to the existing mechanisms, possesses GBV multidisciplinary response teams in some provinces.

Option 1 for increasing service delivery outcomes and obtaining efficient and timely services: The Ministry of Women's Affairs and the Ministry of Health should consider this work as one of the priorities, in particular the comprehensive implementation of the budget plan with optimal cooperation between the Ministry of Women's Affairs and the Ministry of Health to ensure that such OSSUs are set up across the capital and province.

To update and promote the implementation of the guidelines for the establishment of the OSSUs at referral hospitals The Ministry of Women's Affairs and the Ministry of Health, with the support of partner organizations and/or the state budget, must introduce and widely implement the followings:

- Update the national technical working groups (Ministry of Women's Affairs, Ministry of Health, Ministry of Interior, Ministry of Social Affairs and relevant partner organizations);
- Solidify and expand multi-sectoral response teams to gender-based violence at the sub-national level as complementary mechanisms for implementing OSSUs to assist GBV victims;
- Provide training courses on forensic examination to the staff of specialized hospitals for which the Ministry of Women's Affairs and the Ministry of Health must cooperate in organizing;
- Review and adjust the guidelines on the organization of OSSUs to assist victims and submit to the Ministry of Women's Affairs and the Ministry of Health for approval;

- Officially disseminate the guidelines on the establishment of One Stop Service Units in response to GBV victims;
- OSSUs to respond to GBV victims must be expanded in Ratanakiri, Kampong Speu, Siem Reap and to other provinces where they are not available;
- Prepare monitoring and evaluation (M&E) tool every 6 months and once a year;
- Set up M&E technical team;
- Conduct national technical working group reflection meetings every 3 months;
- Conduct annual reflection meetings between national and sub-national technical working groups;
- Mobilize funds from partner organizations and prepare the national budget to ensure its sustainability.

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