



Significance of the change

The reported change is considered to be **significant**, reflecting that the evidence suggests that the reported change may outlast ACCESS. Evidence for this is that the changes are routed systematically in the health care facilities with mutual understanding and collaboration with PHD in providing GBV services to the survivors in the communities.

Level of ACCESS contribution

The level of ACCESS contribution to the change is assessed as **significant** for both health staff's knowledge and skills and health facility arrangement to accommodate GBV cases. Those interviewed believe that without CARE's capacity development work under ACCESS's financial support, the reported changes may not have happened.

Story of Significant Change:

Improved Access to Health Services for Gender Based Violence Survivors in Ratanakiri Province

Limited offer of health services in Ratanakiri province

Health services are an integral part of comprehensive Gender-Based Violence (GBV) essential service package. GBV affects not only physical health, but also psychological and emotional health. Health providers are among the first to see GBV survivors considering their proximity to communities. However, due to the lack of support, and limited opportunity to receive training on GBV responses, most health providers have insufficient knowledge about GBV and its impact on physical and mental health. The lack of GBV related knowledge is also reflected in the arrangements of health facilities and service provision, i.e. lack of appropriate privacy, health providers unable to counsel and manage GBV survivors' emotional stress, etc. This story aims to demonstrate significant changes in GBV response from the health sector following ACCESS financed works in Banlung, Oyadav, and Andong Meas districts of Ratanakiri province implemented by CARE organization.

Ratanakiri is a north-eastern province of Cambodia populated predominantly by ethnic populations. In this region, according to CARE staff who have worked in the region for several years, GBV is rife and goes unreported. Reporting on GBV to authority is also not common, and the traditional practice of resolving GBV cases condone perpetrators and compromises women and girls of their rights and justice. In many cases of sexual abuse, for example, the family of a perpetrator through a Sharma¹ as a way of redemption would compensate the woman's or girl's family with cattle and/or money. In some cases, the girl gets into a marriage as an agreed mean between the boy's and the girl's families to address the case.

Prior to CARE's work starting in September 2019, few GBV cases were reported to authorities and GBV survivors accessed the target health centres (HCs) under the guise of needing general physical injury treatments. A staff member in Oyadav HC claimed *"In the past, we rarely saw any GBV cases come to us for GBV services. If they came, we did not know what to offer to them, either"*.

¹ A village elderly well respected by community people and believed to possess wisdom and foresee the future

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While HCs would provide treatment for physical injuries, facilities were not suitable to manage the heightened psychological and safety concerns of GBV victims. Treatment services would be provided in a space shared with general patients, which did not comply with the privacy standards included in the National Guideline on Managing Violence Against Women in the Health System. Health providers, moreover, held inadequate knowledge about providing counselling to GBV survivors, advising clients on possible solutions, assessing client safety, keeping secure records, reporting, and issuing referrals for other necessary services. In the words of an Oyadav HC staff, *“Before, we could only provide treatment for physical injuries to domestic violence survivors. After the treatment, we just let the survivors go home and deal with their issues themselves as we do not know what to do about it”*.

Improved health staff’s capacity and facility arrangements

With ACCESS’ financial support which enabled CARE to implement their work, many positive changes in health services of HCs and Referral Hospitals (RHs) in the target areas had occurred.



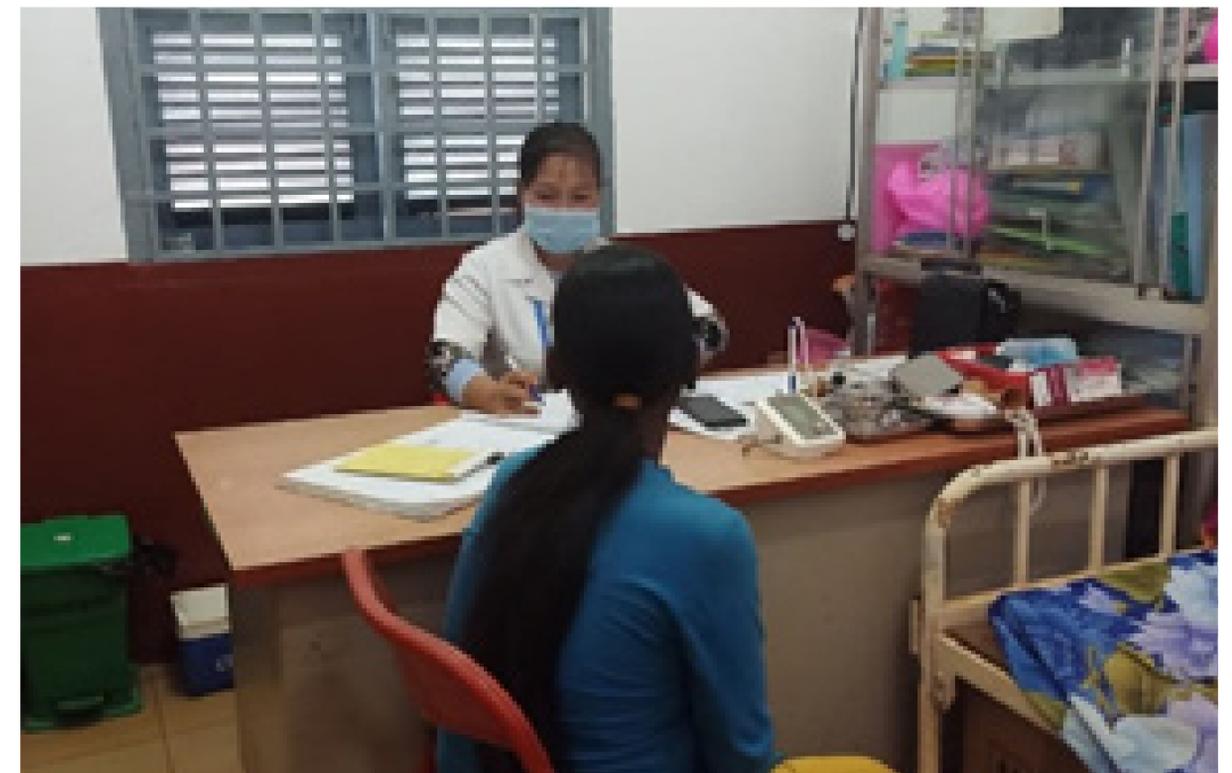
A training activity to health staff in Talav Health Center

The support enabled CARE to work in collaboration with Provincial Health Department (PHD) to improve the capacity of health staff in the target areas. Between October 2019 and December 2020, a total of 49 health staff from the target HC and RH received trainings on the “National Guideline on Managing Violence Against Women in the Health System”, Attitude Training, Sexual Harassment and Social Analysis and Action, Minimum Standard of Basic Counselling, and Referral Guidelines. On-going coaching and supervision support was also provided to the trained health staff by PHD focal staff.

These capacity development interventions improved the health staff’s knowledge and capacity to respond to GBV cases. This is reflected in the increased average pre- and post-test results across the five training topics. The percentage of health staff answering test questions correctly increased on average by 30% after completion of the training (from 50% to 80%). The coaching report from PHD in the last quarter of 2020, moreover, indicated good performance by trained health staff in providing

GBV services. The report cited that *“so far, approximately 73% of trained providers are able to provide GBV services that comply with GBV health service standards”*. A health staff from Oyadav HC concurred with the change and added that *“After receiving the training, I now can provide variety of support to GBV clients including mental health support, referral for safe shelter, coordination with commune and police to get additional support for the survivors and referring the survivors for forensic examination at the RH, etc”*.

A good collaboration between CARE and the PHD in building health staff capacity through a series of training also significantly impacted GBV sensitivity and inclusiveness in the operation of these target HCs and RHs. Each of these HCs and RHs had assigned at least one staff responsible for GBV clients. And they also assigned indigenous health staff as interpreters to assist indigenous GBV clients. Furthermore, these HCs and RHs also set aside a private room to exclusively accommodate GBV service provision and developed a form to record GBV cases. This changed arrangement is to ensure clients’ privacy and dignity while receiving services which is well compliant with the National Guideline. A health staff member said *“This private room is very useful because sometime GBV survivors had no intention to disclose their problems with us in the shared space, but when we take them to the private room that has just the two of us, they slowly start to open up their problems. And because of our counselling ability and skills, we can convince the survivors to feel comfortable in discussing their problems with us and to have trust in our capacity to support them addressing their own problems”*. Adding to this positive change, CARE project evaluation report also cited the satisfaction of GBV clients with the health services citing *“the health service providers were very respectful and friendly toward them – an GBV client assessed to one of the target HCs interviewed during CARE’s project evaluation”*.



Kanh Janh HC staff providing counselling service to a GBV survivor in a private room dedicated for accommodating GBV case