THE STORY OF ACCESS’ IMPACT

IMPROVING QUALITY AND ACCESS TO SERVICES FOR WOMEN AFFECTED BY VIOLENCE AND PERSONS WITH DISABILITIES

THE PROBLEM

- Cambodian women continue to experience high rates of Gender-Based Violence (GBV). However, they are often unable to easily access high-quality legal, social, and health services.
- Persons with disabilities, especially women, experience low levels of access to necessary physical rehabilitation services and suffer from a lack of economic opportunities.

<table>
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<tr>
<th>20%</th>
<th>Cambodian women (aged 15-64) reported physical and/or sexual violence by an intimate partner¹</th>
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<tr>
<td>90%</td>
<td>of these women were hurt badly enough to require healthcare, although only 53% accessed it</td>
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<td>40%</td>
<td>40% of these women sought legal recourse or other assistance to stop the violence they experienced</td>
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<th>9.5%</th>
<th>of the Cambodian population² (approximately 1.4 million) reported having a disability.³</th>
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<td>In 2019, only 28,606 clients (2% of all persons with disabilities) were registered at physical rehabilitation centres (PRCs) across Cambodia and 25% were female⁴</td>
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<td>52.9% of adult persons with disabilities are employed, with lower rates for women (45.9%) than men (62.7%)⁵</td>
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ACCESS’ SOLUTION

The DFAT funded initiative, Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS), commenced in 2018 to improve access to sustainable, quality, and inclusive services for persons with disabilities and women affected by GBV.⁶

The ACCESS design recognizes that the causes of inadequate coverage, quality, and inclusiveness of services for persons with disabilities and survivors of GBV are complex and inter-related and require whole-of-system responses.

ACCESS’ model to achieving improved GBV and disability related services

1. Enhanced policies and laws
2. Predictable and sufficient budget
3. Improved coordination
4. Improved standards, guidelines, and monitoring
5. Improved representation and empowerment

Improved coverage quality and inclusiveness of services

1. MoWA (2015) National survey on women’s health and life experiences in Cambodia
2. Over 5 years old
3. Cambodian Demographic and Health Survey – CDHS 2014
4. Source: PWDF database
5. 2019 General Population Census of Cambodia (GPCC)
6. GBV refers to any physical, emotional, and sexual violence, and includes both intimate partner violence (IPV) as well as non-partner violence
ACHIEVEMENTS (SEPTEMBER 2018 – JUNE 2021)

1. Enhanced evidence-based policies & laws
   - Finalisation of the second National Disability Strategic Plan (NDSP II) and the third National Action Plan to Prevent Violence Against Women (NAPVAW III) with stronger M&E frameworks.
   - Revision by the Ministry of Women’s Affairs (MoWA) of the Explanatory Note on the Law on Prevention of Domestic Violence and Protection of Victims with 114 MoWA officials trained.
   - Endorsement of an Inter-Ministerial Prakas enabling persons with disabilities to access a driver’s license.
   - Inclusion of critical protections for the rights of persons with disabilities within the draft of a new Disability law after inclusive consultations.

   “Thanks to ACCESS for organising consultation workshops on the law, persons with disabilities were able to join, and this is a great acknowledgement of the voices and concerns of persons with disabilities, resulting in improved contents of the law better aligned with the UN Convention on the Rights of Persons with Disabilities (CRPD).”

   Ms. Mak Monika, Executive Director of the Cambodian Disabled People’s Organisation (CDPO)

2. Predictable and sufficient budget
   - Enhanced understanding of resources required for disability-related services through improved budget submissions by Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and the Disability Action Council (DAC).
   - Improved evidence-based allocation of resources for GBV and disability-related services and uptake of gender-responsive budgeting.
   - Supported the design of provincial action plans for NDSP II to coincide with Ministry of Economy and Finance’s (MEF) budget cycle.

3. Improved coordination
   - Improved coordination of the disability sector by DAC at the national level and in five provinces.
   - Established coordination platform for consultations on inclusive employment and advanced revival of physical rehabilitation coordination mechanism.
   - Improved functioning of the Technical Working Group on Gender-Sub Committee on GBV and implementation of 15 Annual Operating Plans by Line Ministries and Civil Society Organisations.
   - Improved functioning of six formally established provincial and 21 district GBV response working groups (only three existed before ACCESS).

4. Improved standards, guidelines & monitoring
   - Finalisation and endorsement of five GBV essential service guidelines, which were rolled out via training to 5,132 GBV service providers.
   - Training received by 98 Persons with Disabilities Foundation (PWDF) and Physical Rehabilitation Centre (PRC) staff in diseases management, professional management and leadership.
   - Quality of PRC service delivery improved, demonstrated by an increase in quality standard scores which exceeded program expectations.
   - Training on physical accessibility standards delivered to 36 Master Trainers and 157 officials across eight provinces.
   - Training in disability inclusion delivered to 1,731 disability service providers.
   - Supporting the inclusion of GBV and disability modules in 2021 Cambodia Demographic and Health Survey (CDHS) and MoSVY’s disability Management Information System (MIS).

   “After attending training on basic counselling for GBV cases, I realised I better understood how to provide mental health support to survivors. I know how to use basic counselling skills like observing and coordinating with the local services.”

   Local service provider trained by ACCESS partner Transcultural Psychosocial Organisation (TPO)

5. Improved representation & empowerment
   - Development of an Employment App (AOKAS) to share information about potential opportunities suitable for persons with disabilities, cross-referenced with the National Employment Agency.
   - Meaningful engagement by 75 Organisations of Persons with Disabilities (OPDs) in policy dialogues to promote inclusiveness of social protection schemes.
   - Integration of disability inclusion and GBV activities within Commune Investment Programs across 20 communes, aligned with NAPVAW III and NDSP II.
   - Consultations with women with disabilities and GBV service providers, resulting in a policy brief endorsed by MoWA and DAC on integrating disability inclusion into GBV services.

   "After I have collaborated with disability stakeholders, it makes me always consider persons with disabilities. Before I did not pay attention to this, but now the work on disability is in my heart and where I go, I always pay attention to persons with disabilities”

   HE Pang Dany, Deputy Provincial Governor of Kampong Cham and Chair of GBV Response working group
WHO HAS BENEFITTED?

Disability-related services

A total of 10,282 clients (30% women) accessed services across the six ACCESS-supported PRCs between September 2019 and June 2021.

1,508 (54% women) persons with disabilities received ID-Poor cards.

2,582 (47% women) persons with disabilities accessed the national social protection cash transfer programme from local authorities.

4,170 persons (including women) with disabilities improved their access to economic opportunities.

Available data cannot be disaggregated by sex. Although, through observations & other assessments, ACCESS can confirm that a significant proportion are women.

GBV-related services

2,667 GBV-related services were provided to:

1,399 women

50 persons with disabilities

177 children

Apart from physical treatments and forensic exams, ACCESS implementing partners (IPs) provided a range of services (listed below) which saw a significant increase during the first half of 2020.
WHO HAS BENEFITTED?

COVID-19-related services

ACCESS delivered and distributed three batches of Personal Protective Equipment supplies to GBV service providers and Organisations of Persons with Disabilities, as shown in the box below.

<table>
<thead>
<tr>
<th>Personal Protective Equipment distributed</th>
<th>GBV</th>
<th>Disability</th>
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<tbody>
<tr>
<td>Disinfecting alcohol and hand sanitiser (bottle)</td>
<td>18,267</td>
<td>26,800</td>
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<tr>
<td>Fabric mask</td>
<td>29,456</td>
<td>7,400</td>
</tr>
<tr>
<td>Surgical mask</td>
<td>333,000</td>
<td>471,250</td>
</tr>
<tr>
<td>Soap bar</td>
<td>144,620</td>
<td>--</td>
</tr>
<tr>
<td>Hand fan</td>
<td>16,435</td>
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<tr>
<td>Thermometer</td>
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<td>30</td>
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“ACCESS has learnt a lot while working with its RGC partners and the quality of collaboration is very good. Partners are not working in isolation but through joint planning processes.”

HE Dr. Srey Vuth, ACCESS Steering Committee member

IMPLEMENTING PARTNERS