



Baseline Findings from Study on Gender-based Violence (GBV) Related Services

Acknowledgments

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Introduction

SAQUS is a longitudinal study that seeks to assess services available to women and girls affected by GBV by collecting information directly from service providers and recent clients. This document summarizes the key findings and recommendations from a baseline (pre-intervention) study, with the purpose of highlighting strengths and weaknesses in service provision to help identify, design, and prioritize interventions to improve the system for service provision and the overall experience for GBV survivors.



Methodology

The survey was conducted in July 2020 and collected baseline data from 138 health service providers, 15 Provincial Department of Women Affairs (PDOWA), 41 District Offices of Women Affairs (DOWA) officials, and 58 GBV survivors¹ to gain perspectives from both the supply and demand sides. Survey questions were designed to assess GBV services against existing service standards using the 5 A's Framework, which includes measures of Availability, Affordability, Accessibility, Accommodation, and Acceptability.

¹ The small sample size, particularly in each province limits the level of analysis possible, and the representativeness of the sample should be considered with caution. Instead, the findings should serve as an indication of potential trends that require further research to confirm.

² Important to note that the SAQUS sample only included GBV survivors who did seek out services, which may skew the findings towards those who could afford the services.



Key Findings

| 5 A's Framework | |
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| <p>Availability of services seems relatively strong, but there are areas of potential improvement</p> | <ul style="list-style-type: none"> ➤ Respondents reported acceptable waiting times across all services (between 10 – 30 minutes). ➤ A majority of PDOWA (87%) report having designated staff to serve as case managers, though only a minority (27%) of DOWA service providers report the same. Nearly all providers (including health facilities) reported having female staff on hand. ➤ The majority of GBV survivors reported that the information they received across service providers was generally comprehensive and sufficient. |
| <p>Affordability of services may deter some survivors from seeking services.</p> | <ul style="list-style-type: none"> ➤ Overall, social, and legal service beneficiaries did not see affordability of the service as a barrier to get the services. However, almost half of the health service beneficiaries (47%) explained that they did not access health care because they could not pay for it.² ➤ In addition to service costs, GBV survivors reported paying other service access costs, including transportation. |
| <p>Accessibility of services is a concern across service providers, particularly for persons with disabilities. Additional attention is needed for non-Khmer speaking clients.</p> | <ul style="list-style-type: none"> ➤ Service providers expressed concern about the difficulties, particularly for persons with disabilities, that GBV survivors face when trying to access services. Examples of difficulties included distance from home, personal shame, lack of knowledge about available services, concern about quality of services, and lack of trust in the legal system.³ ➤ The majority of service providers' offices (79%) include ramps to facilitate access into the building for persons with disabilities. ➤ Approximately half of the providers said that they had simple language / mainly graphic based information available, which may improve access for those who are illiterate or have impaired eyesight. ➤ Language seems to be a barrier to accessibility across most providers - A minority of service providers (31%) have the capability to converse with non-Khmer speaking clients and even fewer (7%) reported having staff proficient in sign language. |
| <p>Attention should be given to ensure privacy of the accommodations used to provide services.</p> | <ul style="list-style-type: none"> ➤ GBV services are often provided in shared spaces, which may violate the privacy of the survivor. Around 50% of beneficiaries who sought out health, legal, or social services mentioned that they did not receive services in a private room. |
| <p>Acceptability of the services seems relatively high, with some concern about pressure to accept services and perceptions about the shared fault of the victim.</p> | <ul style="list-style-type: none"> ➤ The overwhelming majority of respondents (above 80% across all services) reported being satisfied with the services they received and with the staffs' attitudes towards them. ➤ Almost all service providers agreed that there are rarely any situations that warrant releasing information about a survivor without her consent. In addition, almost 80% of respondents reported feeling confident that their health information was secure. ➤ There may be perceived pressure to accept the recommended referred services. Above 90% of client respondents who received health, legal, or social support felt that they had to agree to the recommended services. ➤ Sensitivity for the lived experience of the survivors seems suboptimal. Approximately half of the service providers (55%) felt that they should ask a survivor about what she did to cause the violence. ➤ 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. ➤ More than a third of GBV survivors reported feeling pressured during mediation. |

³ Most GBV survivor respondents felt that reaching services was easy, though this result may be skewed by the sample, which did not include GBV survivors who could not access the necessary facilities.



Recommendations

For MOWA and Policy Makers:

- Develop guidance and/or enforce adherence to existing guidelines on GBV case manager designations, including responsibilities and training expectations. Consider requiring GBV training for staff across all types of facilities who are expected to interact with GBV survivors in any capacity.
- The overall costs of accessing GBV services may be a barrier for some GBV survivors. Promote greater application of ID poor system as well as a post hoc poor household identification to help relieve GBV service costs for those who might otherwise not be able to afford them. In addition, ensure that the National Budget under the Cambodian National Council for Women budget allocation is available and accessible to provide financial support for transportation and other costs to GBV survivors.
- Develop protocols / procedures to assess and plan for immediate safety of GBV survivors and their children.

For GBV related service managers and providers:

- Increase accessibility to services by reducing various barriers including:
 - Improve physical access by assessing mobility barriers to persons with disabilities
 - Ensure that there are arrangements (e.g. translations through speaker phone consultations) to serve those who do not speak Khmer.
 - Strengthen linkage between GBV and disability services.
 - Promote wider use of simple language / graphic based information across all service providers.
 - Address perceived concerns related to quality and trust in the system through community-focused communications.
- Continue promoting resolution of gender related conflicts within the local authorities (e.g. mediation), if allowable by law and feasible; encourage “mobile” or other strategies to improve proximity of provincial and district level GBV services to communities.
- Enforce standards around availability, quality, and use of private / confidential spaces for GBV related cases.

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.

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