

2014-2015 PROGRESS REPORT

SUPPORT OF VIOLENCE AGAINST WOMEN IN THE 2014 CAMBODIA DEMOGRAPHIC AND HEALTH SURVEY (CDHS)

Country:	Cambodia
Reporting Period:	01 January 2014 – 31 December 2015
Programme Component:	Population Dynamics
Implementing partner:	National Institute of Statistics (NIS), Ministry of Planning (MoP)

I. PURPOSE

This report provides a consolidated key result of implementation achieved during 01 January 2014 to 31 December 2015 with support from the Australian Government through the Department of Foreign Affairs and Trade (DFAT) for **“The Support of Violence against Women in the 2014 Cambodia Demographic and Health Survey (CDHS)”**. The report reflects the achievements made using funds provided by the Government of Australia through the United Nations Population Fund (UNFPA) to the Royal Government of Cambodia/Ministry of Planning. This report is submitted as part of the requirements for the progress and financial report from 2014-2015.

Expected Output(s) and Activities:

The main expected results of the support from the Australian Government to the 2014 CDHS are (1) Violence against women module included a core topic in CDHS; (2) Reliable and quality data is collected for quantitative monitoring of key indicators of the National Action Plan to Prevent Violence Against Women (NAPVAW), and national capacity to collect, analyse and use data on violence against women is increased and is mainstreamed in the relevant line ministries; and (3) Policy makers increasingly recognize violence against women as an important human rights and public health issue in Cambodia, reflected in increasing inter-ministerial commitment to the implementation of the NAPVAW.

II. RESULTS

All outputs were successfully achieved through sound technical backstopping to the key governmental implementing partners of the National Institute of Statistic of the Ministry of Planning and Ministry of Health. With the technical backstopping plan in place and carefully executed, rigorously monitored to ensure key milestones were completed as scheduled. As a result, all relevant survey instruments, including survey questionnaires, data processing plan were all in place for training enumerators in their use and pretesting. Of particular note is the 2014 CDHS being more gender responsive by virtue of wider consultative process at appropriate stage with all concerned including the critical inputs and guidance of the Ministry of Women’s Affairs, CSO and general data users.

1) Violence against women module included a core topic in 2014 CDHS

Demographic and Health Surveys (DHS) are nationally-representative household surveys that provide a reliable and quality data for a wide range of indicators in the areas of on population and health issues, especially of both married and unmarried women in the 15 – 49 age group. The survey also reflects the global recognition of violence against women as a major health and human rights issue by including a specific module on women's experiences of violence. The DHS module on violence is referred to as the "Domestic Violence-DV". The questions in the module are designed to provide data on a broader range of indicators about violence including sexual, emotional and physical violence and controlling behaviour and violence that is perpetrated by a range of people beyond intimate partners as well as data on the experiences.

The CDHS has been administered in Cambodia every 5 years in 2000, 2005 and 2010 using the same methodology with its sample size of national representative. All CDHS except for the one in 2010 not included the DV module, thereby not allowing the country to obtain and use information and data to regularly assess trends over time with regard to a gender policy, plan and programme as well as for international data comparison.

Seizing an opportunity and making the best use of of the next round 2014 CDHS, UNFPA together with key stakeholders in the intervening period leading to survey year had successfully advocated that the 2014 CDHS include the violence module for data collection. Starting from 2013, the different approaches were that firstly UNFPA has played an actively role in convincing its government counterparts (NIS/MoP) and ICF International, and then the DV module agreed to include in the next survey. Secondly, UNFPA in collaboration with the NIS requested the ICF International to share the most updated key tables of indicator under the DV module and its questionnaire with UNFPA. After obtaining, those documents were shared, communicated back and forward among experts of WHO, MoWA, UNFPA APRO in the purpose of comprehensively reviewing, providing back, and/or adding any indicator or question to the DV module. As a result, the key indicators of violence (physical, sexual, emotional, and economic violence) were fully reflected and three new questions were added in the module to obtain full information for measuring an overall prevalence rate and incidence of domestic violence in the country.

2) Reliable and quality data is collected and national capacity increased

The NIS/MoP and MoH have carried out and fully completed the 2014 CDHS (fourth round) in 2015 with reliable and quality of data available to enable the MoH and MoWA as well as other national and international institutions to develop, monitor, and evaluate policies and programmes including CMDGs in the field of health (particularly reproductive, and maternal and child health), Violence Against Women, population, and development. In order to ensure the reliable and quality data of 2014 CDHS, there was a long process with different approaches through negotiation and consultation including national capacity development with key relevant national line ministries, bilateral, and international institutions interested in led by UNFPA CO.

a) The Management of the Survey Quality

The 2014 CDHS preparatory activities began in mid of 2013, which included advocacy and negotiation for inclusion of Violence Against Women module, development of the CDHS plan, resource mobilization, and development of the MoU.

After all concerned parties signed on the MoU of the 2014 CDHS in December 2013, the CDHS **Executive Committee** and **Technical Committee** were established with its term of reference to oversee all technical aspects of implementation. They consisted of representatives from the Ministry of Health (MoH), the Ministry of Planning (MoP)/the National Institute of Statistics (NIS), Ministry of Women's Affairs (MOWA), the U.S. Agency for International Development (USAID), the Australian Department of Foreign Affairs and Trade (Australia-DFAT), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Japan International Cooperation Agency (JICA), the Korean International Cooperation Agency (KOICA), and one representative of ICF International. Throughout the process of the survey, the committees met regularly to inform and consult on all major technical issues, in particular, sampling coverage, questionnaire development, quality of field data collected, tabulation plan, and finally endorsed the end result of CDHS findings in Oct 2015.

b) Strengthening National Capacity for the Survey

The support for national capacity development is at the core of the survey. It is worthwhile to note that during this round of the survey, the capacity staffs of the NIS/MoP and MoH has been substantially improved as compared to 2010 CDHS in term of their skill, knowledge and confidence through getting hands-on experience from technical expertise of the UNFPA APRO, the ICF and the relevant line ministries such as NIS/MoP, MoH and MoWA in the following main areas:

- **Sample Design**

In order to complete the survey as planned, a comprehensive training provided by a sampling expert of the ICF International to and worked with a group of demographers and cartographers of the NIS. As a result, the 2014 CDHS sample which was a nationally representative sample of women and men between age 15 and 49 was completed in the Feb 2014 with adoption of the CDHS executive committee and technical committee meeting, and household field listing operation including mapping also completed in May in the same year. The quality of the household listing operation and mapping was guaranteed by the expert as the good start of this survey.

- **Questionnaire Design and Pre-test**

Four questionnaires were used in the 2014 CDHS: the Household Questionnaire, the Woman's Questionnaire, the Man's Questionnaire, and the Micronutrient Questionnaire. These questionnaires are based on the questionnaires developed by the worldwide Demographic and Health Surveys (DHS) Program. In order to fit with the local context of Cambodia, the questionnaires were technically reviewed, translated from English into local language, and consulted to get questionnaires agreed first among a group of expertise from the NIS/MoP, MoH, MoWA including international experts on violence

against women from UNFPA in APRO and WHO before it were put in a wider series of consultative workshop with stakeholders. All comments and feedbacks of the workshops were incorporated into the final draft questionnaires, and put it for endorsement in the meetings of the CDHS executive committees which were consisted of various stakeholders from government ministries and agencies, nongovernmental organizations, and international donors.

A pre-test was a critical means of testing survey processes. It was worthwhile to note that the CDHS underwent a full pre-test before commencement of the main data collection. All aspects of data collection were pretested in February and March 2014. Forty-four women and men were trained from February to March, 2014, in the administration of the CDHS survey instruments, taking of anthropometric measurements, and haemoglobin testing. Five days of fieldwork were followed by three days of interviewer debriefing and correction of questionnaires. Pre-test fieldwork was conducted in 79 households in two rural and two urban villages. During the field pre-test of questionnaires, the Woman's Questionnaire, especially in the DV module was seriously focused and observed during an interview with women by the expert group to make sure that the DV questions were properly asked and well understood by a women respondent. A constructive input and feedback from the field pre-test of questionnaires was reflected with interviewers to refine the all survey instruments and survey logistics.

- **CDHS Main Trainings**

Highly motivated, well-trained field staffs are essential for a successful survey. After recruitment of total 154 staff, in which most of them were staff of NIS/MoP and MoH and used to be involved in previous CDHS, they were trained to capable of collecting data. The length of this comprehensive training course was a full month of May 2014 through different methodologies including using mock interviews, demonstration interviews, and practice interviews in the field based on the endorsed survey instruments and tools. However, only 114 staff (78 women) was selected as qualified field personnel and they were formed to be the 19 national field teams. Each team was composed of five people or six people: a team leader, a field editor, two or three female interviewers, and one male interviewer, were responsible for data collection in one of the 19 survey domains (comprising the 23 provinces and the capital city of Phnom Penh). It was noted that data processing personnel (3 data processing supervisors, 10 office editors/coders (8 women), 19 data entry operators (15 women), and 5 reserves) and two observers of gender focal point from MoWA were also assigned to attend the training course.

In recognition of the challenges in collecting data on violence, a leaflet with "**Key tips for CDHS Interviewer when Conducting the DV Interview**" developed by UNFPA CO for the interviewers to be used in a special training and field data collection. In addition to the main training, the special training focusing on only DV, which was not provided in previous round of CDHS, is crucial to strengthen capacity of the interviewers to have more confidence and get hands-on experience on various topics regarding violence. The training delivered on May 26th and 27th to the 19 teams of enumerators including the supervisors, as well as data entry analysts. A team of technical expert of UNFPA, the NIS, the Ministry of Women Affairs (MOWA), WHO and UN Women worked together to co-facilitate the 2 day training.

The training also included a specific session on ethical and safety recommendations, which included an overview of the basis of interview techniques; issues around informed consent and voluntary participation; confidentiality and safety of respondents; actions for reducing non-response and increase disclosure, as well as actions for reducing the stress of respondents; referral and support mechanisms, and safety and support for interviewers. This session was followed-up by a few mock interviews, where some participants were asked to play the role of a suspicious/jealous husband, children who were interrupting constantly, etc., so that enumerators could exercise different techniques to overcome these challenges. After the training, on May 28th, participants spent one morning in the field administering the CDHS. The team had the chance to debrief after the field work and discuss with the UNFPA and WHO resource team the challenges they had and the strategies they used to address them. The enumerators showed that they applied many of the lessons learned during the training.

- **Field Data Collection and Supervision**

With an approved fieldwork plan, fieldwork supervision was carried out regularly by three CDHS survey coordinators from NIS and MOH along with an ICF Macro consultant. A field spot check also conducted by a group and/or by individual of committees including from MoWA team and concerned fund agency to ensure rules and procedures applied, data properly collected, and real issue obtained. The result of fieldwork and spot check were reported and reflected in the committees' meeting for further action. It was worthwhile to note that supervision visits and spot check were conducted throughout the six months of data collection, and questionnaires from the field carefully retrieved during the same period. In addition, a quality control program was run by the data processing team to detect key data collection errors for each team. These data checks were used to provide regular feedback to each team based on its specific performance. Data collection was conducted from June 2 to December 12, 2014.

- **Quality Control of data processing and editing**

Completed questionnaires were returned from the field to NIS headquarters, where they were entered and edited by data processing personnel who were specially trained for this task and had also attended questionnaire training of field staff. Data processing personnel included a data processing chief, two assistants, four secondary editors and coordinators, 25 entry operators, and eight office editors. Data processing for the 2014 CDHS began on 25 personal computers on July 6, 2014, five weeks after the first interviews were conducted. Processing the data concurrently with data collection allowed for regular monitoring of team performance and data quality. Field check tables were generated regularly during the data processing to check various data quality parameters. As a result, feedback was given on a regular basis, encouraging teams to continue in areas of high quality and to correct areas of needed improvement. Feedback was individually tailored to each team. Data entry, which included 100 per cent double entry to minimize keying errors, and data editing were completed on January 8, 2015. Data cleaning and finalization were completed on January 23, 2015.

As a result, all of the 611 clusters selected for the sample were surveyed in the 2014 CDHS. A total of 16,356 households were selected, of which 15,937 were found to be

occupied during data collection. Among these households, 15,825 completed the Household Questionnaire, yielding a response rate of 99 per cent. In these interviewed households, 18,012 women were identified as eligible for the individual interview. Interviews were completed with 98 percent of these women. Of the 5,484 eligible men identified in every third household, 95 percent were successfully interviewed. There was little variation in response rates by urban-rural residence.

The domestic violence module was implemented in the subsample of households selected for the men's survey. Furthermore, in keeping with ethical requirements, only one woman per household was selected for the module, as mentioned above. As a result of these restrictions, a total of 4,307 women age 15-49 (3,245 ever-married women) completed the domestic violence module. Specially constructed weights were used to adjust for the selection of only one woman per household and to ensure that the domestic violence subsample was nationally representative. In total, only 28 women, or 0.6 per cent of the subsample selected for the domestic violence module, could not be interviewed because privacy was not possible.

3) Recognition of violence against women as an important human rights and public health issue in Cambodia

Following the 2014 CDHS Memorandum of Understanding (MoU) with the budget and timeframe signed in late 2013 between the government and relevant funding DPs, the NIS/MoP in collaboration with the Ministry of Health (MoH) started undertook the 4th round of CDHS starting from early 2014, and all necessary groundwork including field data collection, data entry and validation of the survey was successfully completed in the same year. With the quality insurance on the report, especially the report on Domestic Violence provided by UNFPA APRO technical expert, the preliminary report of 2014 CDHS was released in mid Feb 2015 and its full report with the inclusion of Domestic Violence was completed, endorsed by the committees and officially launched at the national level in mid Oct 2015 as planned. Subsequently the report was widely disseminated among policy makers, planners, and relevant stakeholders at the sub-national level in late 2015. The report was reflected and nationally represented key information across the spectrum of health and the violence against women indicators disaggregated by sex, population, region, and rural/urban in age group 15 – 49. The data and detail information of the findings on domestic violence in Cambodia has been carefully reviewed and commented by a VAW expert of UNFPA from APRO to make sure that all aspects of VAW fully reflected in main report. The report has been widely used to update a plan, policy, programme including the progress against the CMDGs indicator.

With the availability of the 2014 CDHS results, and the dataset has provided an opportunity for the MoH, MoP, and other relevant institutions and users with updated and reliable data on infant and child mortality, fertility preferences, family planning behaviour, maternal mortality, utilization of maternal and child health services, health expenditures, women's status and domestic violence, and knowledge and behaviour regarding HIV/AIDS and other sexually transmitted infections. This information has been recognized by policymakers of government, relevant development partners, IOs/NGOs and CSOs to be used their policy decisions, planning, monitoring, and program evaluation for the development of Cambodia at both the national and local government

levels. Furthermore, this dataset has been using to serve for further analysis including cross cutting key issues regarding health and domestic violence of women in Cambodia.

After the release of the full report, the one further analysis of CHDS on “The Urban and Rural Disparities in Reproductive and Maternal Health, 2000-2014” has been completed in 2015 by the research team of the MoP and MoH with a technical support of UNFPA.

III. Facilitating Factors and Challenges

Throughout the implementation of the “**The Support of Violence against Women (VAW) in the 2014 Cambodia Demographic and Health Survey (CDHS)**”, the main factors facilitating and constraining the implementation were as follows:

1) Facilitating Factors:

Through the DFAT support, gave UNFPA the time and opportunity to advocate with the MoP and concerned agencies to integrate the full module of VAW into CDHS in 2014. Their commitment was made and quality control mechanism established to ensure quality works of CDHS in all processes of the CDHS. As the result, VAW indicators were fully reflected in the main report findings of the 2014 CDHS and being used for monitoring of the NAPVAW. Moreover, now that the CDHS contains the VAW module, it has set precedent for future surveys to include the same VAW module hence allowing for a rich data source and fair comparison.

2) Challenges:

Collecting valid, reliable, and ethical data on the VAW poses particular challenges because what constitutes violence or abuse varies across cultures and among individuals. In addition, a culture of silence usually surrounds VAW was the sensitivity issue. On the other hand, to assuring the safety of respondents and interviewers when asking about domestic violence in a familial setting, protecting women who disclose violence, and reducing the risk of double victimization of respondents.

IV. Financial Expenditure of 2014 CDHS and propose of no-cost extension

1) Financial Expenditure of 2014-2015

In respect of financial performance, the total expenditure from 2014 to 2015 was **US\$467,374.92** out of the total approved budget of **US\$489,720.00** (Equal with Aus\$550,000.00) for two years (2014–2015), and total of budget remaining was **US\$22,345.08**. The official certified expenditure of 2015 will be submitted by UNFPA Headquarters to the Permanent Mission of the Australian Government to the United Nations, at the end of June 2016.

Approved Amount (US\$)	Actual Project Expenditure (US\$)		Total Expenditure	Remained Balance (US\$)
	Year 2014	Year 2015		
489,720.00	443,353.87	24,021.05	467,374.92	22,345.08

2) Propose of Project No-Cost extension

Cambodia has released last year the final result of the 2014 CDHS. It has provided relevant institutions and users with updated and reliable data on VAW, sexual and reproductive health, maternal health and other demographic indicators. The data is of critical importance to updating key indicators of relevant key policies such as 2016 Mind Term Review of the 2014-2018 NSDP, National Strategy for Reproductive and Sexual Health, Health Strategic Plan, and so forth.

With the increase in availability of population statistical data, this will be the opportunity for further strengthening national capacity to analyse and produce two reports of in-depth data analysis of existing CHDS concerning: (1) Sexual Reproductive Health among Adolescents and Youth: levels, trends, and determinants from 2000 to 2014, and (2) Domestic Violence. The result of these reports are necessary as it will provide in-depth information of which is critical for formulating and updating various appropriate health as well as gender policies and programmes in Cambodia. Therefore, it is proposed to use the remaining fund in 2016 for production of the two reports including national capacity building of analysis team (which consists of staff from MoWA, NIS/MoP and MoH), translation of final reports and printing.

The detail estimated budget for secondary analysis of the two topics:

1. Sexual Reproductive Health among Adolescents and Youth: levels, trends, and determinants from 2000 to 2014

Budget item	Estimated cost (USD)	Fund to be used
Consultant (fee, DSA, Travel, and Terminal expenses)	11,966.00	FPA90
	6,245.00	AUA63

2. Domestic Violence (based on WP of MoWA)

Budget item	Estimated cost (USD)	Note
Consultant (fee, DSA, Travel, and Terminal expenses)	9,700.00	AUA63

Dissemination on the findings at national and regional provinces	3,542.00	AUA63
Conduct consultative meeting between the research team and consultant on the draft report including translation and printing of the final report	2,858.00	AUA63
Total (2)	16,100.00	AUA63
Grand Total of Estimated cost (1+2)	34,311.00	AUS=USD22,345.00 FPA90=USD11,966.00

LIST OF ACRONYMS

APRO	Asia Pacific Regional Office
CDHS	Cambodia Demographic and Health Survey
CO	Country Office
DFAT	Department of Foreign Affairs and Trade, Australian Government
DP	Development Partners
DV	Domestic Violence
DHS	Demographic and Health Surveys
JICA	Japan International Cooperation Agency
KOICA	Korean International Cooperation Agency
MoH	Ministry of Health
MoP	Ministry of Planning
MoWA	Ministry of Women's Affairs
NSDP	National Strategic Development Plan
NAPVAW	National Action Plan to Prevent Violence Against Women
NIS	National Institute of Statistics
USAID	U.S. Agency for International Development
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAW	Violence Against Women
WHO	World Health Organization

