



Summary Report

Baseline Study on Service Access, Quality and Uptake (SAQUS) of Gender-Based Violence Services

December 2020



Acknowledgments

This report is the summary version of the full SAQUS study report (SAQUS - Service Access Quality Uptake Study) and has been made possible through joint collaboration and inputs from several individuals and institutions. ACCESS MEL team managed both the implementation of the SAQUS study and its summary. The team would like to thank Angkor Research and Consulting Ltd. for implementing the study, including the design, data collection and report writing.

We are also grateful to the ACCESS team and Clear Horizon advisers for their insights and support.

Contents

	Acknowledgments	ii
1	Introduction	2
2	SAQUS Baseline Methodology	3
3	Key findings from the SAQUS Baseline Data	4
	Availability	5
	Accessibility	6
	Affordability	9
	Accommodation	11
	Acceptability	13
4	Recommendations	15



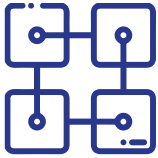
1 Introduction

This document is a summary version of the full report on Service Access, Quality and Uptake Study (SAQUS). It presents major findings and key recommendations related to gender-based violence (GBV) service delivery. Readers are, therefore, recommended to refer to the full report for more detail findings which is available on request.

Framed around the 5 As framework (Availability, Affordability, Accessibility, Accommodation, Acceptability) SAQUS is a longitudinal study that involves baseline and end-line data collection and uses the **existing service standards**¹ to guide the assessment tools development. The primary objective of this baseline study is to assess the situation of service provision for women and girls affected by GBV. It considers both the ‘supply and demand sides’ in the delivery of services by service providers and from the perspective of service beneficiaries.

The baseline study seeks to answer the key question: What are the baseline situations in relation to the service provision for women and girls affected by GBV?

1. Refer to the full report for the list of the existing service standards used



2 SAQUS Baseline Methodology

A consulting firm (Angkor Research and Consulting - ARC) was contracted to implement the study. A study protocol, materials and tools were developed by ARC. Sample respondents were proposed by ACCESS based on ACCESS program geographical coverages and involved service providers and beneficiaries in Kg Cham, Siem Reap, Kg Speu, Tboung Kmum and Ratanakiry. A total of 116 health service providers and 34 Provincial Department of Women Affairs (PDOWA) and District Offices of Women Affairs (DOWA) officials and 15 GBV beneficiaries per province were proposed to include in the sample.

Data collection took place in July 2020. Informed consents were obtained prior to the interviews. Interviews were conducted in person face-to-face and by phone. The study received research ethics approval from the National Ethics Committee for Health Research of the Ministry of Health.

ARC performed data cleaning and analysis and wrote the full report. ACCESS team provided advice on sampling, tools development, data collection and analysis, reviewed and commented on the draft report.



3

Key Findings from the SAQUS Baseline Data

Characteristics and geographic distribution of the respondents can be found in Table 1 which shows some differences from the planned samples

A total of 58 GBV survivors were interviewed and they were spread across the 5 provinces as described in table 1. The small sample size, particularly in each province limits the level of analysis possible, and the representativeness of the sample, and therefore the results, should be considered with caution. Instead, the findings should serve as an indication of potential trends that require further research to confirm. In particular, the small sample of GBV survivors across each of the provinces prevents definitive findings about differences across provinces. Additionally, the sample may lack representation across different types of survivors. For example, the sample only captured a few women who identified themselves as disabled (three reporting visual impairments and one reporting mobility issues), and no women in Siem Reap reported accessing health services.

Furthermore, it is worth noting that health service providers are overrepresented in the sample of service providers, compared to legal and social service providers, which may skew some of the results towards their experiences.

Table 1: Samples of Respondents

Quantitative Interview	Total	Siem Reap	Kg. Speu	Kg. Cham	Ratanakiri	Tboung Khmum
Health facilities	138	46	10	60	16	6
PDoWA	15	3	3	3	3	3
DoWA	41	20	11	6	3	1
GBV survivors	58	15	15	15	7	6
Qualitative Interview						
GBV survivors	(18) ²	n.a	n.a	n.a	n.a	n.a
General population	18	n.a	n.a	n.a	n.a	n.a
Total	270	n.a	n.a	n.a	n.a	n.a

2 Selected from the among the GBV survivor quantitative sample

The following are key findings structured around the 5As:



Availability

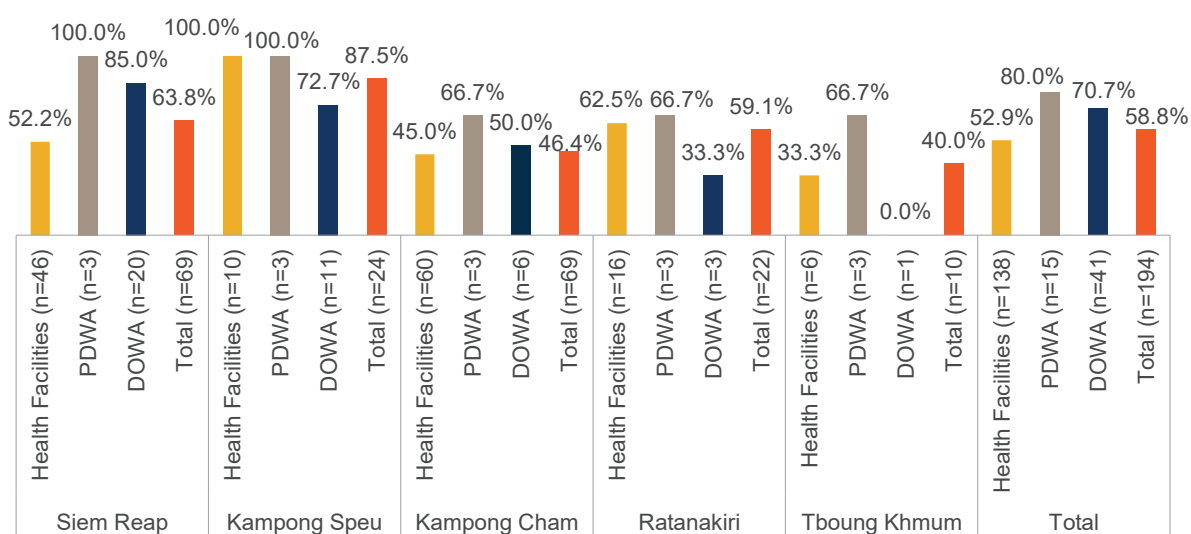
- **Availability of legal, health and social services is uneven among the targeted provinces. This may hamper access to services for GBV survivors.** A lower rate of service providers in Kampong Cham reported delivering legal assistance compared to Siem Reap and Kampong Speu. A significantly lower proportion of service providers in Siem Reap reported providing social services compared to Kampong Speu and Ratanakiri. Health care or referral to health care was provided by most service providers. As shown in Table 2, social services/ counselling or referral to such services was provided by all surveyed PDWAs and DOWA staffs, and all PDWA staffs reported providing legal assistance or referral to legal support. Health services had the lowest access rate among GBV beneficiaries (32.8%), whereas 81% of the 58 GBV survivors obtained legal assistance and 67.2% reached social services (57% accessing counselling).
- **There were variations in service waiting times reported by service providers and GBV survivors.** The average waiting time reported by beneficiaries for legal services (30 minutes) is double the average time estimated by service providers (14 minutes). Average waiting times for social and health services are consistent between service providers and beneficiaries. The reported average waiting time remains short and quite acceptable (below 10 minutes for health care and around 20 minutes for social services).
- **Fewer than one in five service providers (18.6%) reported having a designated staff member serving as case manager for GBV survivors, although nearly all services reported having female staff members.** This denotes a possible lack of specialization and knowledge on how to properly welcome or interact with GBV survivors. On the positive side, nearly all service providers reported having female service providers available if requested (99.5%). Having female staff helps GBV survivors to access the service they need, as they may feel more comfortable talking to another woman.

Table 2: Proportion of GBV Service Providers Reporting Providing Services

	Legal assistance		Social/ Counselling services		Health services	
	Count	%	Count	%	Count	%
Health Facilities (n=138)	30	21.7%	59	42.8%	138	100.0%
PDWA (n=15)	15	100.0%	15	100.0%	15	100.0%
DOWA (n=41)	39	95.1%	41	100.0%	38	92.7%
Total (n=194)	84	43.3%	115	59.3%	191	98.5%

- Half of all service providers (58.8%) reported advertising referral services available in their areas. A significantly lower proportion of service providers promote referral services in Tboung Khmum (40%) and Kampong Cham (46.4%). Figure 1 displays the proportions of service providers advertising referral services available for GBV survivors by province.

Figure 1: Service Providers Advertising Referral Services Available by Province



- GBV survivors reported that the service providers gave good explanations of the services they were about to receive.** Almost all legal service beneficiaries (93.2%) said that the service provider explained the service they were about to access. More than three quarters (79.5%) of the social service beneficiaries and more than two thirds of the health service beneficiaries also reported to have received explanations about the service. They also felt that the information they received was generally comprehensive and sufficient (76.9% for health services, 78% for legal services and 80.6% for social services), which highlights existing good practices from service providers.

Accessibility

- Most GBV survivors who accessed health services went for care for injuries and medical treatment (84.2%)** (see Table 3). Fewer than one in five (15.8%) got a forensic exam. The main legal service required by GBV survivors was legal consultation and information (76.6%). Two thirds of the GBV survivors accessing legal services had mediation services (66.6%). Counselling was the main social service accessed by GBV survivors (84.6%).
- Half of the GBV service providers explained that access to health, legal and social services (respectively 50.3%, 48.8%, 48.7%) for GBV survivors was difficult or very difficult.** The proportions of service providers reporting the difficulty for GBV survivors with disabilities to reach health, legal and counselling services were respectively 82.2%, 72.6% and 65.2%, all higher than for GBV survivors without disabilities.

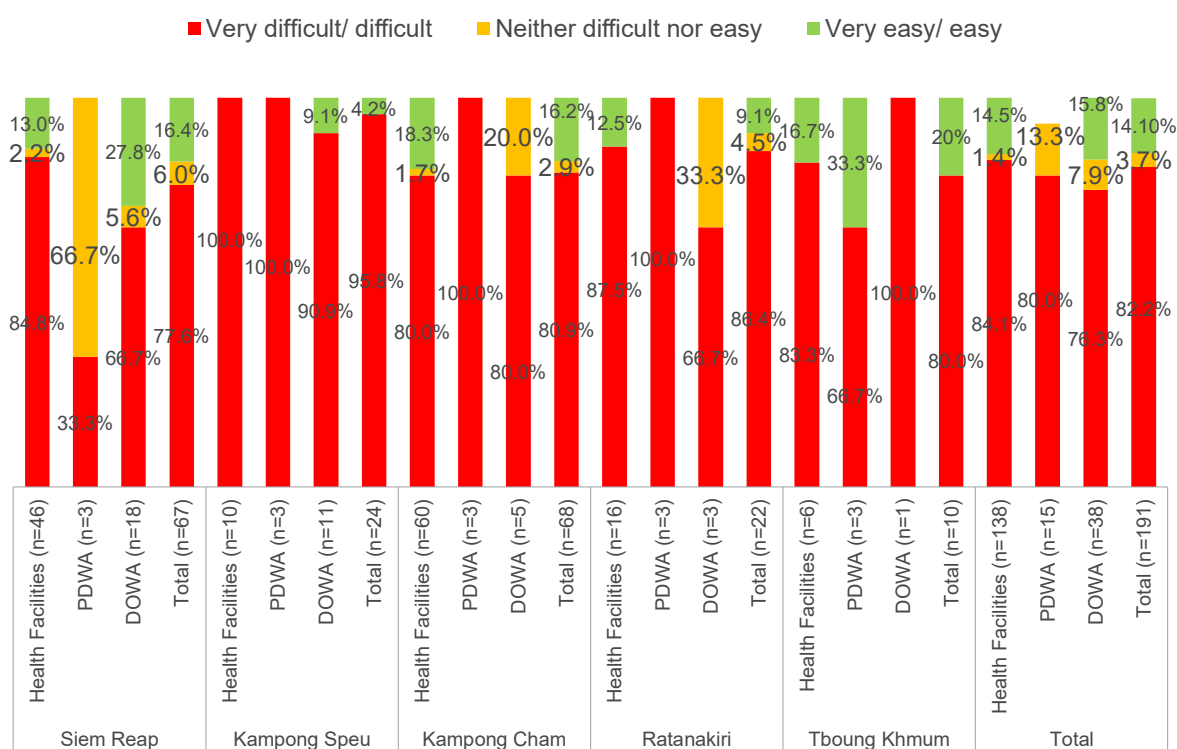
- **The main challenges to accessing GBV services are transportation costs, long travelling distances to reach the service and the lack of a person to accompany the GBV survivors to the service provider.** Shame was also a factor mentioned hampering access to services. A specific barrier to reach legal assistance included the lack of trust in the justice system (39%) while service providers explained that the lack of knowledge about available services or the location of the service and concerns about service quality were issues hindering access to social/ counselling support.

Table 3: Services Accessed by Province and Specific Service (Multiple Answers)

		Siem Reap		Kampong Speu		Kampong Cham		Ratanakiri		Tboung Khmum		Total	
		#	%	#	%	#	%	#	%	#	%	#	%
Health services	Care for injuries urgent treatment	N/a	N/a	4	100.0%	6	85.7%	2	66.7%	4	80.0%	16	84.2%
	Forensic exam	N/a	N/a	0	0.0%	1	14.3%	1	33.3%	1	20.0%	3	15.8%
	Referral for health services	N/a	N/a	1	25.0%	1	14.3%	1	33.3%	1	20.0%	4	21.1%
	Total	N/a	N/a	4	100.0%	7	100.0%	3	100.0%	5	100.0%	19	100.0%
Legal services	Legal consultation/ information	7	58.3%	14	93.3%	10	76.9%	2	66.7%	3	75.0%	36	76.6%
	Support to monitor court process	2	16.7%	0	0.0%	2	15.4%	2	66.7%	2	50.0%	8	17.0%
	Mediation services	10	83.3%	10	66.7%	7	53.8%	3	100.0%	1	25.0%	31	66.0%
	Referral to legal services	5	41.7%	6	40.0%	2	15.4%	2	66.7%	0	0.0%	15	31.9%
	Total	12	100.0%	15	100.0%	13	100.0%	3	100.0%	4	100.0%	47	100.0%
Social services	Counselling	12	100.0%	3	42.9%	9	100.0%	4	66.7%	5	100.0%	33	84.6%
	Information about other services	5	41.7%	2	28.6%	4	44.4%	4	66.7%	2	40.0%	17	43.6%
	Economic support	1	8.3%	3	42.9%	0	0.0%	0	0.0%	2	40.0%	6	15.4%
	Referral to social services	3	25.0%	0	0.0%	0	0.0%	2	33.3%	1	20.0%	6	15.4%
	Total	12	100.0%	7	100.0%	9	100.0%	6	100.0%	5	100.0%	39	100.0%

- **Despite service providers reporting access to services as difficult, most GBV service beneficiaries explained that reaching social and legal services was easy (82.3%, 68.9% respectively) and about half of GBV beneficiaries (52.2%) said accessing health services was easy.** Reaching service providers did not appear as a challenge for the GBV survivors as most reported that it was easy or very easy during the quantitative interviews. In-depth interviews with GBV survivors highlighted however that service costs (official and unofficial) and lack of support from local actors (i.e. police) made access to some services challenging.

Figure 2: Difficulty for GBV Survivors with Disabilities to Access Health Services



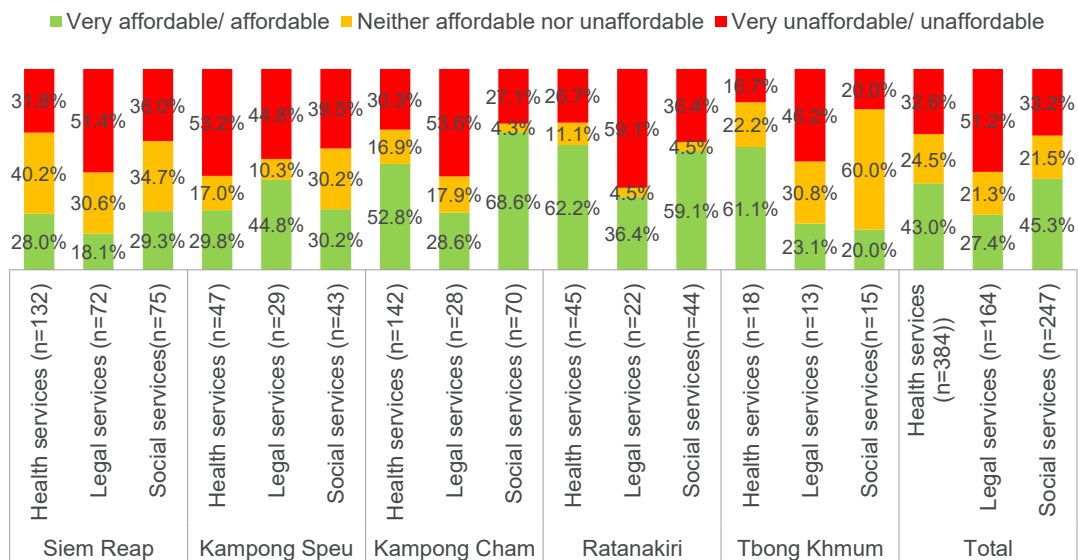
- **There are facilities for women with disabilities (related to poor sight and physical disabilities) to support them to access GBV services.** In figure 2, half of the service providers (58.8%) said that they had simple language/mainly graphic based information for GBV survivors. More than three-quarters (78.9%) of the service providers' offices have an accessibility ramp to facilitate the access for GBV survivors with physical disabilities.
- **Service accessibility for persons with hearing or speaking impairments and GBV survivors who do not speak Khmer is not guaranteed among service providers.** Fewer than a third of the service providers (30.9%) explained that their office employed a translator who could translate interviews, in the case a GBV survivor does not speak Khmer. Very few respondents (7.2%) reported having a person proficient in sign language to provide information for GBV survivors with hearing impairments in their office. Half of the service providers (50.5%) reported having a specific person who could assist GBV survivors with disabilities to provide consent and/ or to support them throughout the service provision.



Affordability

- As shown in Figure 3, almost half of providers reported that their social services (45.3%) and health services (43%) were affordable or very affordable. However, half of these respondents considered legal services highly unaffordable or unaffordable (51.2%).

Figure 3: Service Affordability Reported by Service Providers, by Type of Service and Province



- Despite higher average costs, half of the legal service beneficiaries (55.3%) thought that accessing services was affordable while almost three quarters of health service beneficiaries (71.8%) said the same. This view on affordability was not widely shared by social services beneficiaries as 68.4% felt that accessing social services was unaffordable or very unaffordable. Respondents from Kampong Cham, Ratanakiri and Tbong Khmum particularly rated social services as unaffordable. Legal service beneficiaries did not see affordability as a barrier to access services in the past 12 months. Costs of health services prevented some GBV survivors from accessing the services they needed.
- Service providers and GBV survivors agreed that most legal and social services did not require payment, however GBV survivors reported much higher average service costs than service providers. Table 4 and 5, a higher proportion of health services appeared to require payment. According to service providers, the average fees for health services were 33,872 riel (USD 8.5), the average cost of legal services was 32,000 riel (USD 8) and the average fees for social services were 1,000 riel (USD 1). However, the average costs of health services reported by GBV survivors were 127,181 riel (~ USD31.8), the average costs of legal services were 183,921 riel (~USD 45.9) and the average costs of social service were 105,000 riel (~ USD 26.25).

- **In addition to service costs, GBV survivors reported paying other service access costs, including transportation.** Among beneficiaries reporting transportation expenses, the average transportation costs to access legal services were 12,392 riel (~ USD 3), to access social services 10,145 riel (~ USD 2.5) and to access health services: 45,600 riel (~USD 11). Nearly half (47.7%) of the GBV survivors accessing health services reported that they had to pay other costs (~ USD21 in average). As for the legal service beneficiaries, 38.3% reported paying other costs (~USD 14 in average). Around fifteen percent (15.4%) of the GBV respondents who reached out to social services reported additional costs (~USD 11).

Table 4: Average Service Associated Costs Reported by Beneficiaries (In Riel)

Province	Type of services	Mean	Median	Maximum	Minimum
Siem Reap	Legal services (n=3)	47000	11000	120000.0	10000.0
	Social services (n=2)	7500.0	7500.0	10000.0	5000.0
Kampong Speu	Legal services (n=7)	107142.9	80000.0	250000.0	5000.0
	Health services (n=1)	15000.0	15000.0	15000.0	15000.0
	Social services (n=1)	200000.0	200000.0	200000.0	200000.0
Kampong Cham	Legal services (n=4)	10200.0	10000.0	25000.0	500.0
	Health services (n=7)	32125.0	22500.0	80000.0	3500.0
	Social services (n=1)	10000.0	10000.0	10000.0	10000.0
Ratanakiri	Legal services (n=2)	20000.0	20000.0	20000.0	20000.0
	Health services (n=2)	102500.0	102500.0	200000.0	5000.0
	Social services (n=2)	25000.0	25000.0	30000.0	20000.0
Tboung Khmum	Legal services (n=1)	30000.0	30000.0	30000.0	30000.0
	Health services (n=2)	205000.0	205000.0	400000.0	10000.0
Total	Legal services (n=18)	56222.2	22500.0	250000.0	500.0
	Health services (n=9)	84277.8	15000.0	400000.0	3500.0
	Social services (n=6)	45833.3	15000.0	200000.0	5000.0

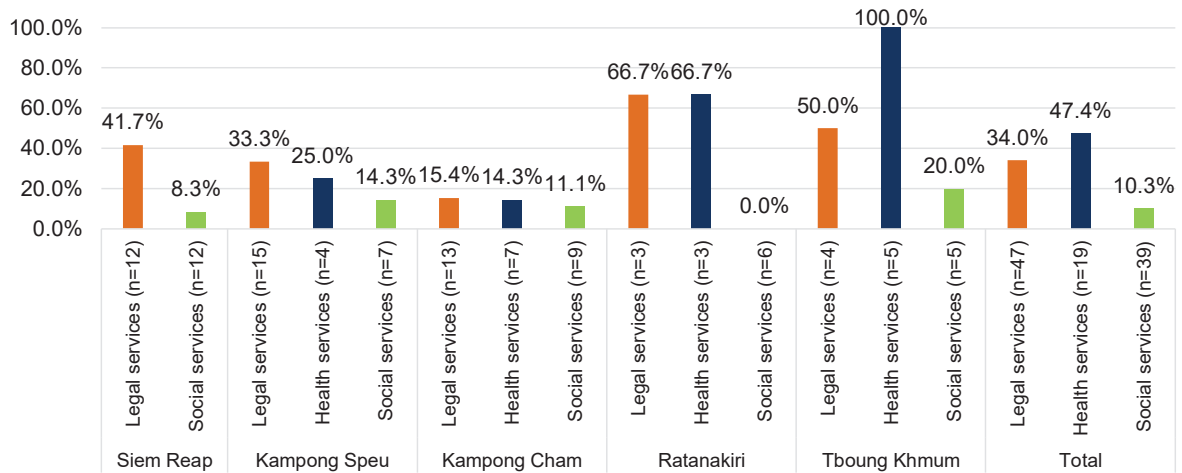
Table 5: Services Requiring a Fee Reported by Service Providers³

Service provider	Type of services	Free		Not free		Total services	
		#	%	#	%	#	%
Health facilities	Health services	194	59.5%	132	40.5%	326	100.0%
	Legal/ mediation services	31	96.9%	1	3.1%	32	100.0%
	Social services/ counselling	101	98.1%	2	1.9%	103	100.0%
PDWA	Health services	16	100.0%	0	0.0%	16	100.0%
	Legal/ mediation services	52	100.0%	0	0.0%	52	100.0%
	Social services/ counselling	46	100.0%	0	0.0%	46	100.0%
DOWA/	Health services	42	100.0%	0	0.0%	42	100.0%
	Legal/ mediation services	79	98.8%	1	1.3%	80	100.0%
	Social services/ counselling	98	100.0%	0	0.0%	98	100.0%
Total	Health services	252	65.6%	132	34.4%	384	100.0%
	Legal/ mediation services	162	98.8%	2	1.2%	164	100.0%
	Social services/ counselling	245	99.2%	2	.8%	247	100.0%

³ Responses based on the different type of service provided. Service providers may have provided more than one service.

- Overall, social, and legal service beneficiaries did not see affordability of the service as a barrier to get the services in the past 12 months. Figure 4 presents the proportion of beneficiaries who could not afford to access a service in the past year. However, almost half of the health service beneficiaries (47.4%) explained that they did not access health care because they could not pay for it in the past 12 months.

Figure 4: Beneficiaries who Could not Afford a Service in the Past 12 Months, by Province and Service



Accommodation

- GBV services are often provided in shared spaces, not respecting the privacy of the survivor.** Table 6, less than half of the health service providers (47.1%) reported having a private room to welcome patients who experienced GBV. Slightly more than half of the legal and social service providers mentioned having a specific space for GBV cases (56% and 53% respectively). Among the services providers reporting to have a private room to welcome GBV survivors, its use is not systematic for all interviewed staff: 81.1% of health facility staff reported systematically using a private room, 89.4% of legal services providers and 86.9% of social services staffs. This lack of privacy was more than confirmed by GBV service beneficiaries as more than half reported receiving the service they needed in a room shared with other people (59.6% of the legal services' beneficiaries, 51.3% of the social services' beneficiaries and 57.9% of the health services' beneficiaries).
- Interviewers were asked to score the privacy of the space dedicated to welcoming GBV survivors from one to ten, with one being very private and 10, not private at all. Table 7, most of the rooms showed by health service providers were very private/ private (81.1%) with an average score of 2.5. Similarly, most rooms showed by legal and social service providers were considered private (80.9% and 82%).

Table 6: Availability of a Private Room for GBV Survivors by Type of Service, Province and Service Provider as Reported by Service Providers

		Siem Reap Kampong Speu				Kampong Cham Ratanakiri				Tboung Khmum Total			
		No		Yes		No		Yes		No		Yes	
		#	%	#	%	#	%	#	%	#	%	#	%
Siem Reap	Health facilities	35	76.1%	11	23.9%	4	40.0%	6	60.0%	4	57.1%	3	42.9%
	PDWA	1	33.3%	2	66.7%	1	33.3%	2	66.7%	1	33.3%	2	66.7%
	DOWA	15	83.3%	3	16.7%	16	80.0%	4	20.0%	16	80.0%	4	20.0%
	Total	51	76.1%	16	23.9%	21	63.6%	12	36.4%	21	70.0%	9	30.0%
Kampong Speu	Health facilities	0	0.0%	10	100.0%	0	0.0%	3	100.0%	3	60.0%	2	40.0%
	PDWA	0	0.0%	3	100.0%	0	0.0%	3	100.0%	0	0.0%	3	100.0%
	DOWA	4	36.4%	7	63.6%	4	36.4%	7	63.6%	4	36.4%	7	63.6%
	Total	4	16.7%	20	83.3%	4	23.5%	13	76.5%	7	36.8%	12	63.2%
Kampong Cham	Health facilities	23	38.3%	37	61.7%	3	30.0%	7	70.0%	8	26.7%	22	73.3%
	PDWA	3	100.0%	0	0.0%	2	66.7%	1	33.3%	2	66.7%	1	33.3%
	DOWA	4	80.0%	1	20.0%	2	50.0%	2	50.0%	3	50.0%	3	50.0%
	Total	30	44.1%	38	55.9%	7	41.2%	10	58.8%	13	33.3%	26	66.7%
Ratanakiri	Health facilities	5	31.3%	11	68.8%	1	16.7%	5	83.3%	3	23.1%	10	76.9%
	PDWA	2	66.7%	1	33.3%	1	33.3%	2	66.7%	2	66.7%	1	33.3%
	DOWA	3	100.0%	0	0.0%	1	33.3%	2	66.7%	2	66.7%	1	33.3%
	Total	10	45.5%	12	54.5%	3	25.0%	9	75.0%	7	36.8%	12	63.2%
Tboung Khmum	Health facilities	4	66.7%	2	33.3%	1	100.0%	0	0.0%	4	100.0%	0	0.0%
	PDWA	1	33.3%	2	66.7%	0	0.0%	3	100.0%	1	33.3%	2	66.7%
	DOWA	1	100.0%	0	0.0%	1	100.0%	0	0.0%	1	100.0%	0	0.0%
	Total	6	60.0%	4	40.0%	2	40.0%	3	60.0%	6	75.0%	2	25.0%
Total	Health facilities	67	48.6%	71	51.4%	9	30.0%	21	70.0%	22	37.3%	37	62.7%
	PDWA	7	46.7%	8	53.3%	4	26.7%	11	73.3%	6	40.0%	9	60.0%
	DOWA	27	71.1%	11	28.9%	24	61.5%	15	38.5%	26	63.4%	15	36.6%
	Total	101	52.9%	90	47.1%	37	44.0%	47	56.0%	54	47.0%	61	53.0%

Table 7: Level of Privacy of Service Providers' Room as Rated by Researchers

	Very private/ private (score 1-3)		Average (4-6)		Not private/ Not private at all (7-10)		Mean	Median
	Count	%	Count	%	Count	%		
Health services								
Health facilities (n=71)	59	83.1%	11	15.5%	1	1.4%	2.4	2.0
PDWA (n=8)	8	100.0%	0	0.0%	0	0.0%	1.4	1.0
DOWA (n=11)	6	54.5%	2	18.2%	3	27.3%	4.4	3.0
Total (n=90)	73	81.1%	13	14.4%	4	4.4%	2.5	2.0
Legal services								
Health facilities (n=21)	18	85.7%	2	9.5%	1	4.8%	2.2	2.0
PDWA (n=11)	10	90.9%	1	9.1%	0	0.0%	2.0	2.0
DOWA (n=15)	10	66.7%	2	13.3%	3	20.0%	3.7	3.0
Total (n=47)	38	80.9%	5	10.6%	4	8.5%	2.6	2.0
Social services								
Health facilities (n=37)	31	83.8%	5	13.5%	1	2.7%	2.5	3.0
PDWA (n=9)	9	100.0%	0	0.0%	0	0.0%	1.7	1.0
DOWA (n=15)	10	66.7%	2	13.3%	3	20.0%	3.7	3.0
Total (n=61)	50	82.0%	7	11.5%	4	6.6%	2.7	2.0



Acceptability

- **GBV survivors accessing the different types of services** reported being satisfied or very satisfied with the quality of services (86.7% of the legal service beneficiaries, 91.9% of the social service beneficiaries and 87% of the health service beneficiaries), the service delivery and the staffs' attitude (95.7% for health services, 93.5% for social services, and 84.4% for legal services).
- **High proportions of GBV beneficiaries reported they felt obliged to agree to the service across all types of services and provinces.** Almost all (95.7%) health service recipients explained that they felt that they had to agree to the service. These proportions are 88.9% and 88.7% for legal and social service beneficiaries, respectively. However, Figure 5 shows that half of the service providers (51%) reported that they disagreed or strongly disagreed that service providers should make the decisions regarding the services the survivor should access. Also, more than two-thirds (70.1%) agreed that a GBV survivor could refuse a referral made by the service provider.
- **More than half of the service providers thought that when an individual comes to report GBV, service providers should ask her about what she did to cause the cause the violence (54.9%),** indicating a lack of understanding of this important service standard.
- **The principle of confidentiality appears to be well understood by most service providers who explained that there are no situations where they can share information with other people about a GBV survivor without their authorization (93.3%).** This understanding was confirmed by 78.9% of GBV services beneficiaries who reported that they felt that their health information was kept safely and confidentially.
- **Only half of the service providers (53.1%) reported having a procedure in place to assess the immediate safety of GBV survivors and their children.** Figure 6 shows this proportion reaches almost two thirds of the PDWA and DOWA (73.3% and 72.5%), which highlights good existing practice. Almost three-quarters (71.8%) of the GBV survivors who received health care reported that they received safety advice.

Figure 5: Proportion of Service Providers Reporting they Agree that Service Providers Should Make the Decisions about Services the Survivor should Access

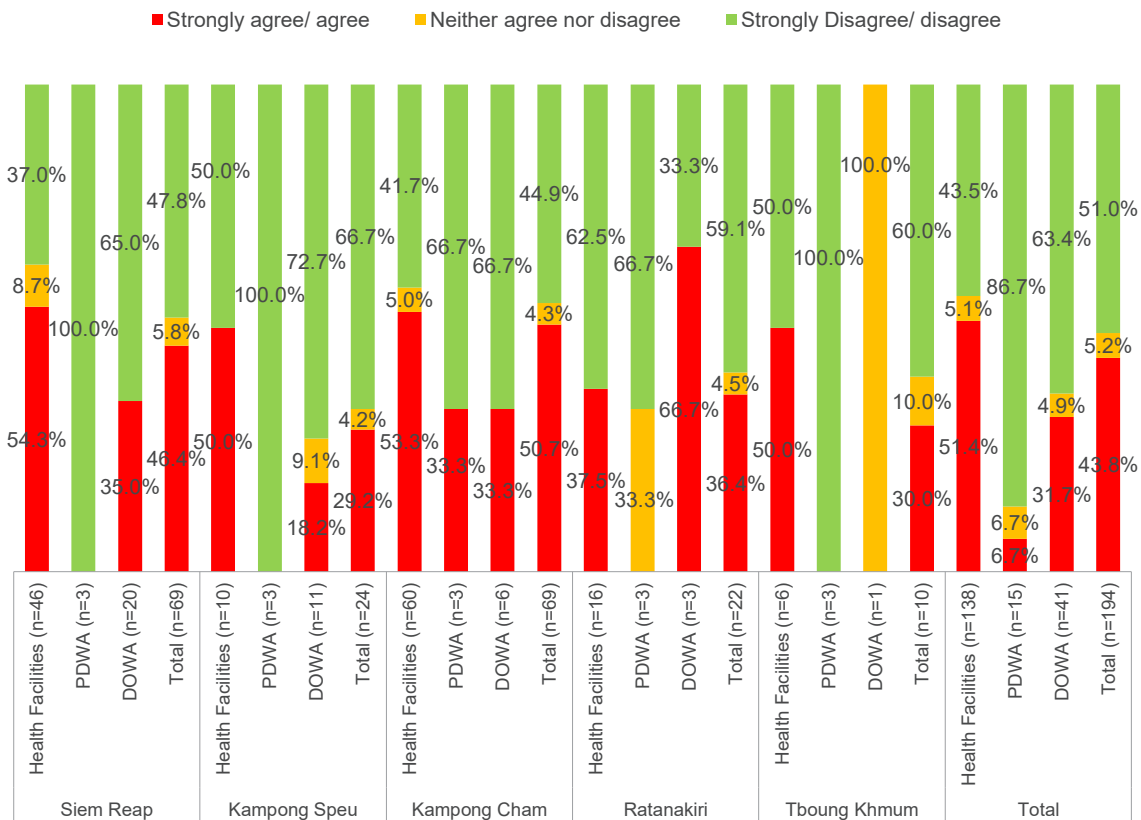
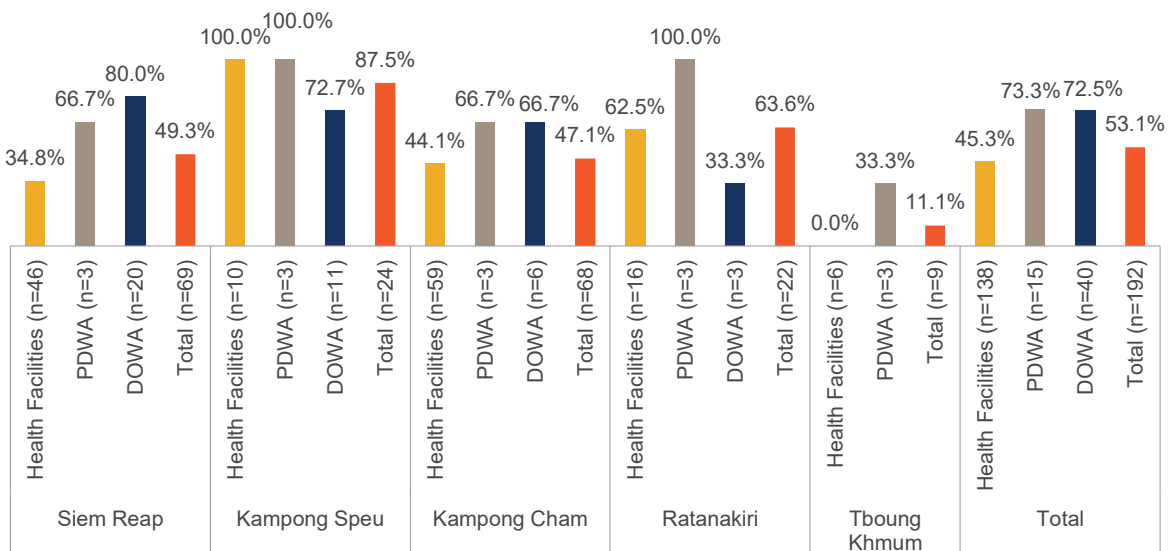


Figure 6: Proportion of Service Providers Reporting They have a Procedure to Assess the Safety of GBV Survivors and their Children



- **Mediation services were reported to be neutral by most survivors, however more than a third of GBV survivors reported feeling pressured during mediation.** Half of the service providers (56%) delivering legal support to GBV survivors have been trained on mediation for GBV cases. All service providers involved in legal support to GBV survivors agreed that “A mediator must remain neutral during a mediation session”. This good knowledge of the appropriate attitude of a mediator was confirmed by the GBV survivors receiving mediation (93.5% said that the mediator was very fair or fair). However, more than a third of GBV service beneficiaries reported they felt pressured during mediation (35.5%). At this baseline phase, more than half of beneficiaries (58.1%) believed that they could not withdraw from the mediation process once it started.



4 Recommendations

1. Continue to improve availability of GBV services. This includes ensuring the services are available and ready on offer when clients arrive. Time spent waiting for a service could also be reduced.
2. GBV services should work to improve accessibility for persons with disabilities, including in physical infrastructure and ensuring they have plain and sign language materials and translators available for GBV survivors who need them.
3. The overall costs of accessing GBV services may be a barrier for GBV survivors. The GBV services sector should look at providing allowances to ensure that additional costs are not a barrier to reach the service.
4. Continue to train GBV service providers on the service standards, in particular that:
 - a. GBV survivors must be informed that they have the right to refuse GBV services and are not obligated to accept them.
 - b. That GBV survivors should not be blamed for the violence or asked what they did to cause the violence
 - c. That GBV survivors’ privacy should be respected and that they should be able to receive services in a private space
 - d. Training on safety planning should be provided to ensure all GBV survivors are supported to do safety planning
 - e. Ensure that GBV survivors in a mediation process should have their rights clearly explained at the start of the process

Disclaimer

All opinions expressed in this report are that of Angkor Research and Consulting Ltd and do not necessarily reflect the views of Cowater International or AusAID.

Address: ANINA Building, 3rd Floor, No. 240, Street 271, Sangkat Boeung Tumpun,
Khan Meanchey, Phnom Penh, Cambodia

Office Phone: (855) 12 876 549

Email: info@accesscambodia.org

Website: www.accesscambodia.org