THEMATIC ASSESSMENT (SUMMARY): GENDER-BASED VIOLENCE

A. Sector Road Map

1. Sector Performance, Problems, and Opportunities

1. **Gender-based violence (GBV) prevalence and trends.** Cambodia has made progress in addressing GBV, with the prevalence of some types of GBV declining between 2014 to 2022.[1,2] The percentage of women who have ever experienced sexual violence declined from 6% to 3% and intimate partner violence (IPV) also declined, from 29% to 21% during the same period. Despite this positive reduction in GBV, IPV in Cambodia was still relatively high at 21% in 2021–2022.[3] The prevalence of violence remains particualrly high in Cambodia's rural areas, with 16% of women reporting IPV over a 12-month period spanning 2021 to 2022, compared with 9% of women in urban areas.[4] Women with disabilities, indigenous women, ethnic minorities, migrant and garment workers, and the LGBTQIA+ community are at higher risk of violence.[5] A 2018 study conducted by Wieten et al. interviewed female entertainment workers and found that 37.5% of them had experienced GBV in the past six months.[6] Research conducted by the Cambodian Center for Human Rights (CCHR) and its partners in 2018 revealed that more than 90% of transgender women have faced various forms of harassment in public spaces, often experiencing it multiple times.[7] Women with disabilities in Cambodia experience similar rates of IPV, 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.[8]

2. **GBV causes and impact.** Gender inequality is widely recognized as the root cause of GBV and includes an interplay of factors including implementation of laws and policies, gender norms, attitudes towards violence and previous IPV experience or exposure as a child. GBV results in severe short and long-term health consequences, plus direct/indirect personal and public economic burdens, including healthcare, justice systems, and lost employment. The research underscores the correlation between socially dominant forms and patterns of masculinity, sexist attitudes and behaviors, and men's perpetration of GBV.[9] Social norms that justify GBV often shift blame onto the victim rather than the perpetrator. This includes domestic violence and rape, including instances of gang rape or "bauk", which persist as misguided and violent expressions of male bonding.[10] The World Bank has estimated that

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[1] According to a comparison of the National Institute of Statistics *Cambodia Demographic and Health Survey (DHS) 2014* and *Cambodia Demographic and Health Survey 2021-22* the incidence of prevalence has dropped by 50% in Phnom Penh. However, the data is indicative only based on the methodology and resources of the National Institute of Statistics to accurately collect prevalence data nationwide; due in part to the social taboos associated with discussing GBV.

[2] Gender-based violence (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. While women and girls suffer disproportionately from GBV, men and boys can also be targeted. Women experience violence in the home, workplace, and community. Domestic violence or intimate partner violence, which includes physical, sexual, or emotional abuse, is the most common type of violence against women in Cambodia. GBV also refers to sexual harassment, trafficking, and technology-facilitated or online violence.

[3] World Health Organization. 2021. *Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. Geneva.

[4] National Institute of Statistics *Cambodia Demographic and Health Survey 2021-22*. Phnom Penh March 2023

[5] Royal Government of Cambodia. 2020. *National Action Plan to Prevent Violence Against Women 2019–2023*. Phnom Penh.

[6] C. W. Wieten at al. 2020. *Gender-Based Violence and Factors Associated with Victimization among Female Entertainment Workers in Cambodia. A Cross-Sectional Study.*

[7] Cambodian Center for Human Rights et all. 2018. *Joint Submission to the United Nations Human Rights Council for the Third Universal Periodic Review of the Kingdom of Cambodia*.

[8] Astury, J., Walji F. (2013) *Triple Jeopardy: Gender-based Violence and Human Rights Violations Experienced by Women with Disabilities in Cambodia.* Phnom Penh: Australian Aid.

[9] Out Watch. 2021. *Change the Story: A Shared Framework for the Primary Prevention of Violence against Women in Australia*.

[10] United Nations. 2019. *Convention on the Elimination of All Forms of Discrimination Against Women Report*.

violence against women (VAW) costs countries up to 3.7% of gross domestic product.[11] A study conducted by CARE International in 2017 on the cost of sexual harassment in the garment industry found that the productivity cost of sexual harassment in the sector is estimated at $89 million per annum through psychological and physical disturbances leading to absenteeism.[12]

3. **Significant underreporting of GBV**. The Cambodian Demographic Health Survey (CDHS) 2020-2021 indicates that help seeking and underreporting remains high, with only 24% of women affected by violence by an intimate partner seeking help from existing formal GBV support services. Underreporting is particularly high in rural areas and among younger cohorts. When survivors seek help, most turn to family (59.0%), police (20.5%), and village/commune authorities (19.8%).[13] Reasons for underreporting include a complex and time-consuming reporting system, limited anonymity, high monetary cost of initiating legal action, economic dependence on perpetrators, cultural and societal norms that insist on reconciliation, as well as public stigma and shame.[14]

4. **Budgetary commitments to address GBV**. Cambodia is implementing its decentralization policy to bring government and public service delivery closer to people. Responsibilities for providing government services are being shifted to subnational administrations, including the provincial, district and commune levels. Cambodia is also in the process of rolling-out the medium-term budget framework (MTBF). For additional GBV allocations, ministries, including the Ministry of Women's Affairs (MOWA), can submit project proposals through the 3-year National Public Investment Plan (PIP), along with their individual annual budgets to MEF. The sub-national government, which operates under the National Committee for Sub-national Democratic Development of the Ministry of Interior (MOI), includes provincial, district and commune councils.[15] It plays a key role in providing GBV response services and has similar opportunities to request annual budget allocations for the delivery of social services, which can be used to support GBV programs. At present, access to funding is not sufficient to support the implementation of the third National Action Plan to Prevent Violence against Women (NAPVAW III) nor to provide services for GBV survivors across Cambodia. Provincial, district and commune investment plans do not adequately allocate funds for social services including support for GBV-RG and GBV survivors. The same situation applies to sectoral budget. Capacity building to ensure sufficient funding for GBV services is therefore required to enable relevant national and subnational government participants in delivering GBV services.

5. **Social protections for GBV survivors**. The Cambodia Demographic and Health Survey 2021/22 shows that in Cambodia there are higher rates of intimate partner/domestic violence where families are living in poverty and have lower education.[16] Adequate social protection can prevent and respond to GBV by addressing economic insecurity, softening economic hardship, easing financial tensions and increasing women's autonomy.[4] The COVID-19 pandemic highlighted the need for the government to strengthen its social protection systems, especially for vulnerable women and to ensure GBV responses are included.[6]

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[11] Hanmer, L. et al. 2014. *Voice and agency: empowering women and girls for shared prosperity*. World Bank Group. Washington D.C.

[12] CARE International. 2017. *"I know I cannot quit". The Prevalence and Productivity Cost of Sexual Harassment to the Cambodian Garment Industry*. Phnom Penh.

[13] Footnote 9. DHS suggests that over 50% of women ages 15–49 who have ever experienced physical or sexual violence never sought help and never told anyone. The rate is higher in rural areas (55.3%) and among the age bracket 15-19 (81%).

[14] UNICEF East Asia and the Pacific Regional Office et al. 2020. *Ending Violence against Women and Children in Cambodia: Opportunities and Challenges for Collaborative and Integrative Approaches.* Bangkok.

[15] Women and Children Consultative Committee at Capital/province/district, Committee for Women's and Children's Affairs at Commune, police officers who serve as frontline responders to the GBV survivors are members of district and commune councils.

[16] National Institute of Statistics. 2022. *Cambodia Demographic and Health Survey.* Phnom Penh.

6. While it is recognized that social protection could be a useful tool for preventing and responding to GBV, it is not adequately used. In Cambodia, Equity Cards (formerly known as ID Poor) provide access to health care, education benefits and other social services. Ensuring access to these or other benefits for GBV survivors or women at risk could strengthen prevention and response to GBV.

7. **Case management and reporting entry points**. Case management is an essential service to identify the individual survivor needs[17] and support them to develop and implement an individual plan to meet those needs through service provision or referral. The MOWA has responsibility for providing and coordinating case management services yet lacks an adequate case management system to guide and document those seeking help and services provided or referred. Initial efforts include the development of *Referral Guidelines for Women and Girl Survivors of GBV*[18] that provides a Case Registration Form that includes assessment. However, an overall case management system that links with relevant services is lacking. See Figures 1 and 2 "road maps" that show different entry points to the GBV response system in Cambodia.

8. In 2024, MOWA aims to assess its current system toward develop a coordinated case management system[19]. This new system is expected to be a coordinated system between key actors – led by MOWA and includes local authorities (MOI), Health, Social Affairs, and Police. The key actors will form a Case Management Team to review cases as part of a standard case management process. The improved case management system is expected to be in line with global practices – with systems for case registration, documentation of incidents, assessment of needs, case planning, implementation and follow up. The improved system will be documented and trialed in one province (likely Siem Reap). MOWA/UNFPA will document the system (paper, KOBO), for digitizing and scaling up.[20]

9. Ensuring that each entry point (health, police, social services) has the capacity to provide information and referral through a coordinated referral pathway is critical. MOWA has recently taken a positive step by introducing Helplines, and an information Chatbot to support information and referral services through their Facebook Messenger platform with a plan to pilot a SafeApp for providing GBV information, available resources and services and links to emergency contacts. Hotlines such as 1288 or 117 for the police, run by MOI, have been highlighted as entry points for assistance.[21] Some of the challenges raised by MOI included that staff are not well-equipped to deal with GBV and there is a gap in the IT skills and systems to provide the level of services required by survivors.

10. While these developments are promising, further investment is needed to establish an adequate case management system including a well-established referral pathway for addressing and supporting GBV survivors and women at risk more effectively at any point they enter the system.

[17] Survivors have different needs based on their own situation and resources. Generally common needs are in urgent and longer-term health care, police and justice (legal) and social services such as safe shelter, psycho-social support, economic empowerment and others.

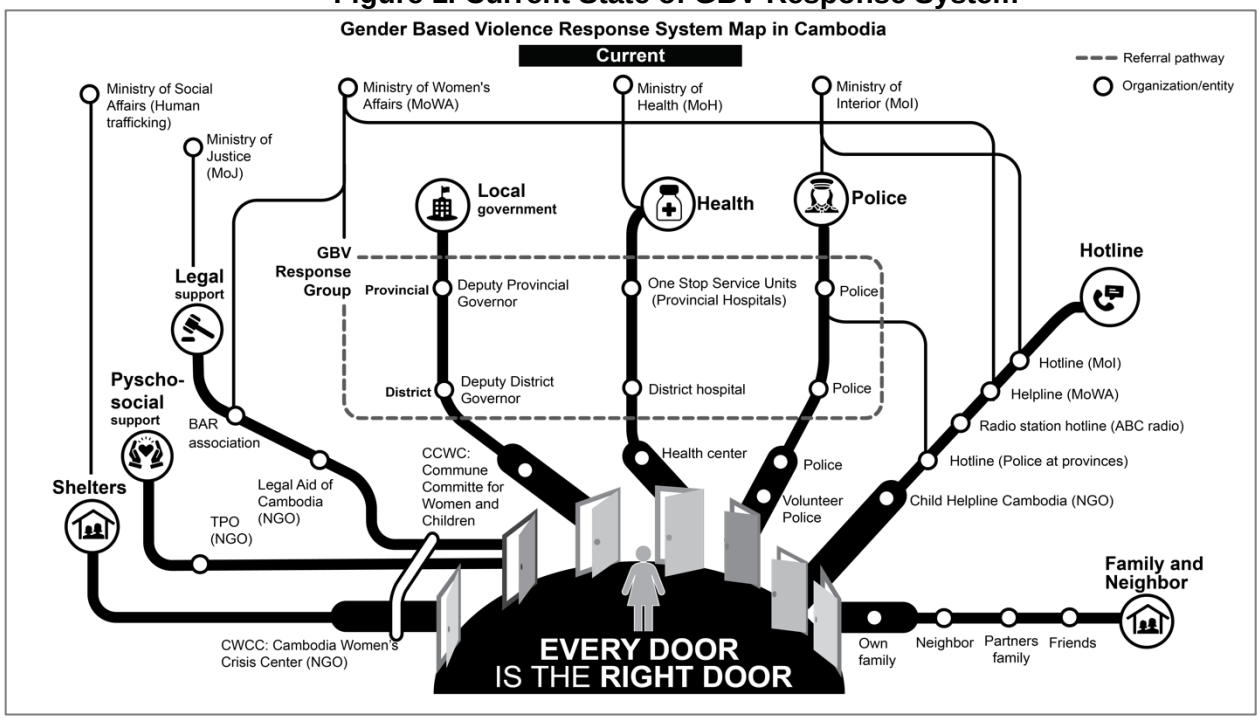
[18] MOWA. 2016. *Referral Guidelines for Women and Girls Subject to Gender Based Violence.* Phnom Penh.

[19] Supported through ACCESS 2 MOWA in partnership with UNFPA.

[20] ACCESS 2 is not funding the digitization and scale up.

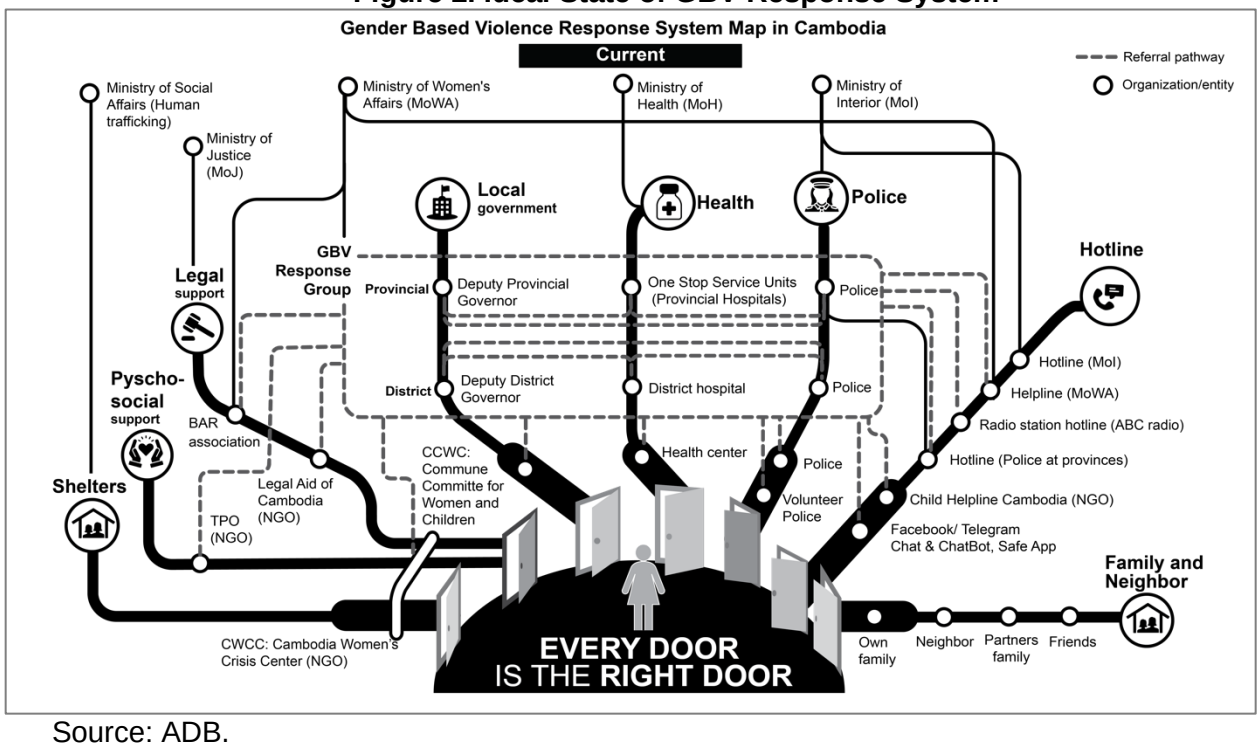
[21] The MOI's 1228 hotline is dedicated to trafficked persons and coverage can be expanded to provide referral services for GBV survivors and women at risk.

Figure 1. Current State of GBV Response System



Source: ADB.

Figure 2. Ideal State of GBV Response System



Source: ADB.

11. **Administrative data management**. While Cambodia periodically conducts surveys through CDHS to estimate GBV prevalence, the country lacks a harmonized national administrative data collection system for documenting GBV cases, and the services provided for survivors including data disaggregation by age, gender, geographical location, ethnicity, and disability status. MOWA has

developed *Referral Guidelines for Women and Girl Survivors of GBV*[22] that provide a Case Registration Form, to collect basic data in its case management process. More recently, the Case Registration Form has been digitized using KoboCollect, but its use is still limited due to lack of equipment and technical support for institutionalising. The nationwide commune database[23] attempts to record individuals seeking help for domestic violence from the local authorities; however, it only captures a fraction of cases, does not adequately disaggregate cases by type of case. There is also a lack of coordination among other relevant agencies which is compounded by the lack of IT platforms and systems for safely exchanging anonymous GBV data.[24] The lack of appropriate GBV administrative data management also limits accurate assessments to determine the extent to which policies and laws have been or can be useful in improving GBV response services in Cambodia.

12. **GBV-Response Group.** Being connected with a network of service providers that work together and can easily link survivors with the specific services they need depending on their situation can be lifesaving and life-changing for women and their children. A coordinated approach can minimise the number of times a survivor must tell her story and reduce re-traumatization. Since 2019, the MOWA has worked at the subnational level to facilitate the establishment of GBV Provincial Response Groups (PGBV-RG) in 9 out of 25 provinces, and district GBV Response Groups (DGBV-RG) in 39 out of 163 districts across Cambodia. These provincial and district GBV-RGs are tasked with improving coordination between key service providers.[25] Provincial and district GBV-RGs are led by deputy governors, with Provincial Department of Women's Affairs serving as the permanent chair, and secretariat. These mechanisms have a key role in coordinating frontline response services with essential health, police and justice, and social services both state and non-state actors implementing GBV projects in their provinces, and coordinating and providing referrals to GBV services including shelters and safehouses.[26] The GBV-RGs are considered successful in advancing a multidisciplinary coordinated response for GBV survivors.[27] However, access to funding has been limited in rolling-out GBV-RGs to more provinces and districts across Cambodia. In addition, only 30 master trainers have been trained by MOWA on minimum standards of essential services which are provided to GBV survivors. GBV-RGs concentrate their resources and services on GBV and do not undertake work associated with human trafficking.

13. **Role of police in GBV.** Police at the province, district/Khan and commune/sangkat levels are frontline service providers. All police services operate under the authority and jurisdiction of MOI. However, a significant number of police officers lack the essential training and skills to identify, respond sensitively, and provide effective survivor centered interventions in GBV cases. Currently only just 50.0% of women that experience GBV tell anyone about the violence and of those only just over 20.0% seek help from the police. To address this gap, the Cambodia National Police Force has conducted GBV sensitization training for approximately 3,326 police officers, including 759 female officers. This constitutes 30.0% of total frontline police officers nationwide.[28] Local police officers intervene, report and refer cases as required. The MOI indicated that a high priority is to strengthen the capacities of those

[22] MOWA. 2016. *Referral Guidelines for Women and Girls Subject to Gender Based Violence.* Phnom Penh.
[23] The Commune Database is has been established to collect data at the Commune Level by the National Committee for Subnational Democratic Development.
[24] https://www.unicef.org/eap/media/8631/file/EndingViolenceagainstWomenandChildreninCambodia.pdf
[25] DFAT through ACCESS 1 provided support for the establishment of GBV-RG in nine provinces, including: Preah Sihanouk, Kampong Speu, Kampong Cham, Tboung Khmum, Stung Treng, Ratanakiri, Siem Reap, Preah Vihear and Kampong Thom.
[26] GBV-RGs have been established through Decision Letters from Provincial and District Governors. The Provincial GBV-RG includes provincial departments, including Women's Affairs, Health, Social Affairs, Justice, and Information. District GBV-RGs include commune leaders and Commune Committee for Women and Children non-governmental and civil society organizations such as the Cambodian Women's Crisis Center (CWCC).
[27] Cambodian Ministry of Women's Affairs. 2023. *Evaluation Report National Action Plan to Prevent Violence Against Women 2019-2023 (NAPVAW III)*.
[28] Local police officers include Judicial Police Officers (JPO) and Judicial Police agents (JPA) who operate under the overall authority of the MOI who are responsible for all police operations throughout Cambodia.

frontline police officers to effectively respond to GBV cases and support survivors, particularly in provinces where there is a higher incidence of GBV. Most recently, a GBV Sensitization Training Curriculum is being developed for the Police Academy of Cambodia for new recruits. UN Women, UNODC, and others have developed and implemented short term trainings. However, there is no standard training for police officers currently in service. Police will participate in the GBV RG training, but this is limited to a few officers and does not focus specifically on police response to GBV.

14. **Role of the health system in GBV.** The Health System is a key entry point (door) for women seeking help. Survivors of GBV may seek health care for injuries, even if they do not disclose violence. Additionally, the health system plays a key role in providing forensic evidence through the forensic exam. Thus, it is imperative that health staff are trained to provide identify GBV, provide first line support, including providing services and referral to other services. Currently the Ministry of Health (with the support of UNFPA) has developed the National Guidelines for Managing Violence against Women and Children in the Health Sector (2014, MoH), Clinical Handbook and Protocols (2016 MoH), Health Manager Response to Intimate Partner Violence (2020). These are critical guidance documents with training packages for health workers. Their dissemination is limited. Health care workers (doctors, assigned nurses) will be provided training on the relevant guidelines listed above to ensure they are trained to deliver quality services. The National Guidelines provide guidance for forensic evidence collection through a standardized forensic exam. There have been some efforts to improve coordination of services at the provincial level (responsible for forensic exam) through One Stop Service Units. Five provincial hospitals and one municipal hospital in Phnom Penh have started to pilot the One Stop Service Units as a first response mechanism in which survivors are provided with medical and forensic services, referrals and counseling services.[29] A notable feature of this service is the private safe counselling room that enables privacy. These serve as an important entry point for survivors requiring medical care, however they must link with case management and referral.

15. **Women's economic empowerment**. Traditional social norms in Cambodia that men are breadwinners and women are caretakers result in girls' education not being prioritized. This results in women having less options for income generation, often trapping women in violent situations due to financial dependency on their abuser. At the same time women with higher education levels are less likely to experience IPV.[30] Often programs to build capacity to build women's economic skills are long-term such as TVET or other skills building program. Women survivors of violence often have young children and require immediate income, so shorter term income generation activities are required. They must be built on market needs, with skills building in financial literacy, small business operation, with the capital to initiate the business. In some cases, young women will be able to engage in longer term skills building.

16. **Shelters.** The provision of safe shelters for GBV survivors does not provide sufficient coverage across Cambodia. The non-government organization (NGO) Cambodia Women's Crisis Center (CWCC)[31] owns, operates, and maintains the only three women's crisis shelters in Phnom Penh, Banteay Meanchey and Siem Reap provinces.[32] The shelters' current capacity is approximately 50 survivors and their families.[33] Survivors can stay in the CWCC shelters for a maximum of 8 months. The

[29] One Stop Service Units have been established in Kampong Cham, Preah Vihear, Tboung Khmum, Stung Treng, Battambang and Phnom Penh. The project will not support capacity development for OCCUs as DFAT's ACCESS 2 project includes capacity building for OCCUs.

[30] Ministry of Women's Affairs (2015*) National Study on Women's Health and Life Experiences Cambodia*. Phnom Penh.

[31] The CWCC was registered with the MOI 23 January 1998. The CWCC holds tax registration number 206 -105008044 issued on 19 January 2011 and tax emption on income issued on 1 November 2018.

[32] The inspection Department of Anti-human trafficking and victims support of Ministry of Social Affairs conducts annual inspections of shelters to confirm that the shelters meet minimum standard of institutional care.

[33] Each CWCC facility has 10 -12 rooms with an overnight capacity of 3-5 people per room who sleep on floor mats which is customary for women and children in rural Cambodia.

shelters provide safe accommodation, basic health care, food, clothing to support survivors and their children. Available services include psychosocial support and counselling, legal services, life skills training, vocational and small business training, and literacy classes. These three shelters are an integral and critical part of the service provision continuum for survivors of GBV.

17. According to service providers and survivors, the following gaps exist that disrupt the efficient delivery of services: (i) the shelters' infrastructure capacity to provide accommodation for more survivors needs to be improved; (ii) shelter staff capacity to provide psychological and legal services needs to be enhanced through capacity building, and additional human and logistical resources; (iii) shelter staff's own mental, security and physical wellbeing are stretched with survivors calling for emergency care on their personal mobile phones at any time over a 24 hour period; and (iv) challenge of providing 24-hour GBV information and services.[34] The reintegration of GBV survivors also has significant gaps that include survivors who opt for divorce who lack savings and appropriate skills for job placements to generate income to fully support their families. Most survivors' ongoing economic dependence on their spouses, who are commonly the perpetrators, extend their risk to the same cycle of violence and abuse.

18. **GBV Information and Education.** Government and civil society organizations conduct nationwide GBV prevention awareness during international campaign days including the 16 Days of Activism against GBV, and International Women's Day. Other GBV-related campaigns are project-based that end once projects closes. These are often one-off projects that are not well coordinated thematically or linked to sustained prevention programming that seeks to change attitudes and behaviors adequately to be effective.

19. Adequate communications interventions are lacking to improve care-seeking behavior including acess to information on civil and criminal remedies, and where to report violations and seek support services. Consequently, options for reporting GBV offenses within the government's social services system are often unknown or harmful social norms that blame women for the abuse, keep women from using them. The use of short stories (i.e., drama, comedy, music videos, etc.) on Facebook, YouTube and Tiktok can play a crucial role in the communities and survivors directly receiving GBV awareness information, as well as encouraging help-seeking behavior.

2. Government's Sector Strategy - GBV

20. The government has demonstrated its commitment to preventing and responding to GBV through the enactment of several key policies and laws. These include the Law on the Prevention of Domestic Violence and Protection of Victims (2005) also known as the "DV Law", the Law on Suppression of Human Trafficking and Sexual Exploitation (2008) and the Criminal Code (2009). Cambodia has ratified international conventions including the Convention on the Elimination of All Forms of Discrimination against Women CEDAW (1999) and its optional protocol (2010).[35] Under the National Action Plan to Prevent Violence against Women (NAPVAW III), MOWA aimed to amend the DV Law to enhance its effectiveness for prevention, protection, and penalization, but progress has been slow. The review and reform remains a high priority for RGC, and a roadmap is now in place to guide the process. However, resources to finance the review and update the DV Law are lacking.

21. The RGC has integrated the promotion of gender equality into its Pentagonal Strategy–Phase I for Growth, Employment, Equity, Efficiency, and Sustainability, in particular in Pentagon 1 on Human

[34] Workshop with survivors on their experience with the continuum of care held during project Reconnaissance Mission and Site Visit held on 02 October 2023 in Siem Reap and interviews with CWCC directors and staff during the same period.
[35] Cambodian Ministry of Women's Affairs. 2020. *National Action Plan to Prevent Violence Against Women 2019-2023*.

Capital Development with a commitment to increase investment in a gender-related agenda, including reducing the vulnerability to GBV.[36] MOWA has recently adopted a new comprehensive gender strategy outlined in the Neary Rattanak IV (2024-2028), which lays out six key priorities and action areas[37]. The strategy underscores MOWA's commitment to protecting the rights of women and girls through eliminating all forms of GBV, and enhancing the coverage, effectiveness, quality, inclusivity, and timely provision of services.

22. MOWA's approach to preventing and addressing GBV is guided by its third National Action Plan to Prevent Violence Against (NAPVAW III) (2019-2023), which has the overall objective to reduce violence against all women and girls through increased prevention interventions, improved response, increased access to quality essential services and multi sectoral cooperation and coordination.[38] NAPVAW III is aligned with the ASEAN Regional Plan of Action on the Elimination of Violence Against Women 2016-2025[39]. Under the new government mandate, MOWA is developing NAPVAW IV in consultation with a broad range of government agencies, development partners, civil society organizations and survivors of GBV.

B. Major Development Partners: Strategic Foci and Key Activities

Major Development Partners

Development Partner	Project Name	Duration	Amount ($ million)
Australian Department of Foreign Affairs and Trade (DFAT)	Australia-Cambodia Cooperation for Equitable Sustainable Service (ACCESS) program phase II	2024-2028	9.0 (US$)
DFAT	Australia-Cambodia Cooperation for Equitable Sustainable Service (ACCESS) program phase I	2017-2023	16.00 (US$)
GIZ[40] and DFAT	Access to Justice for Women I and II	2013-2017	0.47 (0.72 AU$)
DFAT	Ending Violence against Women (EVAW)	2012-2017	13.4 (AU$)
European Union and UN Spotlight Initiative	Safe and Fair: Realizing Women Migrant Workers Rights and Opportunities (focused on women migrant workers subject to violence) (implemented by UN Women)	2018-2023	1.20 (US$)
European Union	PROTECT (women migrant workers subject to gender-based violence) (implemented by UN Women)	2024-2026	0.70 (US$)

23. The major development partners engaging with the RGC on ending gender-based violence in recent years are the Australia Department of Foreign Affairs and Trade, GIZ and European Union. The focus of the work overall has been to support the development and implementation of action plans in line with global standards and guidelines. During this process, ADB has met with each of the key development partners or organizations implementing the cooperation, to understand how ADB can add value, fill gaps, to further quality prevention and response to gender-based violence in Cambodia.

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[36] Royal Government of Cambodia. 2023. *Pentagonal Strategy–Phase 1: Growth, Employment, Equity, Efficiency and Sustainability: Building the Foundation Towards Realizing the Cambodia Vision 2050*.

[37] (i) women's economic empowerment; (ii) Social Morality, Women's Value and Family; (iii) well-being of women and girls; (iv) legal protection for women and girls; (v) women in leadership and governance; and (iv) women and climate change.

[38] NAPVAW III consists of 4 strategies: prevention, legal protection and coordinated services, formulation and implementation of laws and policies, and monitoring and evaluation. An evaluation of the effectiveness of NAVAW III was conducted between December 2022 and March 2023. The final report is to be published.

[39] ASEAN. 2015. *2016-2025 ASEAN Regional Plan of Action on the Elimination of Violence against Women*. Kuala Lumpur, Malaysia, 27th ASEAN Summit.

[40] The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH.

C. Institutional Arrangements and Processes for Development Coordination

24. The proposed project is aligned with the government's institutional arrangements for GBV coordination. MOWA is mandated to prevent and respond to GBV and is the Secretariat of the national level Technical Working Group on Gender – Subcommittee on Gender-Based Violence (TWGG-GBV), comprising representatives from 17 relevant line ministries, development partners, United Nations agencies and civil society organizations. The TWGG-GBV serves as a platform for fostering multi-sectoral coordination and dialogue for policy formulation, resource mobilization, joint action plans, and their implementation, monitoring and evaluation of NAPVAW III (2019-2023). TWGG-GBV is currently working on the development of NAPVAW IV (2024-2028).

25. The TWGG-GBV meets regularly to (i) discuss the legislative framework, policies and guidelines; (ii) establish benchmarks for the establishment of localized, coordinated responses; (iii) facilitate capacity development initiatives; and (iv) oversee and monitor the progress of NAPVAW III implementation. TWGG-GBV coordinates with development partners to ensure that externally financed projects are aligned with the government's priorities and avoid overlaps with development partner project and program support.[41]

26. The proposed project will support strengthening relationships between MoWA, national and sub-national ministries and departments, development partners and GBV service providers to enhance operational efficiency within Cambodia's GBV programming. The development and implementation of an integrated GBV prevention program affords the opportunity to create private-sector engagement for job placements and career development for survivors and their families.

D. ADB Experience and Assistance Program

27. ADB has been committed to advancing gender equality and women's empowerment in Cambodia since the early 2000s through technical assistance grants, knowledge products and the implementation of gender mainstreaming efforts in its operations. ADB's dedication to gender equality in Cambodia is demonstrated through its Cambodia Country Partnership Strategies and ADB Strategy 2030.[42] The proposed project builds on ADB's ongoing support program for promoting gender equality and importantly, the project is ADB's first standalone investment project which specifically addresses GBV in Cambodia and the region. Furthermore, ADB adds value to an intervention on GBV in country, given its long standing support to public financial sector reform that can be leveraged to further promote and deepen Cambodia's capacity on gender budgeting and establishing mechanisms for public financial flows alocated to GBV prevention and response at national and subnational levels.

[41] The proposed project has engaged with MOWA's personnel who were directly involved in implementing NAPVAW III (2019-2023) and are in the planning phase for NAPVAW IV from 2024-2028. MOWA continues to coordinate its programs with UN Women, UNFPA and the Australian Department of Foreign and Trade (DFAT) through the Australia-Cambodia Cooperation for Equitable Sustainable Service (ACCESS) program phase I and II.

[42] ADB. 2018. *Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*. Manila.
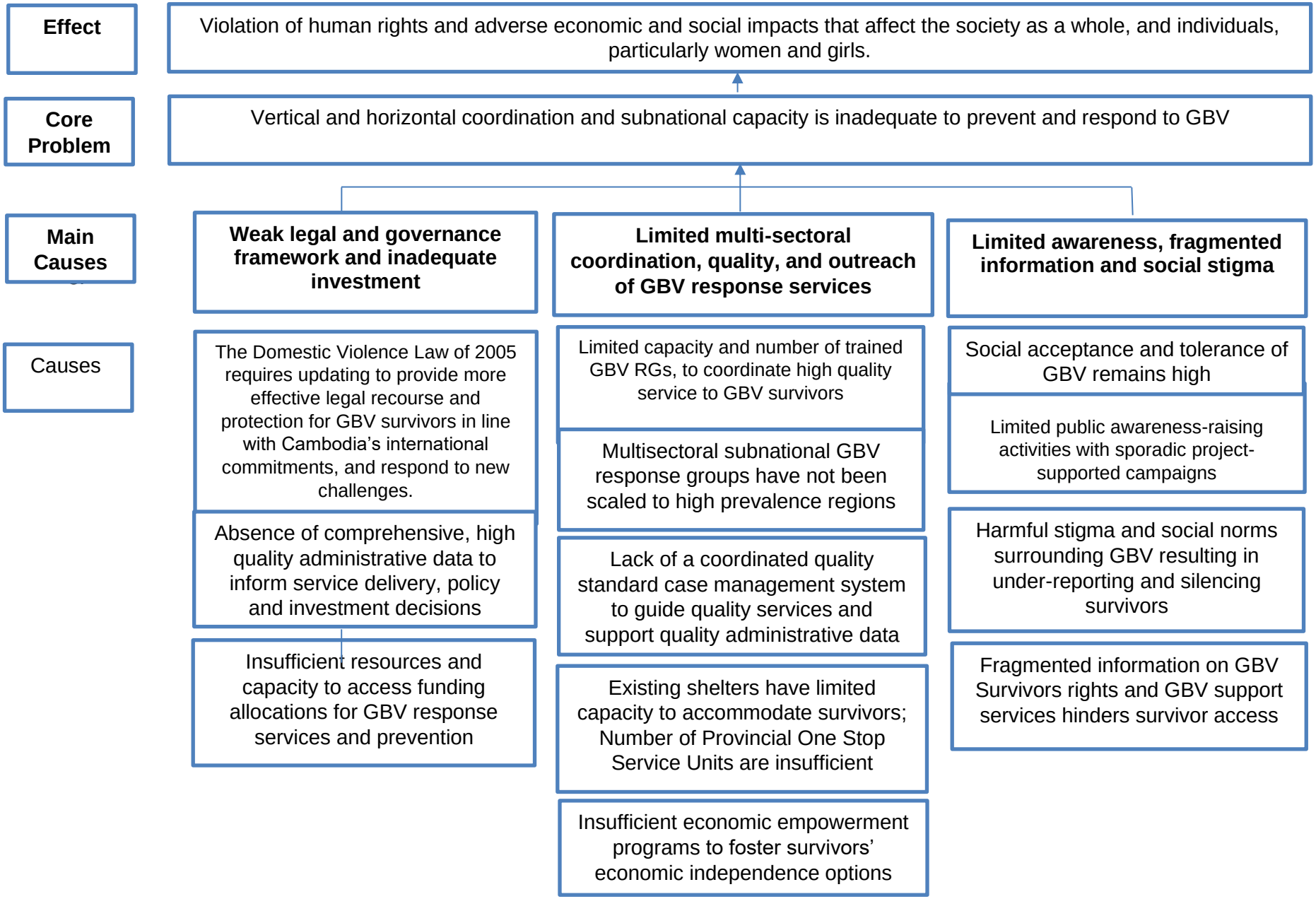
Figure 3. Problem Analysis Diagram for Gender-Based Violence (GBV)