ACCESS 2
Sustainable quality services for all

Australian Aid

Assessment of the Functionality and Impact of GBV Counselling Rooms

Report Findings

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Australia-Cambodia Cooperation
for Equitable Sustainable Services – Phase 2 (ACCESS 2)

Disclaimer

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Abbreviations

ACCESS 2	Australia-Cambodia Cooperation for Equitable Sustainable Services Phase 2
CCWC	Commune Committee for Women and Children
CIP	Commune Investment Plan
CWCC	Cambodian Women's Crisis Center
FGD	Focus Group Discussion
GBV	Gender-Based Violence
LAC	Legal Aid of Cambodia
MEL	Monitoring, Evaluation and Learning
NAPVAW	National Action Plan to Prevent Violence Against Women
OWSO	One Window Service Office
PDoWA	Provincial Department of Women's Affairs
SIP	Strategic Implementing Partner
TPO Cambodia	Transcultural Psychosocial Organization Cambodia

Executive Summary

This assessment examined the functionality and contribution of 16 gender-based violence (GBV) counselling rooms across four provinces in Cambodia under the Australia-Cambodia Cooperation for Equitable Sustainable Services Phase 2 (ACCESS 2) program. Using facility observation checklists, review of case documentation systems, and focus group discussions (FGDs) with commune-level service providers and stakeholders, the assessment considered facility readiness, privacy and confidentiality, accessibility, service utilisation, referral and documentation practices, service-provider capacity, and sustainability.

Overall, the findings indicate that the counselling room model has filled an important gap in commune-level GBV service delivery by providing a dedicated space where women can seek information, counselling, and referral support in greater privacy. All 16 assessed communes had designated counselling spaces, and 14 reported that the rooms had been used to provide services, with 154 cases formally recorded. Service providers across several sites perceived that the availability of a private space made it easier for women to discuss sensitive issues and seek support than in open or shared commune settings.

The assessment also found a strong foundation for service delivery. Most counselling rooms had basic equipment, case registration tools, service maps, and relevant GBV guidance materials, and service providers reported receiving training and technical support on counselling, case management, confidentiality, minimum standards, and referral. FGD participants described applying elements of survivor-centred practice, including maintaining privacy, discussing available options, supporting informed decision-making, and facilitating referrals when needed. Commune leaders and CCWC focal points also demonstrated considerable commitment to maintaining the counselling rooms, including through the use of commune resources and, in some locations, incorporation of counselling room activities and maintenance into Commune Investment Plans and budgets.

At the same time, the assessment identified important gaps in service quality and consistency. Physical privacy is not yet fully assured in all locations, including because of the absence of curtains, sound leakage, incomplete ceilings, and limitations in room layout. Accessibility for persons with disabilities also varies across sites. Although case documentation systems are in place, informal consultations are not consistently recorded, and only nine of the 16 assessed rooms had secure lockable storage for case records. These gaps require attention because confidentiality and consistent documentation are fundamental to safe and accountable GBV service delivery.

Access and utilisation are also uneven. Service providers reported that counselling rooms are used primarily by married women experiencing family disputes or violence, while adolescents, unmarried women, persons with disabilities, and other groups facing barriers to accessing services rarely use them. Community awareness of the purpose of the counselling rooms and the services available also varies considerably. Participants identified stigma, concerns about confidentiality, social norms, limited awareness, and practical barriers as factors affecting service uptake.

Referral pathways, service maps, and referral tools are generally available, but their use remains limited. Only six of the 14 communes that had received clients reported referrals to other services. FGD participants described a strong reliance on counselling and other community-level responses and identified transport costs, distance, childcare responsibilities, and difficulties navigating formal services as barriers to referral. This highlights the importance of strengthening survivor-centred referral practices and ensuring that women can access specialised health, legal, protection, and psychosocial services when needed.

Sustainability is supported by strong local commitment but remains uneven. Counselling rooms are commonly dependent on a single trained CCWC focal point who carries multiple responsibilities, creating potential risks to continuity during staff absence or turnover. Operational gaps including limited equipment, secure storage, transport support, and maintenance funding also remain. Expanding training to additional staff and integrating recurrent counselling room costs into commune planning and budgeting would help reduce reliance on individual focal points and external support.

Overall, the assessment indicates that the counselling room model provides a valuable foundation for strengthening commune-level GBV response. The priority is now less about establishing the basic model and more about improving the consistency and quality of its implementation. Strengthening privacy and information security, documentation, referral practice, targeted outreach, staff coverage, and commune-level financing would help consolidate the gains already made and provide a stronger basis for sustaining and potentially expanding the model.

1. Background

The Australia-Cambodia Cooperation for Equitable Sustainable Services Phase 2 (ACCESS 2) supports Cambodia's efforts to improve access to quality essential services for survivors of gender-based violence (GBV) and persons with disabilities. As part of this commitment, ACCESS 2 supported the establishment of private counselling rooms in target communes and districts across four provinces - Kampong Speu, Kampong Cham, Siem Reap and Ratanakiri- to provide safe and confidential spaces where survivors can receive support and be referred to appropriate services.

By December 2025, 37 counselling rooms had been established with support from ACCESS 2 Strategic Implementing Partners (SIPs), including the Cambodian Women's Crisis Center (CWCC), Legal Aid of Cambodia (LAC), Transcultural Psychosocial Organization Cambodia (TPO Cambodia) and CARE Cambodia, in collaboration with the Provincial Department of Women's Affairs (PDoWA) each target province.

The counselling room model aims to provide safe and confidential spaces where GBV survivors can access quality support, referrals and other essential services. By strengthening the capacity of commune-level service providers and coordination among service actors, ACCESS 2 seeks to improve survivor-centred service delivery and strengthen the alignment of local responses with national frameworks, including the National Action Plan to Prevent Violence Against Women (NAPVAW).

This assessment was conducted to examine the functionality, effectiveness and sustainability of the counselling rooms and identify lessons and inform potential future scale-up.

2. Objectives and Methodology

2.1 Objectives

The assessment aimed to evaluate the extent to which counselling rooms are functioning effectively and contributing to improved GBV service delivery and outcomes for survivors. Specifically, the study sought to:

- Assess the functionality and readiness of counselling rooms against GBV quality standards
- Examine access, utilisation, and inclusivity of services, particularly for underserved groups
- Evaluate safety, privacy, confidentiality, and quality of care
- Assess the effectiveness of case documentation and referral systems
- Identify outcomes, challenges, and lessons to inform programme adaptation and scale-up

2.2 Methodology

The assessment was undertaken by the ACCESS 2 Monitoring, Evaluation and Learning (MEL) team, using a mixed-methods approach allowing findings to be triangulated across multiple data sources.

Facility Readiness Assessment: A structured checklist (Appendix A) was used to assess physical infrastructure, privacy, accessibility, availability of materials, and adherence to service standards across selected counselling rooms.

Case Record System Review: Existing case documentation and recordkeeping practices were examined, including the use of logbooks, referral forms, and storage systems for confidential information, to assess consistency and functionality of service delivery systems.

Focus Group Discussions (FGDs): FGDs were conducted with commune-level stakeholders, including commune council members, Commune Committees for Women and Children (CCWC), and counselling service providers. These discussions explored perceptions of service effectiveness, challenges, utilisation patterns, and outcomes.

2.3 Sampling

A total of 16 counselling rooms across four provinces were selected for assessment. The sample included sites supported by multiple SIPs, ensuring representation of different implementation contexts and approaches.

Province	# Counselling Rooms Assessed	ACCESS 2 Support through SIP	Data Collection Date
Kampong Speu	3 out of 7 communes	2 supported by CWCC, 1 by LAC	27-28 April 2026
Kampong Cham	3 out of 5 communes	2 supported by LAC, 1 by TPO	29-30 April 2026
Siem Reap	4 out of 9 communes	1 supported by CWCC, 1 by TPO, 2 by LAC	11-13 May 2026
Ratanakiri	6 out of 16 communes	3 supported by CARE, 3 by TPO	19-22 May 2026
Total	16 out of 37 communes	3 supported by CWCC, 5 by LAC, 5 by TPO, 3 by CARE	

2.4 Data Analysis

Quantitative data from the facility and case management checklists were analysed descriptively to assess the extent to which counselling rooms met key standards related to functionality, privacy, accessibility, availability of guidance and materials, case documentation, and information safeguarding. Findings were compared across the 16

assessed counselling rooms to identify common strengths, gaps, and variations in implementation.

Qualitative data from the FGDs were reviewed thematically against the assessment objectives, with attention to recurring patterns and differences across communes and provinces. The analysis examined service providers' and commune stakeholders' experiences and perceptions of service utilisation, confidentiality, referral practices, community awareness, inclusion, application of training, operational challenges, and sustainability.

Findings from the different data sources were then triangulated, where possible, by comparing what was observed through the checklists with the experiences and practices reported during FGDs. This helped identify areas where findings were consistent across sources, as well as areas where reported practice differed from observed conditions. As the FGDs were conducted with service providers and commune-level stakeholders rather than survivors, findings relating to survivors' experiences, preferences, or changes in behaviour reflect participants' observations and perceptions and should be interpreted accordingly.

3. Key Findings

3.1 Functionality, Privacy and Confidentiality

The counselling rooms are largely functional and are serving their intended purpose as safe, private spaces for GBV-related consultation, basic counselling and referral. Checklist data show that all 16 assessed sites had a designated counselling space and most had basic equipment such as seating, forms, service maps, brochures or guidance materials. Across FGDs, respondents from different provinces consistently reported that they perceived that survivors are more willing to speak when they can meet privately with a female focal point rather than in open commune spaces. These findings indicate that the counselling room model is addressing an important barrier to survivor-centred GBV response: lack of private space for survivors to disclose violence and discuss their needs.

Evidence from FGDs across the four provinces indicates that the counselling rooms have improved survivors' willingness to disclose sensitive issues. Respondents consistently reported that women speak more openly when they can meet privately with a female focal point. However, limitations in the physical conditions of some counselling rooms continue to affect full privacy and confidentiality.

However, checklist findings indicate that several counselling rooms do not yet fully meet the recommended standards for privacy and confidentiality. Common gaps included windows without curtains or other coverings, allowing people outside the building to see who is using the counselling room. Other gaps include sound leakage, limited space, damaged signage, poor room organisation, and inadequate lockable storage for confidential records.

3.2 Accessibility and Inclusion

Efforts to improve accessibility for persons with disabilities are evident across several sites, with many counselling rooms having ramps and relatively accessible, facilitating physical access to services. However, accessibility remains uneven. Some locations had steep ramps, non-standard designs, or no ramps at all; limiting access for persons with mobility impairments.

FGD participants also reported very limited utilisation of counselling services by women with disabilities, despite the presence of persons with disabilities in the target communes. More broadly, FGD findings indicate that utilisation of counselling services by persons with disabilities, adolescents, and other groups facing barriers to accessing services remains low.

For example, respondents from one commune reported that no persons with disabilities had accessed counselling services, despite the availability of accessible infrastructure and a sizeable population of persons with disabilities in the community. Participants attributed this low utilisation to a combination of limited awareness of available services, social stigma, and insufficient targeted outreach to persons with disabilities.

3.3 Service Utilisation and Behavioural Change

The introduction of counselling rooms has contributed to observable improvements in service utilisation and help-seeking behaviour, particularly among married women experiencing domestic violence. Fourteen of the 16 assessed communes reported that counselling room services had been utilised since establishment, with a total of 154 cases formally recorded.

Across several sites, FGD participants reported that the availability of a private and confidential space appears to support survivors' willingness to seek services. Service providers reported that while phone counselling still continues to be used, the counselling rooms have made it easier to provide in person support including case registration, private discussion and follow-up appointments. Participants also perceived that the privacy offered by the counselling rooms enables survivors to discuss sensitive information more openly than may be possible in shared or open commune spaces.

Similar patterns were reported in multiple communes. FGD participants perceived that women who may previously have been reluctant or uncomfortable to report violence are increasingly willing to seek support and discuss their experiences when a quiet and

confidential room is available. Participants also reported that more survivors are becoming more willing to seek help than before because of village dissemination and increased awareness of the counselling room.

FGD findings also suggest some positive changes in survivors' engagement with services as observed by service providers. Participants described survivors as appearing increasing comfortable discussing personal experiences and seeking support within the counselling room setting. Some respondents also observed that survivors appear more positive and less distressed after receiving counselling and support. Participants further perceived that women are more confident in seeking support for domestic violence and have improved understanding of equality and wellbeing.

3.4 Community Awareness and Barriers to Access

Despite positive changes in service utilisation, community awareness and understanding of counselling room services remain inconsistent across communes. FGD participants from several sites reported that many community members are still unaware of the purpose of the counselling room or the types of support available. In some communes, respondents noted that public awareness remains limited, with people learning about the counselling room after visiting the commune for other services. In other locations, participants reported that awareness of available services was still not widespread despite dissemination through commune meetings and women's groups. Respondents in several communes also indicated that community members knew the counselling room existed but had limited understanding of its role and potential benefits.

Most communes have undertaken awareness-raising activities to raise community awareness of the counselling rooms and the services available through them, including through village meetings, women's groups, youth groups, police outreach, Safe Village/Commune campaigns and community dissemination. However, the intensity and coverage of these efforts vary considerably across locations. In several communes, respondents highlighted the important role of village chiefs, women's groups and youth groups in informing communities about available services, although resource constraints and limited participation sometimes reduced the reach of these activities.

Social and cultural barriers also continue to affect service uptake. Across multiple FGDs, participants reported that adolescents, unmarried women and young people rarely access counselling services. Respondents attributed this limited utilisation to stigma, embarrassment, concerns about confidentiality, and social norms that discourage discussing family matters outside the household. Participants in several communes perceived that norms around tolerating violence within marriage continue to discourage some women from seeking support, while concerns about disclosing personal or family problems may be a particular barrier for younger women.

These findings suggest that while counselling rooms have increased opportunities for confidential support, awareness and uptake of services have not yet reached all groups equally. Strengthening targeted outreach, community awareness campaigns and behaviour

change communication, particularly for adolescents, unmarried women, persons with disabilities and other under-served groups, will be important to improve equitable access and utilisation of counselling services.

3.5 Referral Pathways and Coordination

Referral pathways and tools are generally available across the assessed sites, including service maps, referral forms and contact numbers for health, police, legal and women's affairs services. Service providers demonstrated a good understanding of referral procedures, and some communes reported successful referrals to health centres, courts and other specialised services, particularly for cases involving sexual violence or legal issues.

However, utilisation of referral services remains limited, with only six of the 14 communes that had received clients reporting referrals to other services. In several communes, most cases were addressed through counselling, mediation and community-level mechanisms rather than referral to other services. Participants reported that, even in locations with multiple recorded cases, referrals to specialised services were infrequent. FGD participants attributed low referral uptake to survivor reluctance to engage with external services, transport and financial constraints, distance to services, childcare responsibilities, and the complexity of navigating formal systems.

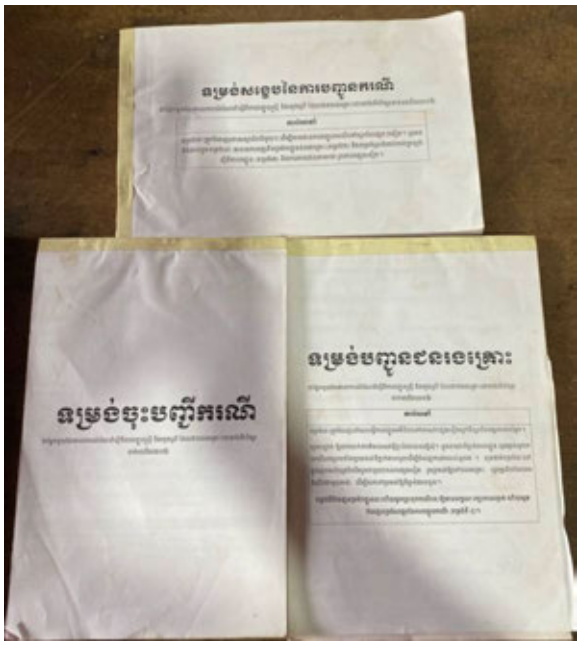
Across most communes, counselling, mediation and community-level mechanisms were the primary approaches used to address cases. Respondents perceived that survivors often preferred local solutions due to trust in local authorities, concerns about transportation costs and distance, childcare responsibilities, and a desire to maintain family relationships. Village chiefs also played an active role in responding to cases perceived as less severe at the village level, before cases progressed to commune-level services.

While these community-based approaches can provide accessible and timely support, reliance on local responses may also limit access to specialised legal, protection and psychosocial services for survivors. The findings suggest that referral systems are in place, but are not yet consistently used in practice. Strengthening referral follow-up, survivor-centred decision-making and coordination with external service providers will be important to ensure that survivors receive appropriate support based on their individual needs and circumstances.

3.6 Case Documentation Systems and Data Safeguarding

Across all assessed communes, case documentation systems, including logbooks and referral forms, are in place, indicating progress toward a structured service delivery process.

Twelve of the assessed communes reported formal case records, but several also reported informal consultations that were not entered into official case registration forms or logbooks. Service providers stated that cases handled outside the counselling room, via telephone, or involving less severe concerns were often regarded as informal consultations and therefore not recorded. The findings also suggest that the level of detail required in the case registration form may present a practical barrier to consistent documentation, contributing to gaps in record-keeping. These gaps reduce the completeness of service data and may make it more difficult to monitor service utilisation, referrals, and follow-up.



While most communes have established basic procedures to protect survivor information, data safeguarding practices remain inconsistent and are often dependent on individual service providers rather than standardised systems. FGD participants across multiple communes reported that case records are stored in locked drawers, cabinets or folders with access restricted to the CCWC focal point. This provides an important foundation for protecting confidentiality and survivor information. Service providers also frequently emphasised that information should not be shared with relatives, community members or other commune staff without the survivors consent, except where disclosure is required for survivor safety.

However, several communes lack secure storage infrastructure, creating potential risks to the confidentiality of survivor information. Checklist findings show that some counselling rooms either do not have lockable filing cabinets or rely on drawers with broken locks, unsecured cabinets, or storage outside the counselling room. In a few communes, service providers reported having to keep case records with them or store them in alternative locations due to the absence of secure storage facilities. Other sites reported storing records in desk drawers or cabinets that could not be securely locked.

Data confidentiality risks also arise from inconsistent access control arrangements. Although counselling rooms are generally locked when not in use, several communes reported that keys were shared among multiple staff members to ensure service continuity when focal points were absent. While practical for service

delivery, these arrangements increase the number of individuals with access to survivor records and highlight the need for clearer protocols on authorised access and document handling.

3.7 Child Friendly Approaches

The counselling room model includes consideration of the needs of women who attend services with young children. Checklist findings indicate that child-friendly materials were available across assessed counselling rooms, contributing to a more welcoming and supportive environment for women attending with children. FGDs further suggest that these materials can help keep children occupied during counselling sessions making it easier for service providers to conduct private discussions with survivors.

However, the assessment also identified practical challenges in how child-friendly resources are integrated into counselling environments. In several communes, children's play materials occupied substantial room space, creating challenges for room organisation and reducing space available for counselling and other daily activities.

FGD participants from several communes reported that child-friendly resources were available in counselling rooms. Respondents noted that toys and play materials helped keep young children occupied while mothers participated in counselling sessions, allowing service providers to engage more effectively with survivors and reducing distractions during consultations.

However, participants from some communes reported that, although child-friendly materials had been provided, service providers had received limited guidance on how to use these resources effectively as part of child-friendly and survivor-centred service delivery. As a result, the materials were sometimes viewed primarily as play items rather than tools that could create a child friendly environment and support women attending counselling with young children

Taken together, these findings suggest that the counselling rooms are generally child-friendly in design, but further attention is needed to optimise room layout, select age-

appropriate and space-efficient materials, and strengthen service providers' capacity to effectively support survivors who attend with children.

3.8 Access to GBV Guidance and Training

The assessment found that counselling room service providers generally have access to relevant GBV guidance materials and have received training and technical support provided by ACCESS 2 SIPs, PDoWA and other partners. Most counselling rooms contained key resources such as counselling guidelines, referral guidelines, case registration tools and service maps. Across the provinces accessed, FGD participants demonstrated familiarity with survivor-centred approaches, confidentiality principles, referral pathways and case documentation procedures, suggesting that training investments have strengthened local capacity to support survivors at commune level.

Service providers commonly reported receiving training on basic counselling, case management, referral systems, minimum standards, confidentiality and relevant laws. Similar training experiences were reported across the majority of assessed sites, with service providers demonstrating familiarity with key principles and tools introduced through capacity-building activities. FGD participants described how they applied key principles and tools in their work, including maintaining privacy and confidentiality during consultations, assessing survivors' needs, supporting informed decision-making, and facilitating referrals to other services when needed. These accounts suggest that service providers have incorporated elements of survivor-centred practice into the support they provide at commune level.

Evidence from both FGDs and observation checklists indicates that practices covered through training and technical support are being applied at the commune level. Service providers described maintaining confidentiality, using dedicated counselling spaces, explaining available options, conducting follow-up and coordinating referrals where needed. However, application of tools and procedures remain inconsistent. Several communes reported incomplete use of case registration forms, inconsistent referral documentation and informal record-keeping practices. Participants also identified a need for refresher training on legal procedures, advanced counselling skills, disability inclusion, child-friendly approaches and case management.

3.9 Staffing Arrangements, Commitment and Sustainability

Counselling rooms are typically managed by a single trained CCWC focal point, with support from commune chiefs, deputy chiefs or commune council members when required. In most communes, this focal person is responsible for counselling, case documentation, referral

coordination and follow-up in addition to a range of other responsibilities related to social services, disability inclusion, poverty programs and commune administration. While this arrangement has enabled counselling rooms to operate, it places considerable reliance on a small number of individuals and creates workload pressures that may affect service continuity. In some communes, continuity during staff absences depended on informal arrangements or support from colleagues who had not received the same level of GBV-specific training.

Strong personal commitment emerged as a key enabling factor across communes. Participants frequently described dedicating personal time, and in some cases using personal resources to assist survivors, support referrals and sustain counselling room activities. Commune leaders and CCWC focal points consistently expressed a strong sense of ownership of the counselling room model and recognised its value in providing confidential and survivor-centred services. Several communes have incorporated counselling room maintenance, accessibility improvements and related social services into Commune Investment Plans (CIPs) and commune budgets, demonstrating efforts to support longer-term sustainability.

Despite this commitment, sustainability challenges remain. Participants highlighted shortages of operational resources, including computers, printers, lockable storage, transport support for survivors and maintenance funding. Several communes also noted the absence of trained backup personnel and expressed concerns that knowledge and experience are often concentrated in a single focal person. Staff turnover, maternity leave and changes in commune leadership therefore present risks to service continuity. Strengthening succession planning, expanding training coverage to additional staff and ensuring more consistent resource allocation would help reduce dependence on individual champions and improve the long-term sustainability of counselling room services.

3.10 Sustainability and Local Ownership

The assessment found strong ownership and commitment from commune leaders, CCWC focal points and local service providers towards the counselling room model. Across all assessed communes, respondents consistently described the counselling rooms as an important mechanism for providing safe, confidential and survivor-centred support that was previously unavailable within commune structures. Commune authorities demonstrated commitment through allocating rooms, providing budget support, integrating activities into commune plans, supporting community awareness activities and maintaining counselling services despite competing responsibilities and limited resources.

Several FGD participants highlighted that counselling rooms help address a longstanding service gap by providing a dedicated space where women can discuss sensitive issues confidentially and receive support. Commune leaders frequently contrasted the counselling rooms with commune halls or public offices, noting that survivors are often reluctant to disclose violence in open or shared environments. Respondents emphasised that dedicated counselling spaces increase survivor confidence, improve service quality and strengthen local GBV response mechanisms.

The assessment also found widespread support for sustaining and expanding the model to other communes. Participants from across communes recommended that every commune should have a dedicated counselling room because of its practical value in protecting confidentiality, supporting survivors and strengthening local service delivery systems.

4. Conclusions

The assessment indicates that the counselling room model has established an important foundation for commune-level GBV service delivery. The most significant contribution of the model is the availability of a dedicated and more private space for women to seek support. Service providers consistently valued this feature and perceived that it made it easier for survivors to discuss sensitive concerns than in open or shared commune settings. The model has also strengthened the visibility of GBV services within commune structures and provided focal points with practical tools, guidance, and training to support their work.

At the same time, the assessment shows that establishing a counselling room alone is not sufficient to ensure consistent quality or equitable access. Differences in physical privacy, accessibility, secure record storage, documentation practices, referral use, community awareness, and staff capacity affect how the model operates across communes. Particularly important are the low reported utilisation of services by adolescents, unmarried women,

persons with disabilities, and other underserved groups, and the relatively limited use of referrals to specialised services.

The findings also highlight the importance of distinguishing between the availability of systems and their consistent application. Referral pathways, case registration tools, service maps, guidance materials, and trained focal points are generally in place, but they are not always used consistently. The next phase of strengthening should therefore focus on service quality and implementation: ensuring privacy and confidentiality, improving documentation and information security, strengthening survivor-centred referral practice, extending awareness and outreach, and providing ongoing technical support to service providers.

Finally, sustainability will depend on embedding the counselling rooms more firmly within commune systems. The commitment demonstrated by CCWC focal points and commune leaders provides a strong foundation, and some communes are already allocating local resources to support the rooms. However, reliance on individual focal points and continued dependence on external support for some operational needs remain important vulnerabilities. Expanding the number of trained personnel, strengthening commune planning and budgeting, and maintaining links with specialised service providers will be important for sustaining the model over time.

Overall, the findings support continued investment in the counselling room model, alongside targeted improvements to strengthen quality, inclusion, consistency, and sustainability. These improvements would also provide a stronger evidence base for decisions about any future expansion of the model to additional communes.

5. Recommendations

The assessment findings highlight the need for targeted actions to strengthen the quality, inclusivity, and sustainability of counselling room services, while preserving the strong gains already achieved.

5.1 Strengthen compliance with minimum counselling room quality standards

While counselling rooms are functioning, infrastructure quality remains inconsistent across sites. Common issues include the absence of curtains, lack of ceilings, cramped room layouts, broken labels and insufficient furnishings.

Recommended Actions
Continue enforcing compliance with the guidelines for the preparation and use of counselling rooms. Prioritise provision of lockable storage in existing counselling rooms, where gaps are identified. Conduct periodic quality assurance reviews to ensure standards are maintained. Advocate for including budget in Commune Investment Plans (CIPs) to address infrastructure gaps.

5.2 Strengthen case documentation, information security and data quality

Although most communes have case registration forms, referral forms and guidance materials, implementation remains inconsistent. Several communes reported informal consultations that were not entered into official records. Several sites also lacked secure systems for storing confidential survivor information.

Recommended Actions
Provide refresher training on case registration, documentation standards and confidentiality. Clarify which cases should be recorded, including consultations and referrals. Develop simple guidance for documenting informal consultations and follow-up support. Advocate for communes to equip lockable filing cabinets or lockable storage at counselling rooms.

5.3 Increase access and awareness among underserved groups

Across the FGDs, counselling services were primarily used by married women experiencing family disputes or violence. Very few adolescents, unmarried women or other underserved groups were reported as service users. Multiple communes noted that awareness of counselling room services remains limited and that many citizens only learn about the room after visiting the commune office.

Recommended Actions
Develop a commune-level awareness strategy using youth groups, women's groups, village chiefs and community networks. Strengthen outreach to adolescents, young women, persons with disabilities, and other underserved groups. Integrate counselling room promotion into existing village meetings, Safe Village/Commune campaigns and social service dissemination.

5.4 Strengthen referral systems and address barriers to service uptake

Most communes have referral forms, service maps and contact lists, but referral utilisation remains relatively limited. Several FGDs perceived that survivors often preferred to seek support locally and face financial, transport and caregiving barriers when referred to district or provincial services.

Recommended Actions
Continue promoting available services and strengthen survivor-centred decision-making during referral discussions. Establish referral tracking and feedback mechanisms between communes and specialised service providers.

Develop clear referral protocols for health, legal, psychosocial and protection services, including safety planning. Continue strengthening collaboration between counselling rooms, PDoWA, health services, police and legal providers through regular engagement in GBV Response Working Group quarterly meetings.

5.5 Strengthen child-friendly practice

The assessment found examples where toys and child-friendly materials improved counselling sessions, particularly when survivors attended with young children. However, resources and guidance are inconsistent across sites, and several communes either lacked materials or reported uncertainty about how to use them effectively.

Recommended Actions
Provide practical guidance on use and organisation of child friendly materials within counselling rooms. Incorporate child-friendly approaches into refresher training for service providers. Ensure room layouts support privacy and comfort for survivors attending with children, while not affecting their daily operation.

5.6 Build workforce resilience and reduce reliance on individual focal points

The assessment identified heavy reliance on a single commune focal point in many locations. Several respondents raised concerns about continuity when focal points are on leave, attending training or holding multiple responsibilities. They specifically suggested having additional trained personnel to provide backup support.

Recommended Actions
Train at least two counselling room service providers per commune. Create mentorship and peer-learning opportunities between communes. Develop simple orientation packages for newly appointed commune council members and focal points. Continue refresher training on counselling skills, legal processes, confidentiality and referral management.

5.7 Institutionalise sustainability through commune planning and budgeting

The assessment found growing local ownership, with several communes across provinces already allocating commune resources for counselling room maintenance, accessibility improvements and related social services. However, sustainability remains uneven, particularly where operational resources, equipment and technical support continue to depend on external partners.

Recommended Actions

Integrate counselling room operations and maintenance into CIPs.
Allocate recurring budgets for equipment, confidential record storage, repairs and essential materials.
Document and share good practices from communes demonstrating strong ownership and local investment.

6. Appendix A: Monitoring Checklist and Compliance Rating

This checklist was developed based on the Guidelines for the Preparation and Use of GBV Counselling Rooms.

Monitoring Checklist	Compliance	Remarks
Counselling Room Arrangement		
The room is separate and private, ensuring that people passing by cannot hear the conversation or see the survivor speaking with the counsellor.	100% (16/16) As the rooms were not equipped with soundproofing or complete ceiling structures, confidentiality cannot be fully guaranteed, as conversations may be overheard by people outside the room.	Of the 16 counselling rooms assessed, 11 were existing rooms within the main commune hall, including two commune chief offices and nine offices used by commune council members or deputy commune chiefs. The other five rooms were established outside the main hall, using former commune office buildings or shared One Window Service Office (OWSO) facilities.
The counselling room is in an accessible place, allowing persons with disabilities who are survivors of gender-based violence to easily access services.	88% (14/16)	Of the 16 counselling rooms assessed, 10 had ramps and four had accessible pathways. Two communes do not yet have ramps.
The room has adequate ventilation and lighting, and ensures confidentiality and safety for both service providers and survivors.	100% (16/16)	All rooms had windows; however, as they were not equipped with soundproofing or fully enclosed ceiling structures, conversations may be overheard by people outside the room.
Outside the counselling room, there is clear signage at the front of the room and beside the door stating “Counselling Room”, and a sign indicating “In Use” when counselling is ongoing, or “Available” when the room is not in use.	100% (16/16) A few “In use” or “Available” signages need fixing or replacement.	All rooms had clear signage and a sign indicating “In use” or “Available”. However, several “In Use” or “Available” signboards made of laminated cardboard, and a few had exposure to rain caused the text on both sides to fade and become unreadable.

Monitoring Checklist	Compliance	Remarks
The counselling room is kept clean, organised, and orderly at all times.	94% (15/16)	The room arrangement in one commune is not yet ideal, as it contains two desks as well as children's play materials that occupied significant amount of the available space. The room was also observed to be dusty, with dust visible on both the floor and walls.
The counselling room has comfortable chairs suitable for sitting and discussion.	94% (15/16)	One counselling room did not have a designated chair permanently available for clients. Instead, a chair was brought in from the outside hall whenever a client visited the room.
If there are windows, curtains are installed to ensure privacy for survivors.	0% (0/16)	All counselling rooms had windows; however, none were equipped with curtains.
The room displays photographs or artwork with positive messages that create a warm and welcoming atmosphere for clients.	56% (9/16)	9 of the 16 counselling rooms assessed displayed educational or motivational materials with positive messages. In addition to the service map, these included mental health awareness posters, disability rights and inclusion materials, stress management and nutrition information, GBV awareness messages, reproductive health education materials, and child-friendly learning resources such as alphabet, number, and multiplication charts.
Guidelines, Case Registration and Awareness Materials		
1) Minimum standards for basic counselling services for women and girls who are survivors of GBV	75% (12/16)	Four communes did not have a copy of this guideline at the time of the assessment.

Monitoring Checklist	Compliance	Remarks
2) Guidelines on referral of woman and girl survivors of GBV	75% (12/16)	Four communes did not have a copy of this guideline at the time of the assessment.
3) National health system guidelines on the management of violence against women and children	25% (3/12)	Only three communes in Ratanakiri had a copy of this guideline at the time of the assessment.
4) Guidelines on legal protection for women's and children's rights in Cambodia	75% (12/16)	Four communes did not have a copy of this guideline at the time of the assessment.
5) Guidelines on limiting the use of mediation in responses to violence against women[1]	0% (0/16)	
6) Case registration and record book	100% (16/16)	
7) Information leaflets on services and GBV awareness for display or distribution to survivors	**81% (13/16)**	Three communes did not have any GBV service leaflets available at the time of the assessment.
8) Service mapping book	**100% (16/16)**	
Child-playing Materials		
The counselling room is equipped with some materials for young children who accompany their mothers (survivors), or for child survivors brought by their mothers to access services.	**100% (16/16)**	The arrangement of these materials in some rooms took up a significant amount of available space.
Room Access and Safeguarding Measures		
The counselling room is used exclusively by service providers for daily work and for providing counselling	**100% (16/16)**	

[1] ACCESS 2 does not support mediation or reconciliation of any situation where any level of violence has occurred. Mediation must not be used for criminal offences, serious or repeated violence, sexual violence, violence against children, or any situation involving intimidation, unequal participation or risks to survivor safety. ACCESS 2 prioritises survivor-centred case management, safety planning, legal protection, specialist referral and accountability. Any limited mediation of legally permissible petty or civil matters must be survivor-initiated, voluntary, properly screened and conducted in strict accordance with Cambodian law and national guidance.

Monitoring Checklist	Compliance	Remarks
services to survivors only.		
The room is locked when not in use or when the responsible staff member is not present.	**100% (16/16)**	In some communes, access to the counselling room was not limited to the designated focal persons. Additional staff members, including the commune chief and commune assistants, were also able to access the room, with the key being shared when the responsible staff member was not present.
When survivors leave, service providers provide essential informational materials to support survivors in accessing services when needed.	**88% (14/16)**	
Case Management Checklist		
Does the counselling room have a case logbook? If yes, where is the logbook kept?	**100% (16/16)**	All counselling rooms maintained a case logbook. However, only nine of the 16 rooms stored case records securely in locked drawers, cabinets, or offices with restricted access.
Are cases formally logged at this site?	**100% (16/16)**	However, the assessment found inconsistencies in case documentation practices across communes. In some locations, not all cases were logged, as service providers classified certain interactions as informal consultations. Some service providers also perceived case documentation as optional rather than a standard requirement, resulting in incomplete records.
Does the counselling room have a lockable filing cabinet or lockable desk drawer for client information?	**56% (9/16)**	All counselling rooms maintained a case logbook. However, only nine of the 16 rooms stored case records securely in locked drawers,

Monitoring Checklist	Compliance	Remarks
		cabinets, or offices with restricted access. In the remaining communes, case logbooks were not consistently kept in lockable storage, which may increase the risk of unauthorised access to sensitive client information.

ACCESSS 2

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