Ms. Srey Pich, an LSP from Chey You commune, Chomkar Leu district, Kampong Cham, shared a similar sentiment: “After the training with TPO, I gained greater understanding about providing mental support to women affected by GBV, I obtained techniques on how to make GBV survivors feel comfortable in sharing their stories. I know better about the different standards to address GBV cases and which standard to apply for what types of GBV case. With my improved knowledge and skills, I can now provide services to more GBV survivors than ever before whether it’s counselling, mental support, or legal support because I know clearly who to approach for what support”.

**Significance of the change**

The change is considered to be significant, with evidence from the pre- and post-training test results suggesting that LSPs had increased knowledge. The eloquent descriptions on improvement in their ability to provide counselling services and referring for relevant services that the interviewed LSPs narrated, demonstrates that they acquired fundamental knowledge and skills required to ensure quality GBV services for their community’s members.

**Level of ACCESS contribution**

The level of ACCESS contribution to the change is assessed as significant. The interviewed LSPs believed that if TPO’s trainings, coaching, and ongoing field supervision under ACCESS’ financial support were not made available to them, they would only be able to provide GBV services based on their old knowledge and that their practices would not comply with the minimum standard of GBV services requirements. In addition, community-wide awareness raising might not have been possible and number of GBV incidents might remain unchanged.
Addressing gaps in LSPs’ capacity to respond to GBV

Since September 2019, ACCESS has been providing financial support to TPO to strengthen capacity of LSPs in the three districts. The capacity building support was designed to improve LSPs’ knowledge and skills to provide psychological support and counselling services to GBV survivors. Various methods including training, coaching, supervision, and on the job practical exercises were applied to meet the capacity building plans and objectives while having to adjust to COVID-19 precaution requirements.

Between October 2019 and December 2020, TPO provided training to 178 LSPs across those three districts on the Minimum Standards of Basic Counselling, Referral, Psychological First Aid, and Psycho-education. Based on feedback gathered from interviews, several LSPs felt that the capacity building was effective and helpful to improve performance in their roles. Pre and post training survey results across fourteen sessions supported these claims. Approximately 75% evidenced increased knowledge in GBV service provision standards. The LSPs expressed increased confidence in their ability to provide counselling service to GBV survivors, know how to ask questions or collect information with empathy, assist the survivors to identify their own solutions, and refer to and coordinate for relevant support. The training has also provided some LSPs (who are also GBV survivors) with knowledge about counselling techniques to overcome their own traumatic experience, improve their mental wellbeing, stay motivated in their work, and become emotionally strong individuals.

Limited capacity to respond to gender-based violence

Managing gender-based violence (GBV) is a relatively new set of social services the government of Cambodia has been trying to make available in all local administrations. These include the offices of district administration and commune councils which are the convergent points where ordinary people go to with a variety of social issues, including GBV. These officials, along with other providers such as health centre staff, are the Local Service Providers (LSPs). The LSPs provide essential services to women and girls affected by GBV, such as immediate interventions to domestic violence, safe shelter for victims, counselling, and referrals to other essential services if needed.

The officials of these LSPs, however, had not been adequately trained to respond to the local service demands, let alone other challenges related to inadequacy of necessary resources to facilitate their services provision. Before ACCESS commenced in 2019, capacity development was predominantly focused on provincial administrations and very little on district and commune administrations. This story aims to highlight a significant change in the capacity of local administrations/authorities in three districts of two provinces to respond to the GBV service demands by local people, as a result of support from ACCESS program and its implementing partner - Transcultural Psycho-social Organisation (TPO).

Prior to 2019, the administrations of the three districts (Kralanh and Puok in Sier Reap province, and Kampong Leu in Kampong Cham province) had limited capacity and skills in providing support to women and girls who were affected by violence. They did not know how to counsel, assess problems and safety issues, or make appropriate referrals to other services.

Mrs. Saman, a focal point of the Commune Committee for Women and Children (CCWC) and a LSP described her challenging role: “As an elected commune council member in charge of commune women’s affairs and health for women and children, I found my role difficult since I had little training about working with women and GBV survivors. Walking into sessions with them [GBV survivors], I felt stressed, anxious and concerned about how to help them. Sometimes the survivor and her husband argued with each other in front of me and I couldn’t stop them”. Ms. Srey Pich, another CCWC, similarly put “In the past, I processed GBV cases based on knowledge I learned from my senior colleagues – nothing was guided by clear standards or procedures. And back then, I did not have deep interest on GBV since I did not have deep understanding about it”.

1 LSPs in this paper refer to members of commune committee for women and children, commune police, commune chiefs, commune councils, village chiefs, deputy village chiefs, and active village members.

2 Counseling is one of the five essential services, including referral, legal support, mediation and health services.