



ACCESS 2 CASE STUDIES

Improving Access to Quality, Inclusive Services for
Persons with Disabilities and Survivors of
Gender-Based Violence in Cambodia

July 2024 – June 2026



Acknowledgement

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Disclaimer

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Table of Contents

Program Overview.....	05
Rehabilitation Workstream.....	06
Workstream Highlight: Building a Stronger Rehabilitation System in Cambodia.....	07
Strengthening Rehabilitation Services through the Physiotherapy Unit at Kampong Cham Provincial Referral Hospital.....	09
Empowering Mobility and Inclusion: The Journey of Mr Som Ka.....	12
Restoring Movement, Restoring Life: A Woman's Journey through Integrated Rehabilitation in Kampong Cham.....	14
Beyond Surgery: How Rehabilitation Restored Mobility and Hope.....	16
Starting Early: How Timely Orthotic Intervention Changed a Child's Path to Healthy Growth.....	18
Left Behind After Injury: How Prosthetic Services Reconnected a Rural Community Member to Life.....	20
Walking Again at 68: Mhor Eng's Journey to Mobility.....	22
Restoring Mobility for a Farmer in Kratie.....	24
Back on His Feet: The Story of Mr Ly Lim.....	26
Early Identification and Readiness for Speech Therapy Services.....	27
From Mine Injury to Livelihood Recovery: Mr Ham Lay's Path to Economic Stability.....	29
A New Beginning for Chim Vin — Walking toward His Future.....	31
Disability Inclusion Workstream.....	34
Workstream Highlight: Advancing Disability Inclusion in Cambodia.....	35
Kompheak's Advocacy for Accessibility.....	36
Breaking Barriers: Social Protection and Disability Inclusion for Ms Khim Eng's Family.....	38
Promoting Accessibility in Rolang Chork Commune.....	40
From Struggle to Support: The Story of Ms Bun Kimhuoy.....	42
Promoting Accessibility in Tumpaor Meas Commune	44

From Voice to Influence: Strengthening OPD-Kampong Speu to Advocate for the Rights of Persons with Disabilities	46
Gender-Based Violence Workstream	48
Workstream Highlight: Strengthening Cambodia's Response to Gender-Based Violence.....	49
Dedicated GBV-RWG Member as a Frontline Service Provider	50
Ensuring Justice and Protection for a Survivor with a Disability.....	52
Training and Sensitizing Interpreters to Support Survivors of GBV.....	54
Strengthening Psychosocial Support for GBV Survivors in Lum Path District.....	56
From Silent Bystander to Youth Leader: Kakada's Journey to Preventing GBV in Her Community.....	59
Women Support Group as Key Actors in Community Protection.....	62
A Dedicated Social Worker Strengthens GBV Services in Svay Leu District.....	64
Empowering Local Women to Lead Change in Svay Leu District.....	66
Empowering a Gender-Based Violence Survivor through Legal Support.....	68
A Young Girl's Journey toward Healing and Hope.....	70
A Young Girl's Path from Violence to Safety and Education.....	72
Ending a Life of Violence and Starting a Peaceful Life.....	74
Leadership in Action – Ms Kham Nav Strengthens GBV Response Systems in O'Chum District.....	76
Strengthening Gender-Based Violence (GBV) Response through Dedicated Counselling Rooms.....	78
Establishment of a Commune-Level Counselling Room in Khnat Commune, Puok District, Siem Reap Province.....	80
Enhancing Frontline Capacity to Support GBV Survivors	82
Changing Attitudes and Strengthening Skills of a Commune Official in Supporting Women Survivors of Violence.....	84
Assisting a Survivor with Divorce to Escape Economic and Physical Violence.....	86
Multi-Sector Coordination to Protect a Child Survivor and Achieve Justice.....	89
Shifting Attitudes and Supporting Survivor Agency to Leave an Abusive Marriage.....	92

Program Overview

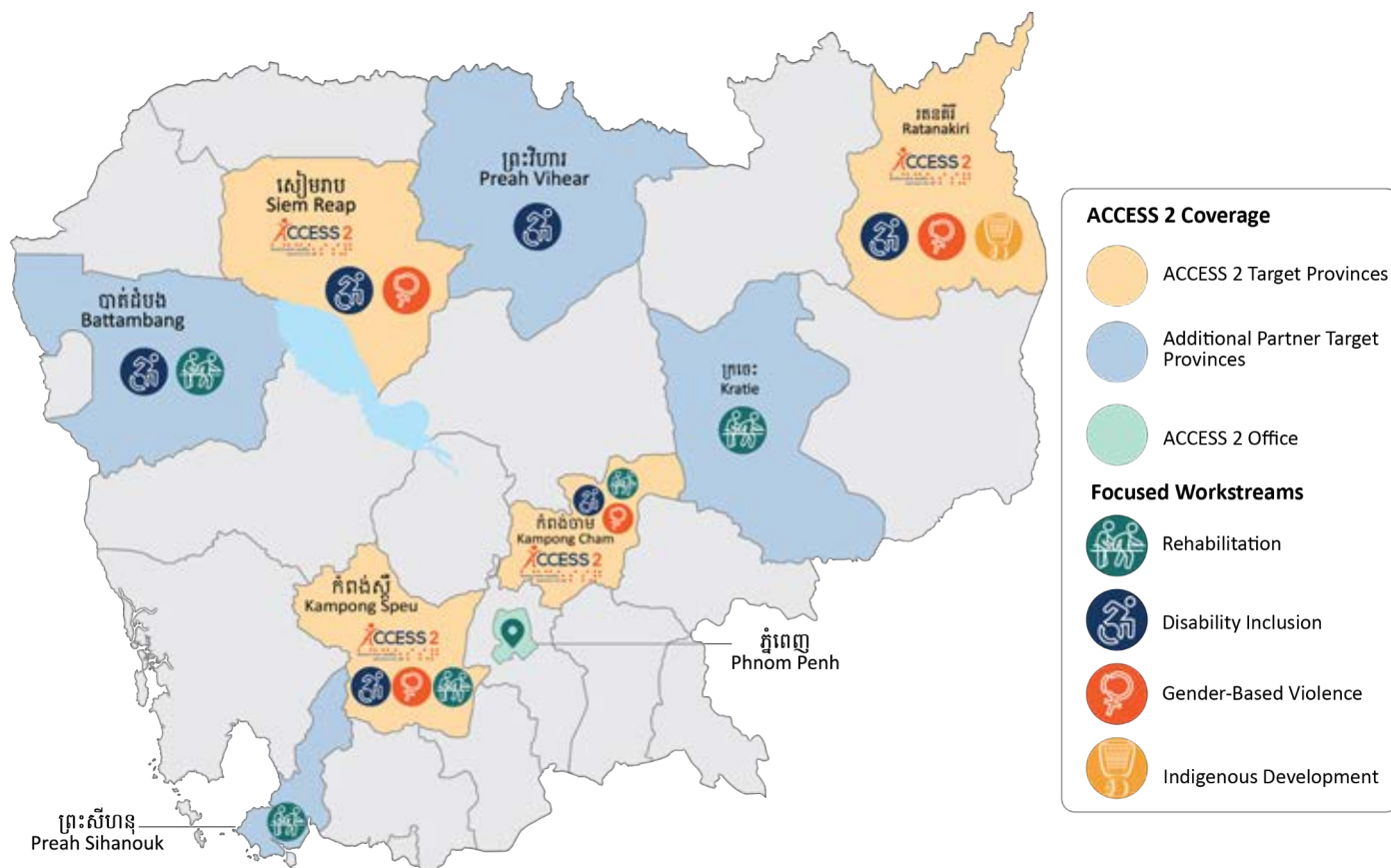
Australia-Cambodia Cooperation for Equitable Sustainable Services - Phase 2 (ACCESS 2)

ACCESS 2 is an Australian Government–funded program supporting the Royal Government of Cambodia to strengthen inclusive, survivor-centred and sustainable services for people experiencing gender-based violence, persons with disabilities, and those in need of rehabilitation services. Starting from 2023 through 2028, the program works at both across national and provincial levels to improve coordination, service quality, and systems responsiveness.

ACCESS 2 focuses on two key, long-term outcomes:

- **Better services on the ground:** GBV, disability, and rehabilitation service providers are delivering higher-quality services to more people, particularly in target provinces.
- **Stronger systems and policies:** National and sub-national planning and decision-making processes increasingly reflect the voices, priorities, and lived experiences of survivors of GBV and persons with disabilities.

ACCESS 2 operates nationally and in selected provinces, working through government systems and with strategic implementing partners to address diverse provincial needs and contexts.





REHABILITATION

ACCESS 2 is strengthening Cambodia's rehabilitation system so more people can access quality rehabilitation and assistive technology services closer to home. Working with the Ministry of Health (MoH) and partners including World Health Organization (WHO), Exceed Worldwide, Handicap International (Humanity & Inclusion) (HI) and Organization to Improve Communication and Swallowing Therapy Services in Cambodia (OIC Cambodia), ACCESS 2 supports rehabilitation services across national and provincial hospitals, helping integrate rehabilitation into the broader health system while strengthening referral pathways and workforce capacity.

ACCESS 2 has also supported three Physical Rehabilitation Centres (PRCs) in Kampong Speu, Battambang and Preah Sihanouk provinces through partnerships with the International Committee of the Red Cross (ICRC), Exceed Worldwide and the Persons with Disabilities Foundation (PWDF) under the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). Together, these investments are contributing to a more coordinated, accessible and sustainable rehabilitation system for people with disabilities and rehabilitation needs.

ACCESS 2 Partners



BUILDING A STRONGER REHABILITATION SYSTEM IN CAMBODIA

Advancing policy integration, coordinated referral systems and workforce development to strengthen rehabilitation services nationwide.



STRONGER SYSTEMS & POLICIES

Rehabilitation is increasingly recognised as an essential component of Cambodia's health system and health workforce planning.

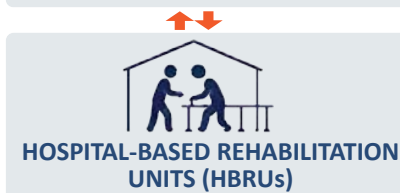
7 NATIONAL POLICIES, GUIDELINES AND STRATEGIES INTEGRATE REHABILITATION

-  Universal Health Coverage Roadmap 2024-2035
-  Health Strategic Plan 2025-2034
-  Health Workforce Development Plan 2025 - 2034
-  National Surgical, Obstetric and Anaesthesia Plan (NSOAP)
-  Complementary Package of Activities (CPA) Guidelines
-  Clinical Practice Guidelines for Hospitals
-  Policy and Strategic Plan on Rehabilitation in the Health Sector



STRONGER REFERRAL & SERVICE COORDINATION

People are more likely to receive timely and appropriate rehabilitation services through a coordinated care pathway.



- ✓ From health centres to referral hospitals
- ✓ From hospital wards to rehabilitation services within hospitals
- ✓ Through specialised outreach and visiting services
- ✓ Through joint screening and referral mechanisms between rehabilitation and medical teams



BUILDING CAMBODIA'S REHABILITATION WORKFORCE

Cambodia is building the next generation of rehabilitation professionals to meet growing demand for services.



140

HEALTHCARE PROVIDERS TRAINED



21

SCHOLARSHIPS AWARDED for Prosthetics & Orthotics and Physical Therapy training



1,125

HIGH SCHOOL STUDENTS REACHED

through Physical Therapy awareness sessions



STRONGER POLICIES



COORDINATED SERVICES



SKILLED WORKFORCE

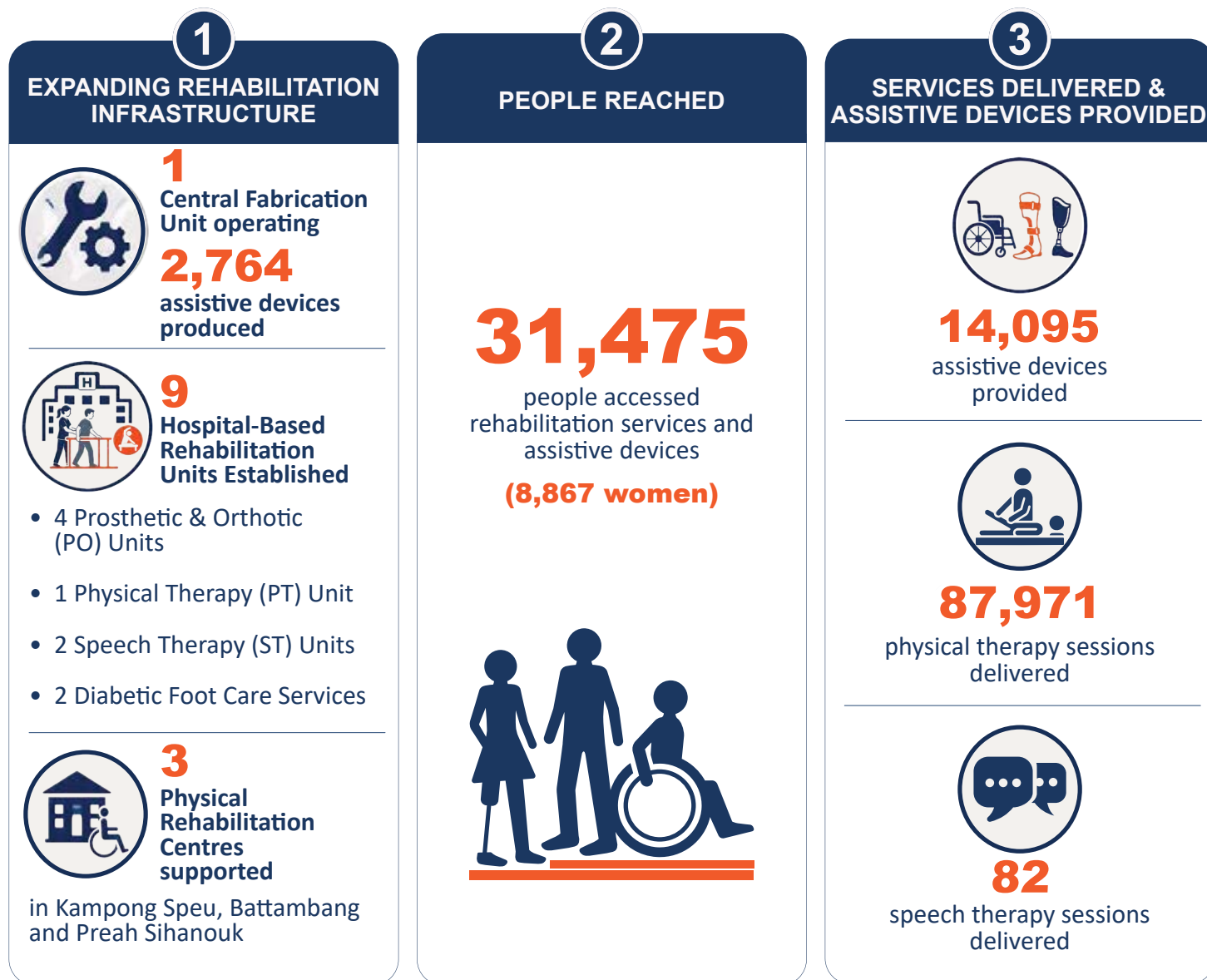


BUILDING A SUSTAINABLE REHABILITATION SYSTEM FOR CAMBODIA

Restoring function. Improving lives.

STRENGTHENING REHABILITATION SERVICES IN CAMBODIA

Expanding services, reaching more people, and improving access to quality rehabilitation services and assistive devices.




EXPANDING INFRASTRUCTURE




INCREASING ACCESS




IMPROVING LIVES AND INCLUSION

Strengthening rehabilitation systems today for a more inclusive and healthier Cambodia tomorrow.

Strengthening Rehabilitation Services through the Physiotherapy Unit at Kampong Cham Provincial Referral Hospital

Case Study from HI



Summary

Thoughtful partnership and local leadership can turn a modest investment into lasting, system-level change for people who are often left behind by healthcare systems. The establishment of the new Physiotherapy Unit at Kampong Cham Provincial Referral Hospital is not just about a building or equipment—it is about restoring mobility, dignity, and independence for stroke survivors, people living with non-communicable diseases, children born with club foot, and persons with disabilities across an entire province. By aligning with national health priorities, embedding sustainability from the outset, and strengthening referral pathways between hospital and rehabilitation services, this initiative demonstrates how rehabilitation can be fully integrated into mainstream healthcare. It offers a powerful example of how inclusive, accessible physiotherapy can improve health outcomes, reduce long-term disability, and move Cambodia closer to universal health coverage, and ensure that recovery and quality of life are within reach for those who need it most.

Background

Kampong Cham Provincial Referral Hospital (KC-PRH) is a CPA 3 level hospital. It provides both general and specialised healthcare services to the residents of Kampong Cham town and surrounding provinces. The hospital has 26 departments and units, ensuring comprehensive care for patients. The Physiotherapy Unit (PT) plays a crucial role in delivering physical treatment and rehabilitation services to both outpatients and inpatients. Recognising the growing need for accessible PT services, especially among stroke survivors, individuals with non-communicable diseases, and persons with disabilities, Humanity & Inclusion (HI) and KC-PRH jointly undertook the development of a new PT Unit. The PT unit plays a crucial role in delivering physical treatment and rehabilitation services to both outpatients and inpatients.

Initiative Overview

The planning phase required extensive negotiation with partners to secure sufficient funding and align design expectations. Despite initial challenges, a co-design approach allowed HI, KC-PRH, and ACCESS 2 to collectively ensure the PT Unit met quality, functionality, and accessibility standards. With a total budget slightly over USD 15,000, construction and preparation of the unit took approximately six months, culminating in an official opening on 17 June 2025.

KC-PRH played a central and leading role in the establishment of the PT Unit, demonstrating strong ownership and a long-term commitment to strengthening rehabilitation services. The hospital contributed essential resources by providing the land and constructing the building that now houses the PT Unit, an investment that reflects its dedication to integrating rehabilitation into its core healthcare operations.

Beyond infrastructure, KC-PRH ensured the unit's functionality by allocating professional physiotherapists and support staff to manage and deliver services. Staff deployment and management are overseen internally, with dedicated personnel assigned to ensure consistent, high-quality care for patients. This proactive engagement positions the PT Unit not as a temporary project, but as a permanent and sustainable component of the hospital's service delivery framework.

The establishment of the PT Unit marks a significant milestone in Cambodia's continued efforts to improve access to quality rehabilitation. The unit was created in alignment with key national strategies, including the Roadmap to Universal Health Coverage 2024–2035 and the Royal Government of Cambodia's Pentagonal Strategy.

Achievements

A significant outcome of the initiative has been the strengthening of a two-way referral system between KC-PRH and the Physical Rehabilitation Centre (PRC), ensuring patients are directed to the most appropriate services across physiotherapy, prosthetics, orthotics and follow-up rehabilitation. Conducting on-site assessments and casting at the hospital, with device production completed at the PRC, streamlined service delivery across facilities. Together, these coordinated actions have improved continuity of care, reduced delays, and enhanced efficiency between hospital and PRC services, contributing to more effective and patient-centred rehabilitation outcomes.

The sustainability of the PT Unit is reinforced through its integration within the hospital's existing operational systems. Patients access physiotherapy services through the hospital's standard registration and client flow processes, ensuring alignment with other medical departments and continuity of care.



Financial sustainability and equitable access are supported through national health financing mechanisms, including the National Social Security Fund and the Health Equity Fund, which provide coverage for eligible patients, while government support enables free access for vulnerable populations. In addition, the hospital's robust data management system enables routine monitoring of patient flow, service utilisation and treatment outcomes, supporting evidence-based planning and continuous improvement of rehabilitation services. Collectively, these mechanisms strengthen institutional ownership and contribute to the long-term viability of the PT Unit.

Conclusion

Through collaborative planning, resource sharing, and strong institutional leadership, HI, ACCESS 2, and KC-PRH have successfully established a high-quality PT that is integrated, sustainable, and responsive to community needs. The strengthened referral system and operational mechanisms ensure that the PT Unit will continue to enhance rehabilitation outcomes for the people of Kampong Cham province for years to come.



Empowering Mobility and Inclusion: The Journey of Mr Som Ka

Case Study from Exceed



Summary

Access to the right information and services can transform a life that has been constrained for years. For a decade, Mr Som Ka relied on a self-made crutch and sheer determination to continue working and supporting his family, unaware that prosthetic and rehabilitation services were within reach. A single outreach event opened the door to assessment, treatment, and rapid recovery, turning long term disability into renewed independence in just days. His journey highlights the power of inclusive outreach, skilled clinical support, and coordinated partnerships to reach people in remote and ethnic minority communities who are often overlooked. Beyond restoring mobility, this intervention enabled Mr Som Ka to return to farming, regain confidence, and become a source of knowledge for others in his community. It demonstrates how targeted rehabilitation services can restore dignity, livelihoods, and hope, one person at a time.

Background

Mr Som Ka, a 41-year-old farmer from the Tumpoun ethnic minority, resides in Banlung District, Ratanakiri Province. Ten years ago, he underwent a left transfemoral amputation (above-knee amputation) following a road traffic accident. With limited knowledge of prosthetic limbs or rehabilitation services, Mr Som Ka relied on a self-made elbow crutch constructed from wood and steel for mobility over the past decade.

Initiative Overview

During an Open Day event at Ratanakiri Provincial Hospital, organised by Exceed's Kratie PO Unit in collaboration with CARE (supported by ACCESS 2), Mr Som Ka expressed his desire for a prosthetic leg to improve his mobility. Exceed's PO team conducted a brief assessment of his overall health,

stump condition, joint mobility, and muscle strength. Despite years of crutch use, his physical condition was found suitable for prosthetic fitting.

A cast of Mr Som Ka's residual limb was taken on-site and sent to Kratie PO Unit for modification. On August 11, 2025, his custom prosthesis was ready. He travelled from Ratanakiri to Kratie for fitting and gait training. From the first day, Mr Som Ka demonstrated remarkable enthusiasm and progress. Within six days, he was able to walk independently without assistive devices, confidently navigating stairs and slopes.

Achievements

Upon completion of training, the cosmetic finishing of the prosthesis was finalised and handed over to Mr Som Ka. He was extremely pleased with the outcome, as he could now walk freely, perform daily tasks, and work on his farm with greater ease and comfort.

Mr Som Ka expressed heartfelt gratitude to all NGOs involved in supporting him. He committed to sharing information about the prosthetic and orthotic services available at Kratie Provincial Referral Hospital with others in his community who may benefit from similar support.

Conclusion

Mr Som Ka's case demonstrates the importance of inclusive outreach in identifying and engaging people with disabilities who may be unaware of available services, particularly in remote and ethnic minority communities. The Open Day event created a critical entry point, enabling early identification and referral of individuals who had previously remained unreachable. Conducting comprehensive on-site assessments ensured that prosthetic intervention was appropriate and safe, allowing services to be delivered efficiently and effectively. The case also highlights the impact of timely and intensive rehabilitation, with focused gait training enabling rapid progress to independent mobility within a short period. Finally, the intervention contributed to broader community empowerment, as the beneficiary became an advocate for rehabilitation services, sharing information and encouraging others to seek support, thereby extending the impact beyond the individual level.



Restoring Movement, Restoring Life: A Woman's Journey through Integrated Rehabilitation in Kampong Cham

Case Study from HI



Summary

For three years, daily life for Mrs Yorn Sothary was defined by pain, distance, and uncertainty, gradually shrinking her world from paid work to simply enduring each day at home. Her journey reflects the quiet struggles of many women who carry family responsibilities while living with untreated or poorly managed chronic conditions. Access to coordinated, local rehabilitation services at Kampong Cham transformed that reality. A simple but well assessed intervention, supported by effective referral between hospital and rehabilitation centre, reduced her pain dramatically and restored her ability to move, work, and participate in community life. Mrs Sothary's experience shows how proximity, continuity of care, and appropriate assistive devices can make the difference between prolonged suffering and recovery. It highlights the profound impact that integrated rehabilitation services can have, not only on physical health, but on dignity, independence, and a person's overall quality of life.

Background

Mrs Yorn Sothary, a 49-year-old widow, resides in Kampong Cham town, Kampong Cham province, with her mother, daughter, son-in-law, and grandson. Previously employed as a cleaner at a local hotel, Mrs Sothary's health deteriorated to the point where she could no longer work, relying instead on her daughter's support. She stayed home, managing household chores and caring for her grandson.

Initiative Overview

In 2022, Mrs Sothary travelled several hours to Phnom Penh to seek treatment for severe back and foot pain. Diagnosed with bone inflammation, she found that the treatment provided did not

alleviate her pain. The distance and cost of travel made it difficult for her to continue seeking treatment in Phnom Penh.

Despite her pain, Mrs Sothary continued to manage household chores until she was referred to the Kampong Cham Physical Rehabilitation Centre (KC-PRC) by the Kampong Cham Provincial Referral Hospital (KC-PRH) in 2025. This referral marked a turning point in her journey.

Mrs Sothary sought treatment at KC-PRH, which was closer to her home. There, she was diagnosed with arthritis in her feet. The physiotherapists provided exercises to ease her pain, but the relief was temporary. In January 2025, she was referred to the PRC next door to get orthoses (insoles), which were deemed the best solution for her condition.

Initially sceptical, Mrs Sothary felt hopeless due to her previous unsuccessful treatments. However, she cooperated with the PRC staff, who conducted a comprehensive assessment and recommended insoles to support her feet and alleviate her pain. Despite her doubts about the small size of the insoles, she was amazed by the immediate relief they provided. Her pain reduced by about 80%, and she expressed her gratitude to the team.



Achievements

In May 2025, Mrs Sothary returned to the PRC for a new pair of insoles, one for indoor use and another for outdoor use. She shared how the insoles had significantly improved her mobility, allowing her to walk further and faster. This newfound mobility enabled her to manage household chores and participate in society once again. Mrs Sothary expressed her heartfelt thanks to KC-PRH for the referral and felt reborn after three years of living in pain. In January 2026, she attended follow-up physiotherapy at the PT Unit of KC-PRH and received additional exercises. With continued use of the insoles and exercises, her pain has almost completely subsided.

Conclusion

Mrs Yorn Sothary's experience illustrates the tangible impact of accessible, well-coordinated rehabilitation services delivered close to home. The effective referral between Kampong Cham PRH and the adjacent PRC ensured continuity of care, timely assessment, and an appropriate, low-cost solution to a long-standing condition. By reducing pain and restoring mobility, the intervention enabled Mrs Sothary to resume daily activities, regain independence, and re-engage in family and community life. This case demonstrates how integrated rehabilitation services, grounded in strong referral systems and person-centred care, can prevent prolonged suffering, reduce the burden on families, and restore dignity and participation for individuals living with chronic conditions. It highlights the value of strengthening local health systems to deliver sustainable, inclusive outcomes for women and vulnerable populations.

Beyond Surgery: How Rehabilitation Restored Mobility and Hope

Case Study from Exceed

Summary

A single medical crisis can change the course of a life in an instant, and for Mr Chak Chan Udam, recovery did not end when surgery was over. Once a teacher, he survived complex heart surgery and emergency brain surgery, only to return home with significant physical impairments and no access to formal rehabilitation. His experience reflects a critical gap faced by many stroke survivors, where survival is followed by long periods of dependence and uncertainty. Referral to rehabilitation and orthotic services marked a crucial turning point, providing him with the support needed to begin regaining balance, mobility, and function. With carefully prescribed assistive devices, Mr Udam was able to stand and take steps again, laying the foundation for greater independence. His journey highlights the essential role of post acute rehabilitation in restoring dignity and quality of life, and underscores that recovery is not only about saving lives, but about enabling people to live them again.



Background

Mr Chak Chan Udam, a 41-year-old former teacher, resides in Prek Prosob District, Kratie Province. He is married and lives with his family in a rural area where access to specialised health and rehabilitation services is limited. Prior to his illness, Mr Udam was physically active and professionally engaged, working as a teacher and contributing to his household and community.

Initiative Overview

In July 2024, Mr Udam was diagnosed with a serious heart condition requiring urgent medical intervention. His parents took him to Thailand for treatment, where he underwent successful heart surgery to stabilise his condition. However, shortly after the cardiac procedure, Mr Udam suffered a sudden rupture of blood vessels in his brain, necessitating emergency neurosurgery to remove a blood clot. The operation was performed immediately following the heart surgery. One week after the neurosurgical procedure, Mr Udam regained consciousness and began his recovery.

To support proper healing and monitor his progress, doctors recommended that he remain hospitalised for an additional two weeks. During this time, his medical team focused on monitoring his neurological function, cardiovascular stability, and overall physical recovery, while also working to prevent infection. Following the surgeries, Mr Udam has shown gradual improvement. However, he developed hemiplegia on the right side, with weakness in both the upper and lower limbs. After being discharged from the hospital, his parents continued to care for him, including regular monitoring of his blood pressure. Unfortunately, he did not receive any formal rehabilitation. His mother and brother provide daily care, but he remains unable to walk or stand for extended periods.

On 28 July 2025, his family brought him to the Kratie Provincial Referral Hospital (PRH) for a check-up. Following consultation with the medical team, he was referred for rehabilitation services at the Exceed PO Unit. During the assessment, it was found that Mr Udam had poor balance while standing and was unable to walk, relying primarily on a wheelchair. He exhibited spasticity around the right ankle and clawing of the fingers on his right hand. After discussion with his parents, a rehabilitation plan was proposed.

The rehabilitation prescription included a combination of assistive devices to address Mr Udam's mobility, balance and upper-limb impairments. An ankle-foot orthosis (AFO), fabricated from rigid polypropylene, was prescribed to prevent foot drop, manage spasticity, and correct existing foot deformities, including subtalar varus, plantarflexion and forefoot adduction. To support the right upper limb, a wrist-hand orthosis (WHO), also made from polypropylene, was provided to prevent contractures and further deformities of the wrist and fingers. In addition, a cane was prescribed to improve balance and stability during standing and walking, supporting safer mobility as part of his rehabilitation plan.

Achievements

On 18 August 2025, Mr Udam attended an appointment at Kratie PRH for fitting of the orthotic devices. The devices fit well, though minor adjustments were needed to the trimline of the right AFO. With the AFO, WHO, and cane, Mr Udam was able to stand with improved balance and walk short distances. However, he requires ongoing physiotherapy to improve his gait and balance, and speech therapy as he is currently unable to communicate.

"From our professional perspective, Mr Udam requires extensive rehabilitation following his stroke to enhance his ability to manage daily life and improve his overall quality of living," said a medical doctor.

Conclusion

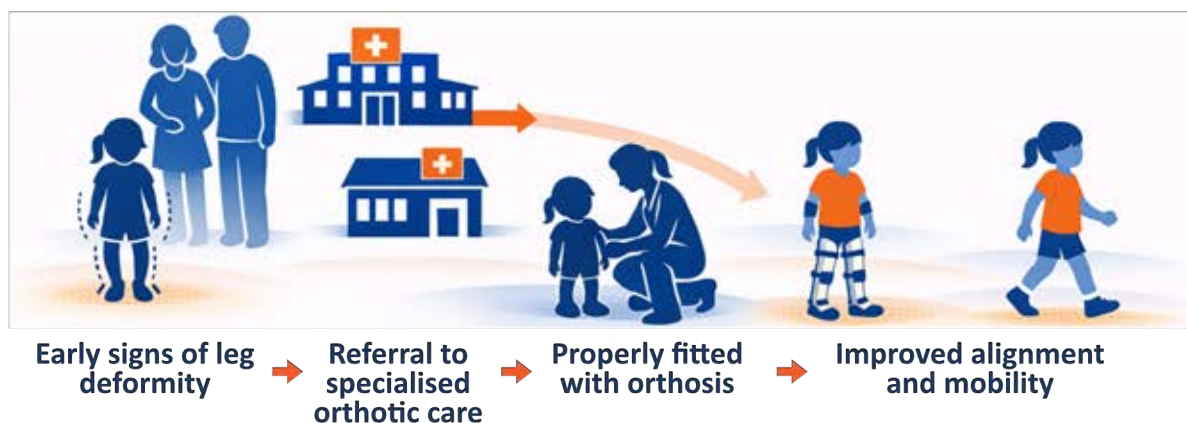
Mr Chak Chan Udam's case underscores the importance of integrating rehabilitation into post-acute care for individuals recovering from complex cardiac and neurological events. While life-saving surgical interventions stabilised his condition, the absence of early rehabilitation contributed to prolonged functional impairment and dependence on family care. Referral to the PO Unit enabled a structured assessment and the provision of appropriate assistive devices, resulting in improved balance, standing tolerance and the ability to walk short distances. Although Mr Udam requires ongoing physiotherapy and speech therapy to further improve his mobility, communication and independence, this intervention represents a critical first step in his rehabilitation journey. The case highlights the role of coordinated referral pathways and accessible rehabilitation services in supporting recovery, reducing long-term disability, and improving quality of life for adults living with acquired impairments.

Starting Early: How Timely Orthotic Intervention Changed a Child's Path to Healthy Growth

Case Study from Exceed

Summary

At just three years old, Sokly's future mobility was already at risk as the shape of her legs continued to worsen despite early attempts to seek care. Her parents watched anxiously as bowed knees and inward turning feet became more pronounced, fearing that delayed or ineffective treatment would limit her ability to walk, play, and grow with confidence. Sokly's journey shows how persistent care seeking, combined with timely referral to specialised orthotic services, can change the trajectory of a child's development. Through careful assessment and the provision of well-designed knee ankle foot orthoses, early signs of correction quickly became visible, bringing relief and hope to her family. This story highlights why early intervention matters so deeply for children with lower limb deformities, demonstrating how coordinated rehabilitation, prosthetics, and paediatric care can prevent long term disability and give young children the foundation they need for healthy growth, independence, and an active life ahead.



Background

Three-year-old Sokly lives in Phnom Penh with her parents. From a young age, her parents noticed unusual development in her legs, including bowed knees and inward-pointing toes (pigeon-toed gait). Concerned about her condition worsening, her mother sought medical support to find a solution that could correct her daughter's leg alignment and improve her mobility.

Initiative Overview

Sokly first showed clear signs of problems with the alignment of her legs when she was one year and seven months old. At that time, she weighed 24 kilograms and her legs were noticeably bowed. When she stood with her ankles together, her knees did not meet, and the bowing became more obvious when she walked. Although her mother sought medical care early, Sokly's condition continued to worsen. In 2022, she was taken to the National Pediatric Hospital, where she was assessed and referred to the rehabilitation department for stretching exercises. While this provided some support, her mother remained concerned that the treatment was not improving her daughter's leg shape and continued to look for a more effective solution. In May 2024, during a physiotherapy visit at the National Pediatric Hospital, a physiotherapist referred the family to the

Exceed PO Unit, which provides specialised support for children who need braces or other mobility aids. This referral was an important step in helping Sokly access the right care to address her worsening leg alignment and movement.

During the assessment at the Exceed PO Unit, Sokly was observed to be an active child who regularly walked about 100 metres each day when visiting her aunt's house. The assessment confirmed that her legs were bowed and that her feet turned inward when she walked. Based on these findings, she was fitted with leg braces for both legs that support the knees, ankles and feet while allowing the knees to move freely. The braces were designed to reduce pressure on the inside of her knees, improve the position of her legs, limit sideways bending, and gradually support correction as she grows. The braces were fitted and provided on 18 May 2024. Sokly appeared comfortable and happy wearing them. Her parents were given clear instructions on how to use and care for the braces and were advised that they would need to be worn consistently for one to two years to see lasting improvement. A follow-up plan was put in place to check Sokly's progress, ensure she remains comfortable, and adjust the braces as she grows.

Achievements

Within a short time, Sokly's parents began to see clear improvement in the shape of her legs. They felt relieved and happy to see her legs gradually straightening with the help of the braces. For the family, this progress brought renewed confidence that their daughter would be able to walk, play, and grow more comfortably as she gets older.

The family also valued having different services available in one place, including surgery, physiotherapy, and support with braces. This approach at the National Pediatric Hospital allows children like Sokly to receive the care they need without delay and in a coordinated way. By bringing services together, the hospital helps ensure timely treatment, better outcomes, and stronger support for children and their families.

Conclusion

Sokly's story shows how important it is for children with problems in the shape of their legs to have access to the right support at an early age. With careful assessment, properly fitted leg braces, and health professionals working together, young children can make strong improvements in how they walk and move, helping them live more active and comfortable lives.

The early support provided by the Exceed PO Unit and the National Pediatric Hospital has helped Sokly walk with better balance and straighter legs. This early care is giving her a strong start for healthy growth and greater independence as she grows older.

Left Behind After Injury: How Prosthetic Services Reconnected a Rural Community Member to Life

Case Study from Exceed

Summary

A single snake bite, compounded by poverty and lack of information, changed Rochom Dva's life forever, turning a preventable injury into permanent disability. Living in a remote ethnic minority community, he lost his leg after delayed treatment and was left to navigate life with only a bamboo crutch and no knowledge of rehabilitation services. His story reveals the hidden barriers faced by people in rural areas long after the medical emergency has passed. Connection with prosthetic and rehabilitation services at Kratie Provincial Referral Hospital (PRH) marked a decisive shift from survival to recovery. Through appropriate assessment, fitting, and focused gait training, Rochom Dva was able to stand and walk again, regaining confidence and independence in a matter of weeks. His journey underscores why accessible prosthetic services matter so deeply, showing how timely rehabilitation can restore mobility, dignity, and hope for people whose lives have been disrupted by injury and inequality.

Background

Rochom Dva is a 43 year old man from the Charay ethnic minority who lives in Ratanakiri province. In December 2023, he was bitten by a poisonous snake. Because his family lacked money and information about where to seek care, treatment was delayed. As a result, his leg had to be amputated in June 2024.

Initiative Overview

After losing his leg, Rochom Dva relied on a bamboo crutch to move around and did not know that prosthetic services were available or where to find them. His path to recovery began when Exceed conducted outreach at the hospital in Ratanakiri and learned about his situation.

On 12 December 2024, Rochom Dva travelled to the PO Unit at Kratie PRH for assessment. After reviewing his condition and daily needs, the rehabilitation team recommended a prosthetic leg that would be suitable for both his physical condition and his working environment.

His rehabilitation began on 18 December 2024 with fitting and training sessions at the hospital. Rochom Dva showed strong motivation and made rapid progress, moving from sitting to standing and then to walking with support. Over several days, he gained confidence and was able to walk



with only limited use of crutches. Although his wife was unable to stay for the full training period, the rehabilitation team ensured that he was walking safely and with good balance by 22 December 2024.

Achievements

On January 2, 2025, Rochom Dva returned to the PO Unit to receive his prosthesis. After a brief walking session without any issues, the prosthesis was handed over to him. The team provided additional stump socks and guidance on prosthesis care, problem identification, and when to seek further assistance.

With a big smile and gratitude, Rochom Dva expressed his joy at being able to walk again. He hopes that the PO Unit at the hospital will continue to support him and others with disabilities, enhancing their lives through prosthetic and orthotic devices.

Conclusion

Rochom Dva's experience shows how a lack of timely information and access to care can turn a treatable injury into long term disability, particularly for people living in remote and disadvantaged communities. After losing his leg, he was left without support or knowledge of rehabilitation services and relied on a simple bamboo crutch to get through daily life. His referral to Kratie PRH marked a turning point, giving him access to assessment, a suitable prosthetic leg, and structured training that allowed him to stand and walk again within a short period.

This case demonstrates the importance of making prosthetic and rehabilitation services accessible to people in rural and ethnic minority areas. With the right support, Rochom Dva was able to regain mobility, confidence, and independence, reducing his reliance on others and improving his quality of life. His journey highlights how timely rehabilitation can restore dignity and hope, and why strengthening local services is essential to ensure no one is left behind after injury.



Walking Again at 68: Mhor Eng's Journey to Mobility

Case Study from Exceed

Summary

At 68 years old, Mhor Eng believed that losing his leg to diabetes meant a permanent end to walking and an unavoidable life in a wheelchair. A farmer who had never used a prosthesis before, his world narrowed after amputation as everyday tasks became dependent on others. Access to prosthetic and rehabilitation services at Preah Ang Duong Hospital changed that outlook entirely. Through timely referral, careful fitting, and supportive gait training, Mr Eng took his first steps again with a trans femoral prosthesis, regaining mobility, confidence, and a sense of control over his daily life. His experience shows why accessible, affordable prosthetic services are vital for older people living with disability, proving that age and illness do not have to define the limits of independence. This story highlights how the right support at the right time can turn loss into possibility and restore dignity for people who might otherwise be left behind.

Background

Mhor Eng is a 68-year-old farmer who lives with his family in Mok Kampul District, Kandal Province. He had never used an artificial leg before. In January 2025, he lost his right leg because of complications from diabetes and had surgery at Preah Ang Duong Hospital. After the operation, he was referred to the hospital's Prosthetic and Orthotic (PO) Unit to receive support and be fitted with an artificial leg.

Initiative Overview

Before receiving an artificial leg, Mr Eng relied on a wheelchair to move around. During a follow up visit, his doctor referred him to the PO Unit at Preah Ang Duong Hospital so he could receive rehabilitation support. Mr Eng attended the clinic with the hope that this support would help him walk again and manage his daily activities more easily.

At the PO Unit, PO staff fitted Mr Eng with his first artificial leg. The initial fitting showed that the device was comfortable and provided good support, meeting Mr Eng's expectations. PO staff also provided walking practice to help him learn how to use the leg safely at home.

The final fitting and handover of the artificial leg took place at the same PO Unit. Mr Eng was given clear advice on how to care for the device and was encouraged to return to the PO Unit if he experienced any problems, rather than trying to fix it himself. A follow up appointment was scheduled for one month later to check his progress and make any needed adjustments.

Achievements

With the artificial leg, Mr Eng is now able to walk and take part in daily activities that were previously difficult or impossible for him. He shared how grateful he was to receive this support, explaining that without it he believed he would have remained in a wheelchair for the rest of his life.

Mr Eng also expressed deep appreciation for the support provided by Exceed Worldwide, including the artificial leg and walking aids, which were given to him at no cost. He shared his hope that similar support will continue to be available for other people with disabilities in Cambodia.

Mr Eng spoke warmly of the staff and supporters who made his recovery possible. "I just hope that Exceed Worldwide and all the sponsors will continue to help people with disabilities in Cambodia, just like they did for me," he said.

Conclusion

Mr Eng's experience shows that losing a limb later in life does not have to mean losing independence. With timely referral, the right prosthetic support, and practical training, he was able to move from relying on a wheelchair to walking again and managing daily activities with greater confidence. Access to free, local prosthetic and rehabilitation services played a key role in making this recovery possible.

This case highlights the importance of ensuring older people living with disability can access affordable and appropriate rehabilitation services. By restoring mobility and reducing dependence on others, these services help people like Mr Eng regain control over their lives, maintain their role within their families, and live with dignity despite age and long-term health conditions.

Restoring Mobility for a Farmer in Kratie

Case Study from Exceed

Summary

A road traffic accident abruptly ended Mr Hen Ron's ability to move freely, turning everyday farming work and family life into a struggle marked by crutches and dependence on others. As a physically active father of four, the loss of mobility threatened not only his independence but also his role within his household and community. Access to prosthetic services at the Kratie Prosthetic and Orthotic (PO) Unit became a critical turning point, enabling a carefully designed knee disarticulation prosthesis that matched the physical demands of his life as a farmer. Through structured gait training, close clinical supervision, and practical education, Mr Hen Ron quickly regained balance, confidence, and functional mobility. His journey highlights why timely, well fitted prosthetic care matters for working adults with disabilities, showing how appropriate rehabilitation can restore independence, support livelihoods, and help people reconnect with family and community life after life altering injury.

Background

Mr Hen Ron is a 46-year-old farmer living in Prek Prasop District, Kratie Province. He is married and has four children. His work involves regular physical labour, which was an important factor in planning his rehabilitation and support needs.

In July 2022, Mr Hen Ron was seriously injured in a road traffic accident, resulting in severe damage to his left leg. Because of the extent of his injuries, doctors were required to remove his leg at the knee at Kratie Provincial Referral Hospital (PRH). The surgery was successful, and no additional health complications were reported at the time he was referred for rehabilitation services.

Before receiving an artificial leg, Mr Hen Ron relied on crutches to move around. His ability to walk was limited, and he needed help from others for several everyday tasks. These limitations affected his independence, particularly in managing household responsibilities and moving around his community.



Initiative Overview

Mr Hen Ron was assessed and fitted with an artificial leg at the Kratie PO Unit. The design of the prosthesis was chosen to suit his daily needs, physical build, and farming work. Care was taken to ensure the artificial leg was comfortable, stable, and well balanced so that it would support safe and confident movement in everyday activities.

Achievements

The first fitting of Mr Hen Ron's artificial leg showed positive results. He was able to stand with good balance, felt comfortable wearing the device, and showed increased confidence when standing and walking. His movement during the fitting demonstrated strong potential for further improvement with rehabilitation support.

After receiving the prosthesis, Mr Hen Ron completed two days of supervised walking practice with PO staff. This training focused on helping him walk safely, build balance and strength, and move confidently within his home environment. Over this period, he showed steady progress and improved control while using the artificial leg.

Mr Hen Ron was also given clear and practical guidance on how to put on and remove the prosthesis, how to use it safely each day, and how to keep it clean and in good condition. He was advised not to attempt repairs himself and to return to the clinic if any problems arose. A follow up appointment was scheduled two weeks later to check the fit and comfort of the prosthesis and make any adjustments needed to support his ongoing recovery.

Conclusion

Mr Hen Ron's experience shows how access to timely and well designed prosthetic care can restore independence for working adults after serious injury. With a prosthetic leg suited to his daily farming work, along with structured training and clear guidance, he was able to move from relying on crutches to walking with confidence and balance. This recovery has reduced his dependence on others and allowed him to resume everyday activities that are essential to his role as a father and farmer.

This case highlights the importance of accessible prosthetic and rehabilitation services for people whose livelihoods depend on physical work. When services are responsive to individual needs and provided close to home, they can help people regain mobility, maintain their ability to earn a living, and remain active members of their families and communities. Mr Hen Ron's journey demonstrates how appropriate rehabilitation support can turn a life changing injury into a path back to independence and dignity.



Back on His Feet: The Story of Mr Ly Lim

Case Study from Exceed

Summary

For a young farmer like Mr Ly Lim, losing his legs to a bone tumour meant more than a medical diagnosis—it threatened his ability to work, provide for himself, and imagine a productive future. After referral to the Exceed Prosthetic and Orthotic (PO) Unit at Preah Ang Duong Hospital, access to his first prosthesis marked a powerful turning point in his life. From the initial fitting, the device provided comfort, stability, and the confidence to stand and walk again, restoring a sense of possibility that had been lost. With careful adjustment, clear guidance, and follow up support, Mr Ly Lim was not only fitted with a prosthesis but equipped with the knowledge to use it safely and effectively. His story shows how free, high quality prosthetic services can transform loss into opportunity, enabling young adults with disabilities to return to work, regain independence, and rebuild their lives with dignity and hope.

Background

Mr Ly Lim, 30 years old, is a farmer and a primary patient for Exceed PO Unit at Preah Ang Duong Hospital who lost his leg due to bone tumour.

Initiative Overview

Mr Ly Lim was referred by a doctor at Preah Ang Duong Hospital to Exceed PO Unit. After a trial fitting, Mr Ly Lim said that his prosthesis was comfortable, stable and good for standing up and walking.

Achievements

After final adjustment, the device was delivered, Mr Ly Lim was provided with essential information, advised to return immediately if there were problems and given a follow-up appointment. The prosthetic service was provided free of charge, enabling the client to regain mobility and continue working on this farm.

“With the prosthesis, I can stand, walk, and return to many of the activities I wanted to do, including working on my farm. Without the support from the Exceed PO Unit, I don’t know what I would have done,” said Ly.

Conclusion

Mr Ly Lim’s experience shows how access to free and appropriate prosthetic services can change the course of a person’s life after serious illness. By receiving his first artificial legs, along with clear guidance and follow up support, he was able to stand, walk, and return to daily activities that are essential to his independence and livelihood. This support restored not only his mobility, but also his confidence and sense of purpose.

This case highlights the importance of ensuring that people with disabilities, particularly those living in rural areas and working in physically demanding jobs, can access quality rehabilitation services without financial barriers. With the right support at the right time, young adults like Mr Ly Lim can rebuild their lives, contribute to their families and communities, and move forward with dignity and hope for the future.

Early Identification and Readiness for Speech Therapy Services

Case Study from OIC Cambodia



Summary

Across Kratie and Kampong Speu, many children with communication difficulties remained largely invisible. Their needs often went unrecognised, delaying access to support and limiting their opportunities for learning, participation, and development. This initiative shows how that pattern can be changed by strengthening the system as a whole rather than focusing on a single service. By equipping community health workers to identify children early and preparing provincial hospitals to deliver speech therapy, the project closed the gap between recognition and care. Children who were once unidentified are now known, referred, and connected to emerging services within the public health system. Early identification of communication difficulties is possible even in low resource settings when communities, health workers, and government facilities work together. It offers a practical and scalable model for building sustainable speech therapy services that can protect children's development, improve access to education, and ensure that no child is left without a voice simply because services were not ready.

Background

In Kratie and Kampong Speu provinces, many children with communication difficulties were not identified early. Limited awareness in communities, unclear referral processes, and the lack of speech therapy services in government health facilities meant that these children often experienced delays in development and faced barriers to accessing education and health care.

Initiative Overview

OIC responded to these challenges by strengthening how communities and health services work together. At the community level, community health workers received training and used simple, practical methods to identify children who may have communication difficulties. This included

checking existing records with commune councils, speaking with village leaders, and holding community meetings to find children who may need support. Through these combined efforts, 158 children were identified and prepared for referral, showing stronger community capacity to recognise needs early.

At the provincial level, health workers completed several rounds of practical clinical training and received ongoing remote support to build their skills and confidence. At the same time, provincial hospitals prepared suitable spaces for speech therapy, clarified how services would operate, and set up referral processes and clinic schedules. Together, these actions ensured that hospitals were ready to begin providing supervised speech therapy services for children identified in the community.

Achievements

As a result of this approach, provincial health services are now ready to begin providing supervised speech therapy that responds directly to needs identified in the community. The project successfully connected early identification at the community level with care at health facilities, ensuring that children who are identified can be referred and supported through emerging provincial services. This case shows that building staff skills, engaging communities in practical ways, and working closely with government health facilities can together create the conditions needed for long term and sustainable speech therapy services. The approach provides a practical model that can be expanded to other provinces to strengthen early identification and improve access to communication support for children.

Conclusion

This initiative shows that children with communication difficulties can be identified and supported early, even in low resource settings, when communities and health systems work together. By strengthening the skills of community health workers and preparing provincial hospitals to deliver speech therapy services, the project closed long standing gaps between identification and care. Children who were previously overlooked are now recognised, referred, and linked to emerging services within the public health system.

The case demonstrates the value of investing in system wide solutions rather than isolated services. When community awareness, referral pathways, trained health workers, and ready facilities are aligned, sustainable services can be built that protect children's development and improve access to education and participation. This approach provides a practical model that can be expanded to other provinces, helping ensure that children with communication difficulties are identified early and given the opportunity to develop, learn, and be heard.

From Mine Injury to Livelihood Recovery: Mr Ham Lay's Path to Economic Stability

Case Study from ICRC



Summary

A landmine hidden in muddy ground ended Mr Ham Lay's military service in an instant, but the impact of that moment echoed through years of pain, isolation, and loss of hope. After surviving conflict, amputation, and long hospital treatment, he returned home to face discrimination, limited mobility, and the crushing responsibility of providing for a family of five with no stable income. His turning point came not only through prosthetic rehabilitation, but through social inclusion support that recognised his ability to rebuild a livelihood. With training and a productive grant for pig rearing, Mr Lay transformed survival into stability, gradually developing skills that allowed him to generate income and send his children to school. His journey shows why rehabilitation must go beyond medical care alone. When physical recovery is combined with livelihood support and ongoing follow up, people affected by conflict and disability can reclaim dignity, restore purpose, and rebuild hopeful futures for their families and communities.

Background

Mr Ham Lay, a former soldier from Battambang, sustained a life-changing injury in 1989 when he stepped on a landmine during a military operation. Due to the remote and difficult terrain, he was transported through the forest to the hospital in Battambang, where one of his legs was amputated. The injury significantly affected his mobility and livelihood, creating long-term challenges that would later be addressed through prosthetic rehabilitation services at the Battambang Physical Rehabilitation Centre (PRC).

He described a change in his outlook later in 1992, during his stay at a rehabilitation centre where he received a prosthetic leg. "Until late 1992, I felt I was reborn, and my hope came back. During my stay in the PRC for prosthesis, I met many persons with disabilities where most of them were

landmine victims, some even more serious than mine, but they still want to live their lives. We enjoyed speaking and sharing our stories during that time,” he said.

Initiative Overview

As a father of five children, Mr Lay was registered for livelihood support through ICRC in 2022. Following an assessment, he received training in pig rearing and was then provided with a productive grant of 800 dollars. This activity was chosen because it requires less physical effort and offers a reliable way for him to earn an income and support his family. In 2023 and 2024, he received regular follow-up and technical support from the ICRC, alongside additional training in pig husbandry provided by De Heus Cambodia. These supports aimed to strengthen his skills and ensure the sustainability of his livelihood activity.

Achievements

Since the project began, members of the social inclusion team have made regular technical visits to support Mr Lay and help him build his skills. He started by raising pigs for sale at the market and has since learned how to manage breeding on his own. He is now able to raise piglets independently and sell them to other people, increasing his income and strengthening his business.

Reflecting on this progress, Mr Lay said, “I can earn additional income to feed my family members and to send my five children to school. I am happy with the pig husbandry and commit to expanding the business to fulfill market demands. Thank you, ICRC, for your support, and please keep this humanitarian assistance to help other vulnerable people like me”.

Conclusion

Mr Ham Lay’s experience shows that recovery after conflict and disability requires more than medical treatment alone. While prosthetic rehabilitation restored his mobility, it was the combination of physical support and livelihood assistance that enabled him to rebuild his life and provide for his family. Through practical training, ongoing follow up, and a small but well targeted grant, Mr Lay was able to generate income, regain confidence, and resume his role as a parent and provider.

This case highlights the importance of linking rehabilitation with social and economic inclusion, particularly for people affected by conflict and poverty. When physical recovery is supported by opportunities to earn a living, people with disabilities can move beyond survival toward stability and self-reliance. Mr Lay’s journey demonstrates how integrated support can restore dignity, strengthen families, and help communities recover from the long-lasting impacts of conflict.

A New Beginning for Chim Vin — Walking Toward His Future

Case Study from CARE, in collaboration with Exceed



Summary

Children with disabilities in remote Indigenous communities often face layered barriers to education, mobility, and social participation due to limited service availability and unclear referral pathways. Chim Vin's experience in Ratanakiri Province illustrates how strengthened community awareness and coordinated referral systems can improve access to essential rehabilitation services. Through an ACCESS 2–supported awareness session and collaboration between village and commune authorities, CARE, Conserve Indigenous Peoples Languages Organization (CIPL), Exceed Worldwide, and provincial rehabilitation services, his longstanding needs were identified, validated, and addressed through a supported referral process. Access to a prosthetic device enabled meaningful improvements in mobility, school attendance, and participation in daily and community activities. This case demonstrates how inclusive outreach, effective coordination across partners, and strengthened service pathways can reduce inequities for Indigenous children with disabilities, supporting improved functional outcomes, educational inclusion, and longer-term opportunities for independence and social participation.

Background

In the Indigenous village in O'Chum District, Ratanakiri Province, Chim Vin was born with a disability affecting his right leg. One leg was much shorter than the other, making it painful and difficult for him to walk. This limited his mobility and affected his confidence from a young age. Before receiving support, Chim Vin struggled to take part in daily activities, attend school regularly, and join in community life. Simple tasks such as carrying household items were challenging for him.

School was particularly difficult. The walk to school was about one and a half kilometres from his home, and the distance felt much longer for him than for other children. Some days he arrived late and exhausted, and other days he stayed home because walking was too painful or because he felt discouraged. He often felt embarrassed and avoided social situations, including games and group activities, to avoid drawing attention to his disability. Even among friends, he felt different and isolated.

“Before, I never believed I would have the chance to walk normally,” he said. “I struggled to walk, felt embarrassed around others, and often avoided school and community activities.” Despite these challenges, Chim Vin carried quiet hopes for the future, even when they felt distant and hard to reach.

Initiative Overview

In March 2025, a village awareness session organised by CARE and CIPL, with support from the ACCESS 2 program funded by the Australian Government, brought together community members, leaders, and families. The session focused on available GBV and disability support services and encouraged open discussion about challenges faced by households in the community. During this gathering, Vin’s father found the courage to share his son’s situation, marking the first meaningful step toward seeking support.

Although Vin’s disability was known to village and commune authorities, the daily challenges faced by his family had remained unresolved for years. In Ratanakiri Province, specialised disability and rehabilitation services are limited, referral pathways at community level are often unclear, and essential services are located far from remote Indigenous villages. As a result, despite concern and goodwill from local authorities, the family had no clear way forward. The distance, complexity, and lack of accessible referral support left them feeling stuck and hope gradually faded.

That same awareness session became a turning point. Commune and village authorities, working together with CARE, CIPL, and the ACCESS 2 team, openly discussed the family’s situation. Through these discussions, the case was carefully validated, available options were clearly explained, and the referral process was jointly supported. With further coordination from Exceed Worldwide, the team helped the family navigate a complex system and access rehabilitation services at the Hospital-Based Prosthetic and Orthotic (PO) Unit in Kratie.

For the first time in years, the family felt supported and understood. Then came news they had almost stopped hoping for: Chim Vin would receive a prosthetic leg, opening a new chapter filled with dignity, confidence, and renewed hope for the future.

Achievements

The referral process took him all the way to the Kratie PO Unit, a place far from home, yet full of promise. There, he began a four-stage treatment process, each step bringing him closer to something he had only dared to imagine: walking with confidence. The medical staff welcomed him warmly, explaining every step, taking careful measurements, and guiding him through trial fittings and walking practice.

For the first time, he felt truly seen, not as a boy with a disability, but as a young person with potential.

And then, finally, the day came. The new prosthetic leg was fitted. He stood upright, steady, balanced, almost taller than he remembered himself being. Taking those first steps felt like touching a long-lost part of his future. “Now I can walk straight like other people,” he said proudly. “I am so happy with my new leg. I can go to school more easily, join activities, and help with school and household tasks.”

Back in his village, everything changed. Now able to walk comfortably and independently, Chim Vin returned to school with a confidence that surprised even himself. He joined in class activities, volunteered in chores, and walked alongside friends instead of behind them. He helped his family with daily tasks — something he once struggled to do.

His classmates cheered for him, neighbours congratulated him, and his teachers encouraged him with visible pride. His community celebrated not just the new leg, but the new life he had stepped into. His mother expressed a deep sense of relief and joy, saying she had never imagined her son would one day walk normally and care for himself with ease.

His mother who sat close to him described the transformation with deep emotion. “I never imagined that one day my son would walk easily and go to school without difficulty,” she said. “Our hope has returned. We want him to study as far as he wishes. Only education and skills can help him stand on their own when we are no longer here.”

Conclusion

With a renewed sense of purpose, Chim Vin now dreams bigger. He hopes to complete high school and one day become a Credit Officer working at a bank or microfinance institution in his province, a goal he proudly shares with anyone who asks. He studies harder, motivated by the belief that the future he once could not see is now right in front of him.

Vin’s journey is more than a medical success, it is a story of dignity restored, hope revived, and potential unlocked. It shows what can happen when communities listen, when services reach the most remote corners, and when one young person is given the chance to walk toward the life he chooses.

Vin’s experience demonstrates how strengthened service pathways, supported by coordination between CARE, Exceed Worldwide, commune authorities, and the Australian Government’s ACCESS 2 program, can significantly improve access to disability services in remote Indigenous communities. Through effective outreach, referral, and rehabilitation, young people like him gain greater mobility, confidence, and a more hopeful path toward their future.





DISABILITY INCLUSION

ACCESS 2 is strengthening disability inclusion systems in Cambodia so that persons with disabilities can better access services, social protection, and opportunities to participate in community life. Working with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), the Disability Action Council (DAC), sub-national administrations, and partners including UNICEF, People's Action for Inclusive Development (PAfID) and Cambodian Disabled People's Organisation (CDPO), ACCESS 2 supports implementation of the National Disability Strategic Plan 2024 – 2028 (NDSP3), disability identification, disability-inclusive planning and budgeting, and stronger engagement of Organisations of Persons with Disabilities (OPDs).

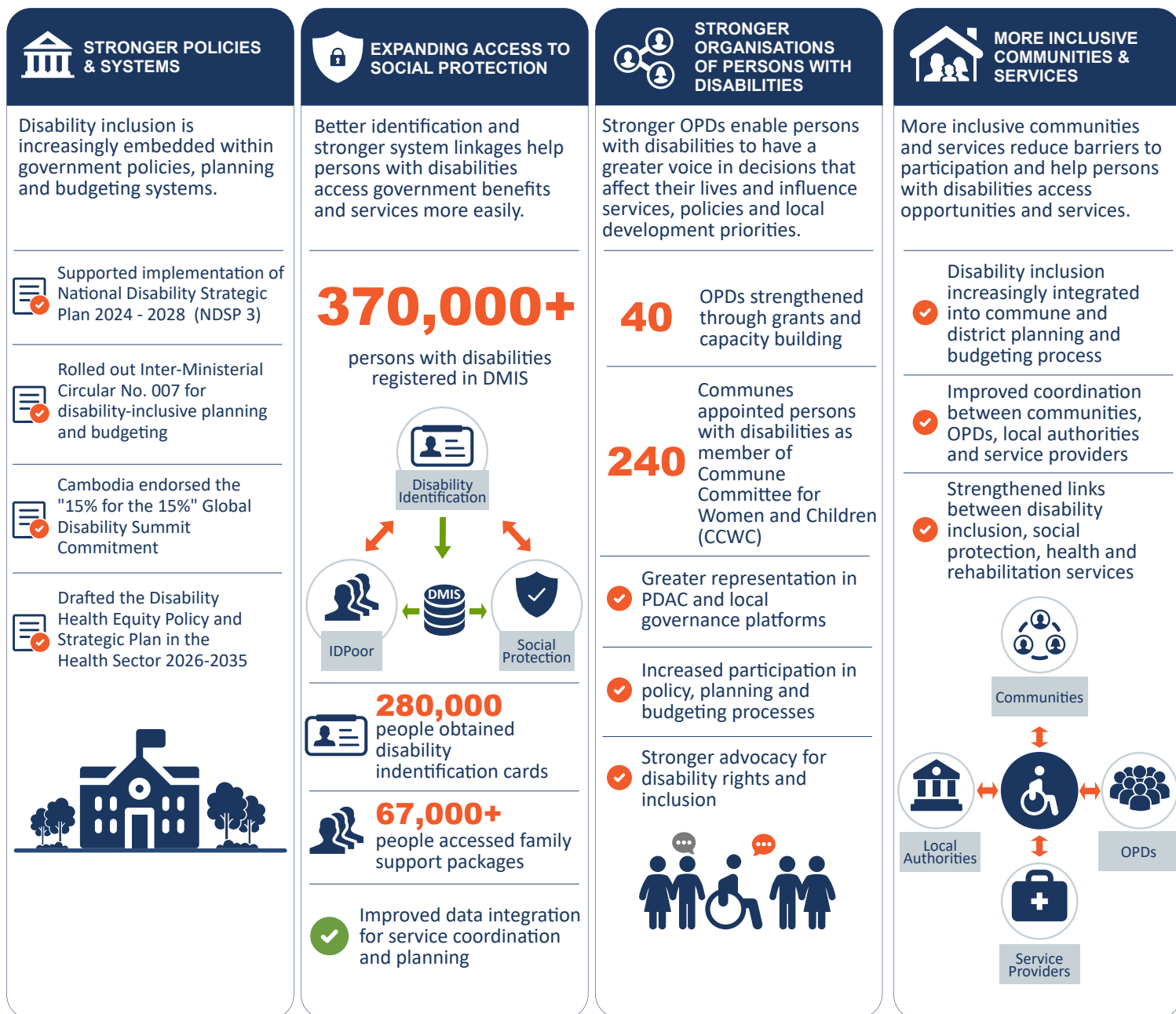
ACCESS 2 also helps strengthen links between disability identification, social protection and essential services through Disability Management Information System (DMIS) interoperability, while supporting OPDs to advocate for the rights and priorities of persons with disabilities. Together, these efforts are contributing to more inclusive governance systems, improved access to government services and social protection, and greater participation of persons with disabilities in decisions that affect their lives.

ACCESS 2 Partners



ADVANCING DISABILITY INCLUSION IN CAMBODIA

Creating stronger systems, expanding social protection, strengthening OPDs, and building inclusive communities.



Kompheak's Advocacy for Accessibility

Case Study from CDPO



Summary

Targeted investment in OPDs and youth leadership can translate into concrete improvements in local governance and service accessibility. Through sustained engagement with commune councils and sub-national committees, her advocacy contributed to practical infrastructure upgrades and increased representation of people with disabilities in decision-making spaces. The case illustrates how ACCESS 2 support strengthens local accountability, enables persons with disabilities to influence development processes, and embeds inclusion within existing government structures. It highlights the effectiveness of empowering local advocates to drive sustainable, community-led change aligned with broader disability inclusion objectives.

Background

Ying Kompheak, a person with a physical disability, serves as a program officer for the Organisation of Persons with Disabilities (OPD) in Kampong Tra Lach District, Kampong Chhnang Province. She is also a youth volunteer in the ACCESS 2 program. With extensive experience in the disability sector, Kompheak has become a leading advocate for the rights and interests of people with disabilities.

Initiative Overview

In her role, Kompheak has been instrumental in mobilising support from local authorities and stakeholders. Supported by the ACCESS 2 through CDPO, she was appointed to represent persons with disabilities at monthly commune council meetings. At these meetings, Kompheak consistently raised critical issues affecting people with disabilities in Seb commune, Kampong Tra Lach district.

Achievements

One of Kompheak's most notable achievements was identifying and addressing the lack of accessibility at the Seb commune hall. She observed that the hall lacked a ramp and accessible bathrooms, making it difficult for people with disabilities to participate in community activities. Kompheak formally requested the commune chief to build a ramp, a proposal that was accepted and discussed with commune council members. Within three months, the ramp was constructed, followed by the decision to build an accessible bathroom. These improvements directly resulted from Kompheak's persistent advocacy and collaboration with local authorities.

With support from ACCESS 2, Kompheak and 61 other OPDs received budget assistance to participate in sub-national meetings, such as the Commune Committee for Women and Children (CCWC) and monthly commune meetings. Their regular participation and advocacy led to 51 persons with disabilities (including 21 women) becoming members of the CCWC, strengthening representation and inclusion at the local level.



Conclusion

Kompheak's story exemplifies the power of dedicated advocacy and partnership. Her efforts have not only improved physical accessibility in her community but have also fostered greater understanding and inclusion of people with disabilities in local governance. The case demonstrates how empowered individuals, supported by effective programs, can drive meaningful change for marginalised groups.

Breaking Barriers: Social Protection and Disability Inclusion for Ms Khim Eng's Family

Case Study from PAFID

Summary

People with disabilities living in poverty often remain excluded from government social protection schemes due to gaps in information, documentation, and access to local administrative processes. Ms Khim Eng's case from Kampong Speu Province illustrates how OPDs can play a critical intermediary role in bridging this gap. Through proactive outreach and close coordination with the Commune Disability Representative, village and commune authorities, OPD-KSP supported her family to navigate equity card registration and disability identification processes. As a result, the household gained access to the government Family Package program, reducing financial pressure and improving access to essential health services. This case demonstrates how timely, coordinated support at the community level can strengthen uptake of existing government social protection mechanisms, improve health and wellbeing outcomes for people with disabilities, and reinforce the role of OPDs in advancing inclusive, systems-based development.

Background

Ms Khim Eng, a 25-year-old woman from Samrong Tong district, Kampong Speu province, lives with her parents and siblings. As a polio survivor who also suffers from a chronic illness, Khim Eng's health challenges have persisted for many years. Despite her family's efforts to seek treatment at both public and private hospitals, her condition remained unchanged, and the ongoing medical expenses placed a significant financial burden on the household.

Initiative Overview

In early August 2024, staff from OPD-KSP (Organizations of Persons with Disabilities-Kampong Speu) became aware of Khim Eng's situation. Working closely with the commune disability representative, they visited her home to gather more information. Recognising the urgency, the OPD-KSP team quickly initiated a referral process.

The case was first referred to the village chief, who then brought the issue to the attention of the commune council. OPD-KSP staff also assisted Khim Eng and her family in reaching the commune hall, where they met with the officer responsible for equity card registration and interviews.



Achievements

Thanks to strong coordination between OPD-KSP, the Commune Disability Representative (CDR), and local authorities, Khim Eng's case progressed efficiently. By the end of November 2024, she and her family received equity cards, a disability identification card, and were enrolled in the government's family package program.

Since January 2025, Khim Eng's family has been receiving financial support through the government package, amounting to 72,000 Riel per month. This support has eased their financial burden and enabled them to access essential health services.

Khim Eng's mother shared: "I am happy that my family could receive an equity card and also the family package. I can use it to treat my daughter's illness at the state hospital without charge. Thanks to OPD KSP for your support."

The family also expressed their gratitude: "We are truly thankful to OPD KSP for helping us access government benefits. The amount is small, but it helps us solve many daily problems."

Conclusion

This case study demonstrates how timely intervention, effective coordination among local authorities, and targeted support from OPD-KSP enabled a vulnerable family to access critical government benefits, improving their quality of life and reducing financial hardship.

Promoting Accessibility in Rolang Chork Commune

Case Study from PAFID



Summary

People with disabilities in rural areas are often excluded from public services due to inaccessible infrastructure and limited awareness of inclusive design at the local level. The experience in Rolang Chork Commune, Kampong Speu Province, demonstrates how participatory accessibility audits can catalyse practical, locally owned change. Through collaboration between OPD Kampong Speu, PAFID, persons with disabilities, and commune authorities, physical barriers within public facilities were identified using structured assessment tools and translated into clear, actionable recommendations. This process increased awareness among local decision-makers and supported a shift from passive recognition of barriers to concrete action, with the commune committing resources to construct an accessible toilet aligned with inclusive design principles. The case illustrates how engaging persons with disabilities directly in assessment and planning strengthens local ownership, embeds inclusion within commune-level infrastructure development, and contributes to more equitable access to public services within decentralised governance systems.

Background

In rural Cambodia, persons with disabilities often face major barriers to accessing public buildings and services due to poor infrastructure and a lack of inclusive planning. This was especially true in Rolang Chork Commune, Somroang Tong District, Kampong Speu Province, where key public facilities, such as the commune toilet, were not accessible for individuals with physical disabilities or wheelchair users. Local authorities were largely unaware of these barriers and had limited knowledge of inclusive design principles.

The existing toilet in the commune was inaccessible: it had an overgrown grass corridor, a narrow door, a squat toilet, no ramp, and limited space inside, making it extremely difficult for a wheelchair user to enter or move around.

Initiative Overview

At the end of 2024, the OPD in Kampong Speu Province, in collaboration with PAFID, conducted a physical accessibility audit in Rolang Chork Commune. This participatory assessment involved persons with disabilities, local authorities, and community members using structured tools such as checklists and on-site observations. The process raised awareness, identified physical barriers, and provided practical recommendations for improvement.

Achievements

A significant shift occurred when local authorities began to recognise the barriers faced by persons with disabilities and took action to address them. The local authority committed to inclusive design and began constructing an accessible toilet for persons with disabilities, an initiative that is now 60% completed. This marks an important step towards creating a barrier-free environment in rural public infrastructure.

The change is important because it represents a move from neglect and unawareness to proactive inclusion. Involving persons with disabilities and local leaders directly helped build awareness and ownership. The process demonstrated that concrete change is possible when local authorities are engaged and empowered with knowledge and tools.

Conclusion

This story highlights the importance of participatory assessments in promoting inclusion. Involving persons with disabilities and local leaders directly helped build awareness and ownership. The process also demonstrated that concrete change is possible when local authorities are engaged and empowered with knowledge and tools.

As stated by the Commune Chief:

“Now I have increased my knowledge after I became involved with OPD-KSP, so now I want to promote inclusion, so that all people can come to access services in my commune without barriers.”

Moving forward, OPD and Community Development Representatives (CDR) will continue to follow up with the commune chief to ensure the construction is completed and meets accessibility standards. This case sets a model for other communes seeking to improve inclusion and ensure equal access to public services for all.



From Struggle to Support: The Story of Ms Bun Kimhuoy

Case Study from PAFID



Summary

Living with lifelong disability and extreme poverty, Ms Bun Kimhuoy and her elderly mother were excluded from essential government support due to gaps in documentation and access to local registration processes. Her case highlights how structural barriers, rather than eligibility, often prevent the most vulnerable households from benefiting from national social protection schemes. Through proactive outreach and coordination by Organizations of Persons with Disabilities-Kampong Speu (OPD-KSP), working alongside the Commune Disability Representative and local authorities, these barriers were systematically addressed. Support to obtain national identification, disability registration, and equity cards enabled the household to enrol in the government Family Package program and begin receiving regular financial assistance. This intervention demonstrates the effectiveness of OPDs in strengthening last-mile access to existing government systems, ensuring that people with severe disabilities are recognised, included, and able to benefit from social protection mechanisms designed to reduce poverty and vulnerability.

Background

Ms Bun Kimhuoy is 23 years old and lives with her elderly mother in Samrong Tong district, Kampong Speu province. She was born with a spinal cord injury and has very limited strength in both hands, making it difficult for her to hold objects. Her mother also lives with a disability.

The household lives in poverty, as their income depends mainly on Ms Kimhuoy's mother, Ms Sun Kheng, who is 66 years old and collects tamarind and khneng leaves from areas near the village to sell. The small grocery business they run provides only limited income and is not enough to meet

their daily needs. Despite their financial hardship and disability, Ms Kimhuoy did not have an Equity Card or a Disability Identification Card before receiving support.

Initiative Overview

In early May 2025, OPD-KSP held a self-help group meeting in the commune, where staff first learned about Ms Kimhuoy's situation. Following the meeting, OPD-KSP staff visited her home to better understand her circumstances and needs. They worked closely with the Commune Disability Representative to gather further information and confirm the urgency of her case.

OPD-KSP then coordinated with Ms Kimhuoy's family, the Commune Disability Representative, and commune authorities to support her through the registration process. This included arranging for her to attend interviews at the commune hall for the Equity Card and Disability Identification Card with the responsible officers. In addition, Mr Sou Thoeun, a representative for persons with disabilities, committed to helping Ms Kimhuoy travel to the police station so she could apply for a National ID card.

Achievements

Through close coordination between OPD-KSP, the Commune Disability Representative, and local authorities, Ms Kimhuoy's case was able to move forward. By mid-July 2025, she and her mother had received their National ID cards, Disability Identification Cards, and Level 2 Equity Cards, and were successfully enrolled in the government Family Package program. By the end of July 2025, the household began receiving 90,000 riels per month through Wing. This amount included support linked to Ms Kimhuoy's disability, the Equity Card, and additional assistance for her mother as an older person.

For the household, this monthly support represents a meaningful improvement in their financial situation. Reflecting on the change, Ms Kimhuoy said, "I am happy that my family could receive a family package and an equity card. The withdrawal of 90,000 Riels, it can help my family's economy a lot. Thanks to OPD-KSP and the commune disability representative for your support."

Conclusion

Ms Bun Kimhuoy's experience shows how people with severe disabilities can be excluded from government support, not because they are ineligible, but because they face barriers to registration and access. Through targeted outreach and close coordination between OPD-KSP, the Commune Disability Representative, and local authorities, these barriers were removed, allowing her household to be formally recognised and included in national social protection systems.

This case highlights the critical role that organisations of persons with disabilities play in connecting the most vulnerable people to existing government services. By supporting access to identification, disability registration, and equity cards, OPDs help ensure that social protection programs reach those they are intended to support. For Ms Kimhuoy and her mother, regular financial assistance has improved their economic security and reduced daily hardship. The case demonstrates how strengthening last-mile access to government systems can promote inclusion, reduce poverty, and restore dignity for people with disabilities living in extreme vulnerability.

Promoting Accessibility in Tumpaor Meas Commune

Case Study from PAFID



Summary

In rural settings, exclusion from public services is often driven less by policy gaps than by limited awareness and practical capacity at the local level. The experience in Tumpaor Meas Commune illustrates how participatory accessibility audits can shift this dynamic. By engaging persons with disabilities, commune representatives, and local authorities in a structured assessment of public infrastructure, the initiative translated abstract concepts of inclusion into concrete, actionable improvements. The process enabled local authorities to recognise physical barriers, apply inclusive design principles, and allocate commune budget to construct an accessible toilet within an existing public facility. This case demonstrates how targeted technical support and community participation can build local ownership, embed disability inclusion within commune planning processes, and deliver sustainable infrastructure improvements aligned with government systems and decentralised development objectives.

Background

People with disabilities in rural Cambodia often struggle to use public buildings and services because of poor infrastructure and a lack of inclusive planning. This was the case in Tompor Meas Commune, Somroang Tong District, Kampong Speu Province. Important facilities, like the commune toilet, were not accessible to people with physical disabilities or wheelchair users. Local authorities were also unaware of these barriers and had little knowledge about inclusive design.

Initiative Overview

At the end of April 2025, the Organization of Persons with Disabilities (OPD) in Kampong Speu Province, in collaboration with People's Action for Inclusive Development (PAFID), conducted a

physical accessibility audit in Tompr Meas Commune. The audit aimed to raise awareness, identify physical barriers, and provide practical recommendations for improving accessibility. It involved direct participation from persons with disabilities, a commune disability representative (CDR), local authorities, and community members using structured tools such as checklists and on-site observations.

The audit revealed that the existing toilet was not accessible: it had a narrow door, a squat toilet, no ramp, and limited space inside, making it very difficult for a wheelchair user to enter or move around. Based on these findings, local authorities began planning and implementing accessibility improvements, including the construction of a new, accessible toilet.

Achievements

A significant shift occurred when local authorities began to recognize the barriers faced by persons with disabilities and took action to address them. This change is important because it represents a move from neglect and unawareness to proactive inclusion. The local authority committed to inclusive design and allocated commune budget (\$1200) to begin constructing an accessible toilet for persons with disabilities—an initiative that is now 100% completed. This marks an important step towards creating a barrier-free environment in rural public infrastructure.

Conclusion

This case highlights the importance of participatory assessments in promoting inclusion. Involving persons with disabilities and local leaders directly helped build awareness and ownership. The process also demonstrated that concrete change is possible when local authorities are engaged and empowered with knowledge and tools.

As stated by the Commune Disability Representative: “As a Commune Disability Representative, I am thrilled that I could be involved in the physical accessibility audit process with the commune council and OPD-KSP. The commune council and I have increased knowledge on disability inclusion, so now I can advocate to the commune council to allocate the commune budget to improve the physical accessibility (new accessible toilet). We want to promote inclusion so that all people can have access to services in my commune without barriers.”



From Voice to Influence: Strengthening OPD-Kampong Speu to Advocate for the Rights of Persons with Disabilities

Case Study from PAFID

Summary

Building the capacity of local Organisation of Persons with Disabilities (OPDs) is essential to ensuring that people with disabilities can meaningfully participate in development processes and influence decisions that affect their lives. The experience of OPD Kampong Speu (OPD-KSP) demonstrates how targeted organisational strengthening can transform a representative body from a largely informal group into a credible and effective actor within local governance and service delivery systems. Through structured capacity building under the SPACE ID initiative, the OPD strengthened its governance, financial management, advocacy skills, and understanding of national and international disability rights frameworks. These improvements enabled the organisation to better identify member priorities, document barriers, and engage constructively with duty bearers. As a result, OPD Kampong Speu increased its influence in local planning processes and contributed to tangible improvements in accessibility and service responsiveness. This case illustrates how investing in OPD capacity supports sustainable, rights-based inclusion by strengthening local accountability and amplifying the collective voice of people with disabilities within existing government and community systems.



Background

OPD-KSP is a local, non-profit, non-governmental organisation established on May 22, 2009. It was formed through a general assembly attended by the Board of Directors, the Federation of Persons with Disabilities, and members of disability self-help groups. The Kampong Speu Provincial Organisation of Persons with Disabilities focuses on promoting the rights of persons with disabilities and serves as the representative voice for persons with disabilities throughout Kampong Speu Province.

Before the capacity-strengthening initiative, the OPD faced several challenges, including limited organisational systems, limited leadership and governance structures, inadequate knowledge of disability rights frameworks, including the UN Convention on the Rights of Persons with Disabilities (CRPD), weak advocacy and communication skills among members, limited data on the needs and priorities of persons with disabilities, low participation of persons with disabilities in decision-making processes and insufficient engagement with government and service providers. Persons with disabilities (PWDs) often lacked a strong, unified voice to express their needs and claim their rights at the community level. These challenges reduced the OPD's ability to effectively respond to the needs of its members and influence disability-related policies and services.

Initiative Overview

In July 2024, OPD-KSP became a partner in the Supporting People's Action and Cooperation for Empowerment and Inclusive Development program, implemented by PAFID with support from ACCESS 2. Through this partnership, OPD-KSP took part in a targeted program to strengthen its organisational capacity and ability to deliver inclusive services.

The program focused on improving organisational systems, advocacy skills, member engagement, and partnerships. OPD-KSP worked with PAFID to strengthen its planning and internal management, using practical tools to assess organisational capacity and disability inclusion. This process supported the development of clear and participatory action plans, improved financial management and accountability, and helped ensure that disability inclusion was embedded across all activities.

Capacity building also focused on advocacy and rights awareness. Members and staff received training on disability inclusion, disability rights, and relevant national and international frameworks, including the Convention on the Rights of Persons with Disabilities and national disability strategies. Additional support was provided to build skills in advocacy planning, policy engagement, and public communication.

The initiative placed strong emphasis on inclusive participation, ensuring that women, young people, and persons with different types of disabilities were actively involved in organisational activities and decision making. Regular community consultations helped identify priority needs, while improved internal communication strengthened engagement with members. At the same time, OPD-KSP expanded its partnerships with government authorities, civil society organisations, and service providers, and took part in local and national policy discussions. Together, these efforts strengthened OPD-KSP's role as a representative and effective organisation for persons with disabilities at the community and provincial levels.

Achievements

Through targeted capacity-building support, the OPD-KSP experienced a significant transformation. Leadership and members received training on disability rights, inclusive governance, advocacy strategies, and organisational management. The OPD strengthened its internal structures by improving planning, financial management, and communication systems. Clear roles and responsibilities were established, and inclusive practices were introduced to ensure meaningful participation of members with diverse disabilities.

As a result, the OPD-KSP became more responsive to the needs of its members. Regular consultations and community meetings enabled the organisation to better understand priority issues such as access to education, healthcare, livelihoods, and social protection. The OPD began documenting cases of discrimination and barriers faced by persons with disabilities, using this evidence to inform its advocacy work.

With improved confidence and skills, the OPD-KSP actively engaged with local authorities, service providers, and other civil society organisations. It successfully advocated for improved accessibility of three public services and greater recognition of the rights of persons with disabilities. In several instances, duty bearers responded positively by consulting the OPD-KSP in planning processes and making reasonable accommodations.

Conclusion

Today, the OPD is recognised as a credible and representative voice of persons with disabilities. Its strengthened organisational capacity has enabled it to respond effectively to members' needs, influence decision-making, and promote a rights-based and inclusive approach to development. Improving the organisational capacity of the OPD has significantly strengthened its ability to respond to the needs of persons with disabilities and advocate for their rights. The OPD has transitioned from a small, informal group into a confident, organized, and influential actor, contributing to a more inclusive and rights-based society.



GENDER-BASED VIOLENCE

Gender-based violence (GBV) is a serious violation of human rights and a major public health issue that causes lasting physical, emotional and social harm. Providing survivor-centred GBV services is essential to protect lives, support recovery, restore dignity and empower survivors to rebuild their lives. Access to quality health care, counselling, safe spaces, legal assistance and referral services helps survivors achieve safety, wellbeing and justice, while addressing the inequalities that perpetuate violence. Preventing and responding to GBV contributes to safer, more inclusive and equitable communities where everyone can participate and thrive.

ACCESS 2 is strengthening Cambodia's response to GBV so that women and girls experiencing violence can access safe, quality and survivor-centred services. Working with the Ministry of Women's Affairs (MoWA), sub-national administrations, in particular the Provincial Department of Women's Affairs (PDOWA) and civil society partners, ACCESS 2 supports policy implementation, service delivery and multi-sectoral coordination.

ACCESS 2 also strengthens survivor support services through confidential counselling rooms, One Stop Service Units (OSSUs), referral systems and capacity building for frontline service providers. Together, these investments are helping build a more coordinated, accessible and sustainable GBV response system that improves safety, support and recovery for survivors.

ACCESS 2 Partners



STRENGTHENING CAMBODIA'S RESPONSE TO GENDER-BASED VIOLENCE

Strengthening systems, improving service quality, and expanding survivor-centred support.



STRONGER POLICIES & COORDINATION

Stronger policies and coordination systems help ensure GBV services are sustainable, government-led and better coordinated across sectors.

National and Sub-National Systems Strengthened to Respond to GBV



NAPVAW IV approved to guide Cambodia's response to violence against women



National Guidelines on OSSU adopted and SOP developed



GBV Case Management SOP developed and piloted



GBV Coordination SOP developed



IMPROVING SERVICE QUALITY

Stronger quality standards help survivors receive safer, more consistent and survivor-centred support.



33

GBV Response Working Groups strengthened



1,875

frontline service providers trained on essential GBV service standards



345

healthcare providers trained to provide quality care, referrals and support for survivors



87%

of clients highly satisfied with services received



EXPANDING ACCESS TO SURVIVOR-CENTRED SERVICES

More survivors can access safe, confidential and coordinated support closer to where they live.



40,000+

people informed about GBV prevention, rights and available support



4,662

GBV cases supported through **7,567** service interventions

- Counselling, legal aid, shelter, health care and referral services provided



67

Confidential counselling rooms established within commune and district office



3

OSSUs established in Kampong Speu, Siem Reap and Ratanakiri Provincial Referral Hospitals

OUR COMMITMENT



SURVIVOR-CENTRED

Putting survivors' safety, dignity and choices first



CONFIDENTIAL

Protecting privacy and information at all times



COORDINATED

Working together across sectors for better outcomes



ACCOUNTABLE

Quality services with strong standards and responsiveness



INCLUSIVE

Leaving no one behind and reaching those most in need

Dedicated GBV-RWG Member as a Frontline Service Provider

Case Study from CWCC



Summary

Effective responses to gender-based violence in rural areas depend on capable local actors who are trusted by their communities and connected to formal protection systems. Ms Seang Rotha's experience demonstrates how targeted capacity building can strengthen frontline GBV response within existing local structures. Through the PASS project, structured training, mentoring, and ongoing supervision enabled her to apply gender equality, disability inclusion, legal knowledge, and referral protocols in practice. This strengthened her ability to coordinate with police and service providers and ensure that survivors received timely protection and support. The case illustrates how investing in local GBV response mechanisms enhances community-level service readiness, improves coordination between duty bearers, and contributes to safer, more accountable systems for women and children.

Background

Before joining the Gender-Based Violence Response Working Group (GBV-RWG) in her commune, Ms Seang Rotha had a strong desire to support women and children in her community. However, she lacked the necessary knowledge and skills to respond effectively to GBV cases. She was unfamiliar with legal frameworks, referral procedures, and basic counselling techniques, which limited her ability to provide safe and informed support to survivors.

Initiative Overview

In April 2024, Ms Rotha became involved in the "Promoting Access to Sustainable Services (PASS) project, implemented by CWCC with support from ACCESS 2. Through the project, she received a series of targeted trainings that significantly enhanced her capacity to respond to GBV cases. These trainings included:

- Gender Equality, Disability and Social Inclusion (GEDSI)
- Basic Counselling Skills
 - Referral Guidelines and Procedures
 - Legal Protection for Women and Girls
 - These trainings equipped her with the confidence and practical tools to support survivors, document cases securely, and coordinate with local authorities.

Achievements

In 2024, Ms Rotha responded to a critical case involving a 12-year-old girl who had experienced sexual abuse. She worked closely with the local police to take immediate action, provided emotional support to the survivor, and helped report the case. Her efforts ensured the perpetrator was referred to court and that the survivor received legal protection and psychosocial support.

Due to her dedication, Ms Rotha was selected to share her experience during the PCC's field visit on May 12, 2025. She presented her approach to case response, collaboration with authorities, and her role in strengthening services for women and children.

"I truly love this work and do it from the heart. I want to help women and children who are suffering. They don't deserve violence, and they should receive support and justice. If my community continues to trust me and I receive ongoing support, I will do my best to keep helping them," Ms Seang Rotha said.

Ms Rotha's transformation was made possible through continuous coaching and mentoring from CWCC, supported by ACCESS 2. Refresher trainings and regular follow-up enabled her to build both confidence and competence in responding to real-life cases.

Conclusion

Her story demonstrates the power of local leadership, capacity building, and community trust in creating meaningful change. Despite living in a rural area, she has become a key actor in GBV response, linking survivors to essential services and advocating for their rights.

CWCC plans to continue supporting GBV-RWG members like Ms Rotha through ongoing training and learning exchanges. Ms Rotha is committed to mentoring new members and expanding her advocacy work to ensure timely support and protection for women and children in her community.



Ensuring Justice and Protection for a Survivor with a Disability

Case Study from LAC



Summary

Women with disabilities who experience domestic violence face heightened risks due to barriers in accessing legal protection and coordinated support services. This case from Samaki Monichey District illustrates how accessible legal aid and effective multi-stakeholder coordination can strengthen survivor safety and justice outcomes. Through timely referral to Legal Aid of Cambodia, the survivor received legal counselling, support to navigate court processes, and protection measures in response to ongoing threats. Coordination between legal aid providers, the Provincial Department of Women's Affairs, the GBV Response Working Group, and the court enabled expedited judicial action and the granting of a long-term protection order alongside the divorce settlement. This case demonstrates the importance of inclusive legal services and well-functioning referral networks in ensuring that women with disabilities can exercise their rights, access protection, and achieve durable legal outcomes within the formal justice system.

Background

In October 2024, a woman with a disability sought counselling from the commune focal point in Samaki Monichey District regarding her intention to file for divorce. Her husband, a drug user, had subjected her to repeated acts of domestic violence. Concerned for her safety and well-being, she was referred to Legal Aid of Cambodia (LAC) for legal assistance.

Initiative Overview

Upon meeting with LAC project staff, the survivor received legal counselling and support in preparing and submitting her divorce complaint to the court. During the pretrial process, however, her husband continued to issue threats, further endangering her safety. In response, LAC submitted a request for a long-term protection order on her behalf. The organization also coordinated closely with the Provincial Department of Women's Affairs and raised the case during a provincial GBV-RWG meeting, which included court representatives. This advocacy led to expedited action by the court.

Achievements

On 30 June 2025, the court officially heard the case and granted the divorce, recognising the survivor's decision to move forward independently. The judgment affirmed her rights and responsibilities, granting her full custody of both children and ownership of all family property, ensuring stability and security for her and her children.

As part of the settlement, she agreed to provide USD 3,000 to her former husband and to take responsibility for any existing debts, demonstrating her commitment to resolving the matter amicably and creating a clean foundation for her future.

Conclusion

This case shows how access to inclusive legal support and strong coordination between services can make a critical difference for women with disabilities experiencing domestic violence. Through timely referral and legal assistance, the survivor was able to secure protection, navigate the court process, and reach a fair legal outcome that prioritised her safety and the wellbeing of her children.

The case highlights the importance of accessible legal aid, early protection measures, and effective collaboration between legal services, women's affairs authorities, and the justice system. When referral pathways function well and services work together, women with disabilities are better able to exercise their rights, access protection, and achieve lasting legal outcomes. This approach strengthens survivor safety and helps ensure that the justice system is responsive and inclusive of those most at risk.

Training and Sensitizing Interpreters to Support Survivors of GBV

Case Study related to GBV and DI



Summary

Women with disabilities who experience gender-based violence face profound barriers to justice when communication needs are not recognised within protection and legal systems. This case from Ratanakiri exposed critical gaps in the ability of authorities and service providers to respond to survivors who do not use Khmer or formal sign language, particularly Indigenous deaf women. The incident prompted dialogue at provincial and national levels and highlighted the need for systemic capacity building rather than case-by-case solutions. Through ACCESS 2 support, targeted training was delivered to sign language and Indigenous language interpreters and GBV service providers, strengthening gender sensitivity, ethical interpreting practice, and survivor-centred approaches. This initiative addressed a structural barrier within the GBV response system, improving service readiness for survivors with complex communication needs. The case demonstrates how investing in inclusive workforce capacity can strengthen protection systems, improve access to justice, and ensure that women with disabilities are not excluded from GBV services due to language or disability.

Background

In 2024 a deaf indigenous woman in Ratanakiri was raped. Like most deaf people in Cambodia, she does not know Cambodian Sign Language which is based on Khmer language. Also, as she is from an indigenous community, most of her family and village do not know Khmer language. Like many deaf people in Cambodia, in effect she does not have language, and her family communicates to her through family signs which they have made up so that she can function in the family. However, without language, it is very difficult for her to express her feelings or explain what has happened to her to the police or a health provider.

This is not the first time a deaf woman in Cambodia has been raped. In fact, women with disabilities

experience higher rates of gender-based violence than women without disabilities.

This case led to a lot of discussions at the Provincial level in Ratanakiri and at the National level as many people in government and in CSOs were shocked at what this poor woman experienced. It was raised in a number of meetings that ACCESS 2 facilitated, and even with the Australian Ambassador for Gender Equality when she visited Cambodia.

Initiative Overview

The ACCESS 2 Team Leader previously worked in Laos, and there had been similar cases there, with deaf women who were raped, or women with intellectual disabilities who could not communicate with the authorities to explain what had happened to them. In Laos, the Team Leader had worked with a local women's legal aid CSO and an Australian lawyer who had worked as an Australian Volunteer there to develop a training on interpreting for survivors of GBV for sign language and indigenous language interpreters. The ACCESS 2 Team Leader suggested to MoWA that ACCESS 2 could provide a similar training in Cambodia and MoWA agreed.

In order to help sign language and Indigenous language interpreters be able to interpret with greater sensitivity to the experiences of women survivors of GBV, ACCESS 2 organised a training on gender sensitivity and interpreting for GBV survivors. This training equipped interpreters and service providers with the necessary skills to offer informed and compassionate support to women survivors of sexual assault, domestic violence or human trafficking.

The training brought together sign language and Indigenous language interpreters, alongside service providers, to enhance their understanding of gender dynamics in society, gender biases and GBV, increase their gender sensitivity, confidence and skill in interpreting for survivors of GBV, familiarise participants with ethical and professional requirements of legal interpreting for survivors of GBV, and deepen their knowledge of best practices in supporting GBV survivors.

During the training, participants got the opportunity to share their expertise and experiences working with Indigenous communities, persons with disabilities, and GBV survivors. Following group discussions to support service quality, participants also participated in role-playing as lawyers, interpreters and survivors based on case studies.

Achievements

Mr Pot Sovannarith, a sign language interpreter who participated in the training, expressed its impact, stating, "This training is valuable for me to apply in my job and provide comprehensive and empathetic support to vulnerable people." His testimony underscores the importance of investing in capacity-building efforts that enable service providers to respond effectively to the unique needs of GBV survivors, including those with communication barriers.

Conclusion

This case highlights how women with disabilities can be excluded from protection and justice when communication needs are not recognised within gender-based violence response systems. The experience in Ratanakiri showed that individual cases cannot be addressed effectively without broader system readiness, particularly for Indigenous women and deaf women who do not use Khmer or formal sign language.

Through targeted training for interpreters and service providers, this initiative strengthened the ability of the GBV system to respond in a more inclusive, sensitive, and ethical way. By building skills in gender sensitivity, survivor centred practice, and appropriate interpreting, the project addressed a critical gap that had left some of the most vulnerable women without a voice. This case demonstrates that investing in workforce capacity is essential to ensuring that protection and justice services are accessible to all women, regardless of disability or language, and that inclusive systems are key to preventing further harm and exclusion.

Strengthening Psychosocial Support for GBV Survivors in Lum Path District

Case Study from TPO



Summary

In Lum Phat District, limited understanding of psychosocial support and survivor-centred approaches meant that many gender-based violence survivors were met with judgment, directive advice, or silence rather than care. This initiative demonstrates how targeted capacity building can strengthen frontline response systems in culturally diverse and rural contexts. With ACCESS 2 support, TPO Cambodia delivered structured training and sustained mentoring to local service providers, including commune leaders, police, and council members, equipping them with practical skills in active listening, psychological first aid, and trauma-informed care. The intervention addressed entrenched attitudes and communication practices, enabling service providers to respond with empathy, respect confidentiality, and support survivor autonomy. This case illustrates how investment in inclusive training and follow-up supervision can shift local systems from authority-led responses to survivor-centred practice, building trust, improving help-seeking, and strengthening community-level GBV response within existing government structures.

Background

In Lum Path district of Ratanakiri province, psychosocial support for gender-based violence (GBV) survivors was largely unfamiliar to local service providers (LSPs). Many belonged to ethnic minority communities such as Tumpoun and Charay, and their interactions with survivors often focused only on physical injury or offering directive advice. Survivors were commonly told to “stay quiet” or “be patient,” leaving them unheard, unsupported, and reluctant to seek help.

Before the intervention, many local service providers, including Commune Council members, commune leaders, and police officers, had limited understanding of the emotional and psychological needs of survivors of gender-based violence. Their responses were often directive or judgmental, with little emphasis on listening, confidentiality, or respecting survivors' ability to make their own decisions. Cultural and language differences, particularly in ethnic minority communities, further affected communication and understanding, making it difficult for survivors to feel safe, supported, or heard when seeking help. As a result, survivors often experienced re-traumatization during help-seeking and avoided formal services.

Initiative Overview

With support from the ACCESS 2 program, TPO Cambodia introduced structured training on psychosocial support that led to meaningful changes in how local service providers understood and responded to survivors of gender-based violence. The training aimed to improve survivor wellbeing and build trust by strengthening practical skills, attitudes, and everyday practices.

ACCESS 2 provided both technical and financial support that enabled TPO Cambodia to deliver inclusive training, including appropriate materials, logistics, translation, and accommodations for persons with disabilities. The program also supported close collaboration between TPO Cambodia and government partners through joint planning activities, refreshers on monitoring and evaluation tools, and orientation on relevant social funding mechanisms. Importantly, ACCESS 2 enabled months of follow up supervision, coaching, and mentoring, which helped reinforce learning and support lasting behaviour change. Efforts were made throughout to ensure the active participation of ethnic minority groups and persons with disabilities.

Together, this sustained and layered support helped shift service delivery from reactive and judgmental responses toward more proactive, compassionate, and survivor centred approaches within existing local systems.

Achievements

With support from ACCESS 2, TPO Cambodia delivered two rounds of training in September 2024 and March 2025 to strengthen how local service providers respond to survivors of gender-based violence. The training focused on basic counselling standards, referral processes, active listening, empathetic communication, psychological first aid, and survivor centred and trauma informed approaches.

A total of 187 local service providers took part in the training, including seven persons with disabilities and 48 participants from ethnic minority communities. Translation support was provided to ensure inclusive participation. Comparison of knowledge and practice before and after the training showed clear improvements in understanding, attitudes, and behaviour.

Following the training, service providers began to show greater empathy and respect when working with survivors. They demonstrated improved listening skills, better understanding of confidentiality, and more supportive communication that respected survivors' choices rather than directing decisions for them.

Participants reflected on how the training had changed their approach. One Commune Council member shared, "I realised how wrong my previous approach was... now I know how to communicate respectfully with survivors." A police officer noted, "I see now that active listening and psychological first aid are essential parts of my job." A commune leader added, "Before, I thought giving advice was enough. Now I understand survivors can make decisions themselves with the right support."

Survivors also reported positive changes in how they were treated. One survivor said, “She didn’t pressure me. I felt warm and safe talking to her.” Another shared, “She spoke my language. I understand my options clearly now.” A survivor from Lum Phat explained, “I feel like she understands me. Her examples helped me think about what I can do.”

Together, these experiences show a clear shift from authority led and directive responses to approaches that are more respectful, supportive, and centred on survivors’ needs and choices.

Conclusion

This case shows how improving the skills and attitudes of local service providers can transform the way gender-based violence survivors are treated and supported, particularly in rural and culturally diverse settings. Through practical training and ongoing mentoring, frontline workers in Lum Phat District shifted from judgmental and directive responses to approaches based on listening, respect, and survivor choice. This change has helped build trust, reduced harm during help seeking, and made it more likely that survivors will come forward for support.

The case highlights the importance of investing not only in training, but also in follow up supervision and inclusive approaches that reflect local languages, cultures, and lived experience. When psychosocial support is embedded within existing government structures and delivered in a survivor centred way, local systems become more responsive, compassionate, and effective. This approach strengthens community level responses to gender-based violence and ensures that survivors are treated with dignity and supported to make their own decisions about safety and recovery.



From Silent Bystander to Youth Leader: Kakada's Journey to Preventing GBV in Her Community

Case Study from CWCC



Summary

In communities where young women are rarely included in decision-making, harmful norms around gender-based violence often go unchallenged and survivors remain unsupported. Kakada's experience from Kampong Speu illustrates how targeted youth engagement can strengthen community-level GBV prevention and response systems. Through the PASS project, inclusive training and ongoing mentorship equipped her with practical knowledge of gender equality, disability inclusion, referral pathways, and community engagement, enabling her to participate meaningfully in local governance structures. Her involvement in the Commune Committee for Women and Children has improved the identification of GBV risks, strengthened referral linkages, and amplified youth perspectives within formal decision-making spaces. This case demonstrates how investing in young women's leadership builds sustainable community capacity, reinforces local protection mechanisms, and contributes to more inclusive and responsive GBV systems within existing government structures.

Background

Before June 2024, Loy Kakada, a 19-year-old young woman from Kampong Speu Province, believed she had no role in preventing or responding to violence in her community. Like many young women, she thought only elders, authorities, or experienced community leaders could speak about domestic violence. Although she witnessed violence around her, she lacked the knowledge, confidence, and tools to help. She had never heard the term Gender-Based Violence (GBV) and did not know where survivors could seek support.

In her community, young people, especially girls, rarely participate in decision-making or matters related to violence prevention. Social norms discouraged youth involvement, and GBV was considered an issue for adults only.

Kakada shared that she once felt invisible and unsure: “I used to think GBV was something only adults could talk about,” she said.

As a result, cases went unnoticed, survivors did not receive support, and harmful norms continued unchallenged.

Initiative Overview

Kakada’s turning point came when she joined the Youth Support Group through the Promoting Access to Sustainable Services project. Through her involvement, she took part in practical and inclusive training that focused on human rights, gender equality, disability inclusion, different forms of gender-based violence, referral pathways, leadership, communication, and community engagement.

These learning sessions helped Kakada better understand the causes and impacts of violence, the needs of survivors, and the important role that young people can play in prevention and support within their communities. With ongoing mentoring and opportunities to apply what she learned, Kakada gradually built confidence in speaking with others, leading discussions, and raising community concerns with local authorities.

Achievements

Today, Kakada is a confident youth leader, advocate, and active member of her Commune Committee for Women and Children. This change has been supported through the Promoting Access to Sustainable Services project, implemented by CWCC with support from ACCESS 2 and funded by Australian Government. Through her involvement, Kakada has developed the skills and confidence to take on a leadership role within her community.



Kakada now plays an important role in raising awareness about gender-based violence in her village. She helps identify and report suspected cases, supports survivors to access appropriate services, and assists with referrals to local authorities. She also shares information about available support options and raises concerns affecting women and children during committee meetings. In addition, she actively encourages other young people, particularly girls, to take part in community activities and leadership roles.

Her voice, once rarely heard, is now respected in formal community discussions. Through her role on the committee, Kakada represents young people and brings community level concerns to the attention of local authorities, helping ensure that issues affecting women, children, and youth are recognised and addressed. “Now I know that even young people like me can help stop GBV,” she says. “I want more girls to feel confident and be part of social work.”

Kakada’s growth as a youth leader has been supported through ongoing engagement in the PASS project, implemented by CWCC with support from ACCESS 2. The project created a safe and supportive environment where young people could learn, share ideas, and build confidence. Training activities were designed to be inclusive, ensuring that young people with disabilities were able to participate fully.

Through regular mentoring and follow up support, Kakada developed the skills and confidence to take on an active role in her community. The project also strengthened links between youth groups and local authorities, helping young people engage meaningfully in commune level structures and decision making. This supportive environment enabled Kakada to move from being a quiet observer to becoming a confident and proactive youth leader whose contributions are recognised and valued.

Looking ahead, Kakada plans to continue expanding awareness raising activities on gender-based violence, supporting survivors to access services, and encouraging more young women to take part in community work. The PASS project will continue to strengthen youth groups, promote leadership opportunities, and improve connections between communities and local authorities, helping ensure that responses to gender-based violence are inclusive, accessible, and responsive to the needs of all community members.

Conclusion

Kakada’s story shows that young people, especially young women, can play a strong role in creating positive change when they are given the right skills, confidence, and support. Through her involvement, cases of gender-based violence in her village are identified more effectively, community awareness has increased, and survivors are better supported to access services. Her participation has also encouraged greater involvement of young people in local protection efforts and contributed to more inclusive decision making within community committees.

This case highlights the importance of investing in youth capacity building as part of community-based prevention and response to gender-based violence. When young people are supported to take part in local systems, they help strengthen protection mechanisms, improve access to support, and ensure that community responses reflect the needs and voices of women and girls.

Women Support Group as Key Actors in Community Protection

Case Study from CWCC

To protect confidentiality, all names used in this case study are fictitious, and the communes have not been identified.

Summary

In communities where knowledge of gender-based violence and disability inclusion is limited, survivors often remain isolated and cases go unreported. Ms Chana's experience illustrates how community-based women's groups can strengthen local protection mechanisms by building knowledge, confidence, and links to formal authorities. Through participation in the Women Support Group under the PASS project, targeted training and ongoing mentoring enabled her to understand GBV, recognise referral pathways, and engage constructively with commune-level structures. Her active involvement in the Commune Committee for Women and Children has contributed to improved reporting, stronger coordination with local authorities, and greater awareness of women's rights within the community. This case demonstrates how investing in peer-based support and women's leadership enhances community readiness to prevent and respond to GBV, strengthens accountability at the local level, and supports more inclusive and effective protection systems within existing government frameworks.

Background

Before June 2024, Ms Chana, a housewife from Kampong Speu Province, had very limited knowledge of gender-based violence (GBV) and disability inclusion. Like many women in her community, she lacked access to accurate information, support services, and safe spaces to share concerns. Having personally experienced domestic violence, she felt isolated, blamed herself, and had no idea where to seek help. There were few safe spaces for women to express their concerns, and connections between communities and local authorities for reporting GBV were weak.

For years, Ms Chana struggled in silence. She was shy, afraid to speak in public, and unaware of her rights. Without supportive networks or knowledge of referral pathways, she could not help herself or other women experiencing violence. The absence of community mechanisms meant that many GBV cases remained unreported and unaddressed.

Initiative Overview

In June 2024, Ms Chana joined the Women Support Group through the Promoting Access to Sustainable Services project, implemented by the Cambodian Women's Crisis Center (CWCC) with support from ACCESS 2. Through her participation, she received training on gender-based violence and women's rights, disability inclusion, identifying cases and referral pathways, as well as leadership and communication skills. These sessions strengthened her understanding of how to support survivors and improved her confidence in connecting women to appropriate services.

Ms Chana's growth was supported through sustained investment from ACCESS 2 and CWCC. ACCESS 2 provided funding for Women Support Group activities, training materials, and broader capacity building that strengthened community-based protection mechanisms. CWCC delivered practical training tailored to women's needs, provided ongoing mentoring and coaching, worked

closely with the Commune Committee for Women and Children, and created safe spaces where women could learn from one another and share experiences. Together, this support equipped Ms Chana with the skills, confidence, and networks needed to take on a stronger role as a community advocate for women's safety and rights.

Achievements

The change in Ms Chana has been significant. Once quiet and afraid to speak out, she has grown into a confident and active advocate within her community. She now takes part in monthly meetings of the Commune Committee for Women and Children, supports the reporting of gender-based violence cases to local authorities, and helps other women better understand their rights and available support. She is also involved in community awareness activities on gender-based violence and inclusion, and works closely with local authorities and other members of the Women Support Group.

Ms Chana has gained confidence not only in public spaces but also within her household. She now makes informed decisions at home, including managing family finances, and her husband fully supports her involvement in community work. Reflecting on her past experience, she shared, "When we are subjected to violence by our partners, there is no hope for us. Our silence is filled with despair and self-blame."

With growing confidence, Ms Chana now speaks openly about equality, dignity, and women's rights, using her experience to encourage other women to seek support and speak out against violence.

Conclusion

This case shows how empowering women with knowledge, confidence, and peer support can strengthen community safety and prevent violence. When women understand their rights and have strong links to local authorities, they are better able to support survivors, report violence, and contribute to safer communities.

Ms Chana's leadership demonstrates that women can drive meaningful change when they are supported to take active roles in their communities. Women Support Groups play an important role in strengthening local protection systems by building confidence, sharing information, and creating trusted spaces for women to seek help. As women gain knowledge and confidence, they are also better able to participate fully in decision making at home and in community life.

Community led support has helped improve reporting of gender-based violence and encouraged earlier access to assistance. CWCC will continue to strengthen the capacity of Women Support Groups through refresher training and closer collaboration with service providers and authorities. Ms Chana remains committed to mentoring other women and expanding awareness of gender equality and disability inclusion within her community. "I will keep helping my community understand gender equality and disability inclusion, and I will support survivors to receive the help they need, especially by promoting non-violence for the well-being of women and the whole community," she said.

A Dedicated Social Worker Strengthens GBV Services in Svay Leu District

Case Study from CWCC



Summary

Effective GBV response at the district level depends on skilled frontline officials who can apply survivor-centred approaches and coordinate across services. Ms Van Chhai Veun's experience in Svay Leu District illustrates how targeted capacity building can strengthen local protection systems and improve service quality. Through structured training, practical tools, and sustained mentoring under the PASS project, she developed the skills to assess risk, document cases, manage referrals, and engage survivors with confidentiality and respect. Her improved practice enhanced coordination with legal, health, and police services and increased survivor trust in local response mechanisms. This case demonstrates how investing in the capacity of local government officials can embed survivor-centred standards within existing systems, improve timeliness and accountability of GBV responses, and contribute to more effective and sustainable protection outcomes at the sub-national level.

Background

For years, Ms Van Chhai Veun, Deputy Chief of the Social Affairs and Welfare Office in Svay Leu District, had been committed to supporting women, children, and other vulnerable groups. Despite her dedication, she lacked professional training on gender-based violence (GBV), survivor-centred approaches, and referral coordination. This gap limited her ability to respond effectively to cases, record information properly, or collaborate with key service providers such as legal aid, police, and health staff. Survivors in her district often faced delays in receiving appropriate support, and their voices were rarely captured through tools like satisfaction surveys.

Although Ms Chhai Veun was motivated to support survivors, she did not have the training or tools needed to manage gender-based violence cases effectively. She lacked experience in assessing safety risks, had limited knowledge of referral pathways, and was unfamiliar with survivor centred

communication approaches. She also did not have clear systems for documenting cases or collecting feedback. As a result, the support provided to survivors was inconsistent, and trust in local services was limited. The absence of structured coordination with other service providers further weakened the overall response to gender-based violence at the community level.

Initiative Overview

Ms Chhai Veun's capacity to support survivors began to strengthen through her involvement in the Promoting Access to Sustainable Services project, funded by the ACCESS 2 program and implemented by the Cambodian Women's Crisis Centre. Through the project, she completed a series of core training sessions covering gender equality and disability inclusion, basic counselling skills, minimum standards for referrals related to gender-based violence, and legal protection mechanisms. These sessions provided her with a stronger understanding of survivor needs and her role in supporting safe and appropriate responses.

In addition to formal training, CWCC provided practical coaching to help Ms Chhai Veun apply what she had learned in real situations. This included guidance on using service quality checklists, client satisfaction surveys, case record books, and tools to assess safety risks. ACCESS 2 supported this process by funding ongoing training and refresher sessions, providing practical tools for gender-based violence response, strengthening local coordination systems, and encouraging peer learning and experience sharing.

CWCC complemented this support through regular mentoring, hands-on coaching, and opportunities for practice-based learning. Ms Chhai Veun was encouraged to use the tools in active cases and to work closely with the Gender-Based Violence Working Group. Together, this combination of training, practical tools, and sustained support enabled her to build confidence, improve service quality, and respond more effectively and consistently to survivors' needs.

Achievements

The impact of this support has been significant. Today, Ms Chhai Veun is a confident and trusted service provider responding to gender-based violence in Svay Leu District. She now keeps clear and accurate records, carries out safety risk assessments, and makes timely referrals to appropriate services. Her counselling approach is survivor centred, respectful, and focused on listening. She also uses feedback tools to understand survivors' experiences and works more closely with legal and health services, while ensuring confidentiality in every interaction.

One case involved a survivor who had recently returned from Thailand and was experiencing repeated and severe physical abuse from her husband. Using the skills she gained through training and mentoring, Ms Chhai Veun provided emotional support in a safe and private setting and helped the survivor understand her options without pressure. She supported temporary relocation to improve safety, arranged referrals to legal and health services, and carried out regular follow ups. Through this consistent and respectful support, the survivor began to regain confidence and emotional stability. Ms Chhai Veun's strengthened skills played a direct role in improving the survivor's safety and recovery.

Conclusion

Ms Chhai Veun's progress shows how the right investment can help local officials become strong and effective responders to gender-based violence. As her skills and confidence have grown, coordination at the district level has improved, services have become timelier and more consistent, and survivors have greater trust in local support systems.

Her work has also strengthened collaboration between authorities and service providers, helping ensure that survivors receive respectful, informed, and safe support. "The support from the project really helped me become more confident and professional," Ms Chhai Veun said. "Before, I was unsure how to respond. Now I feel I can handle sensitive cases better and give survivors the support they deserve."

Empowering Local Women to Lead Change in Svay Leu District

Case Study from CWCC



Summary

In communities where young women have limited opportunities to engage in prevention and response efforts, gender-based violence often remains unchallenged and under-reported. Heng Thai's experience in Svay Leu Commune illustrates how inclusive community-based capacity building can strengthen local GBV prevention systems. Through the PASS project, targeted training and sustained coaching equipped her with practical knowledge on gender equality, disability inclusion, survivor-centred response, and referral pathways, enabling her to engage confidently with village authorities and formal support structures. Her active role in awareness raising, case identification, and referral has strengthened coordination between community members and local leaders and improved early response to GBV risks. This case demonstrates how investing in young women's leadership at the grassroots level can shift community norms, enhance local accountability, and contribute to more inclusive and responsive GBV systems within existing governance frameworks.

Background

Heng Thai, a 25-year-old woman from Svay Leu Commune, Siem Reap Province, is one of 22 community members selected to participate in the Promoting Access to Sustainable Services (PASS) project under the ACCESS 2 program, implemented by the Cambodian Women's Crisis Center (CWCC). Before joining the project, Thai had limited knowledge about gender equality, GBV response, or disability inclusion. Like many young women, she was shy speaking in public and unsure of her role in preventing violence within her community.

Initiative Overview

In 2024, when the Cambodian Women's Crisis Center began forming a Village Support Group under the Promoting Access to Sustainable Services project, Thai volunteered to take part. Through her involvement in the project, she joined several training sessions that built her knowledge and practical skills. These sessions covered gender equality and women's rights, disability inclusion, gender-based violence and survivor centred approaches, case reporting and referral processes, as well as leadership and facilitation skills. The training helped Thai better understand gender-based violence, strengthened her confidence, and encouraged her to take on a more active role in her community.

Thai's growth was supported by the PASS project and ACCESS 2 through an inclusive approach that encouraged women's participation, practical training focused on real community needs, and ongoing coaching from CWCC. Strong collaboration with local authorities and the creation of safe spaces for women to learn, speak, and lead further supported her development. These investments have enabled Thai, along with other women in her community, to take action and contribute to preventing gender-based violence at the local level.

Looking ahead, Thai plans to continue raising awareness in her community, believing that open and regular discussion is essential for lasting change. "The more we share, the more women and children know their rights and choices," she said. "If they become economically independent and know how to protect themselves, violence will disappear from our community."

Achievements

With ongoing coaching and support from CWCC, Thai gradually overcame her shyness and lack of confidence. She began taking part in community awareness activities alongside the village chief and, over time, developed strong communication skills and positive working relationships with local authorities.

Today, Thai plays an active role in her community. She leads sessions on women's rights and disability inclusion, shares messages on preventing family violence, and works closely with village leaders and authorities. She raises sensitive issues with confidence during village meetings, reports cases of gender-based violence, and helps ensure that survivors are referred to appropriate services. She also engages with neighbours to support women in understanding their rights and encourages other young women to speak out and become involved in community activities. Her commitment and growing confidence have earned her respect and recognition within the community.

"My wish is to see families free from violence," she said. "Even when I'm busy with work, I still find time to raise awareness. My husband supports me because as a preschool teacher, I need to keep learning to grow and help others."

Conclusion

Thai's journey shows how women can become strong community leaders when they are given the right skills, support, and encouragement. Her involvement has helped raise awareness of gender-based violence in her village, encouraged more women to take part in community activities, and improved local understanding of women's rights and disability inclusion. She has also contributed to earlier reporting of cases and better referral to support services.

Through her leadership, Thai has helped build trust in local support systems and shown the positive role that young women can play in shaping safer and more inclusive communities. Her experience highlights the importance of investing in women and youth leadership as a driver of lasting social change.

Empowering a Gender-Based Violence Survivor through Legal Support

Case Study from LAC

Summary

Women experiencing prolonged domestic violence often face significant barriers to safety and justice, particularly when legal processes are inaccessible or delayed. This case demonstrates how coordinated legal aid and community referral mechanisms can enable survivors to exercise their rights and secure protection for themselves and their children. Through referral from a commune focal point and civil society support, Legal Aid of Cambodia provided legal counselling and representation, supported the survivor to navigate repeated pretrial delays, and worked with local authorities to progress the case when the perpetrator avoided court proceedings. The court's decision to grant the divorce and award child custody reflects the effectiveness of persistent legal advocacy within the formal justice system. This case highlights the importance of accessible legal services, strong referral pathways, and sustained engagement with judicial authorities in enabling survivors to achieve safety, stability, and long-term independence.

Background

A woman who had been married since 2013 experienced years of domestic violence, infidelity, and lack of financial support from her husband. The couple has an 11-year-old daughter. Over time, her husband's long absences and increasing violence made the situation unsafe and impossible to continue. Feeling that she could no longer protect herself or her child, the woman decided to seek a divorce to ensure their safety and wellbeing.

Initiative Overview

Seeking support, the survivor first approached the commune focal point and later received counselling from the Banteay Srei Organization. As it became clear that legal action was necessary to protect her and her child, Banteay Srei referred her to Legal Aid of Cambodia on 24 July 2025.

With support from Legal Aid of Cambodia, the survivor received legal counselling, was informed of her rights, and was assisted to prepare and submit divorce documents to the court. The court scheduled the first pretrial interview in August 2024, but her husband did not attend. Legal Aid of Cambodia requested further action, leading to a second pretrial session in September 2024, which the husband again failed to attend.

Commune authorities and project staff made repeated efforts to deliver court summons directly, but the husband continued to avoid the process. Due to his repeated absence, the judge exercised legal authority to allow the case to proceed without his presence.

Achievements

In April 2025, the court approved the divorce and granted full custody of the child to the survivor. The formal court decision was issued on 29 April 2025.

This outcome brought significant positive change to the survivor's life. She is now living safely with her daughter and has been able to start her own business, giving her financial independence. Free

from violence, she has regained control over her life and is able to make decisions in the best interests of herself and her child. Her daughter is now growing up in a safe and stable environment, with greater security and opportunity for the future.

Conclusion

Accessible legal services and strong community referral systems can help survivors of domestic violence move toward safety and independence. With timely legal support and persistent advocacy, the survivor was able to navigate a challenging court process, secure a divorce, and obtain custody of her child despite repeated delays and obstruction.

This case study highlights the importance of coordinated action between commune focal points, civil society organisations, legal aid providers, and judicial authorities. When referral pathways function effectively and legal services remain engaged over time, survivors are better able to exercise their rights and achieve lasting protection. This case demonstrates how sustained legal support can help women rebuild their lives, protect their children, and create stable futures free from violence.

A Young Girl's Journey toward Healing and Hope

Case Study from CWCC

Summary

Adolescent survivors of sexual violence face compounded risks when online abuse, community stigma, and limited access to coordinated protection services intersect. This case from Kampong Thom Province demonstrates the effectiveness of an integrated, survivor-centred response that addresses immediate safety, access to justice, and long-term recovery. Through timely intervention by CWCC, the survivor and her family accessed trauma-informed psychosocial support, medical care, legal assistance, and safe accommodation, while ensuring continuity of education. Coordinated case management and close collaboration with law enforcement, judicial authorities, health providers, and the Provincial Department of Women's Affairs enabled accountability for perpetrators and reduced ongoing risks to the survivor and her family. The case highlights how holistic service delivery, underpinned by strong partnerships and sustained follow-up, can strengthen child protection outcomes, reinforce confidence in formal justice systems, and support durable recovery for adolescent survivors of gender-based violence.

Background

A 14-year-old girl from a rural community in Kampong Thom Province experienced serious trauma after being sexually abused. Following the abuse, she was publicly verbally attacked and threatened by the perpetrators, who warned they would share images of her online without her consent. As the incident spread on social media, the girl faced deep emotional distress, social stigma, and fear for her safety.

Her family, particularly her mother and grandmother, were under strong pressure from the community but chose to report the case to the police. They sought justice despite having limited knowledge of legal procedures and available protection services. During this period, the girl's mental health deteriorated. She became physically weak, anxious, and afraid to return to school. Both she and her younger sister were at risk of further harm due to gossip and social exclusion within the community.

The case was reported to the Cambodian Women's Crisis Centre in Kampong Thom by an official from the District Office of Social Affairs. CWCC staff responded immediately and referred the survivor to safe shelter and protection services to ensure her safety and provide appropriate support.

Initiative Overview

With the timely intervention of CWCC, significant positive changes occurred in the survivor's life. CWCC provided comprehensive, survivor-centred, and trauma informed care that helped rebuild her safety, dignity, and confidence. The survivor received psychological counselling, medical care, safe accommodation, and daily nutrition at CWCC's Siem Reap Safe Shelter. She also received legal counselling to understand her rights and actively participate in the judicial process, as well as educational support that enabled her and her sister to continue schooling.

Achievements

One perpetrator received a two-year prison sentence and was ordered to pay 20 million riels in compensation. While the survivor has not yet received this payment due to the perpetrator's imprisonment, the ruling affirms her right to compensation. The second perpetrator, who recorded and shared the video on social media, received a suspended sentence and was fined 5 million riels, which the survivor has already received.

This marked a significant milestone of accountability and sent a strong message that such acts will not be tolerated in the community. The survivor's recovery journey became a story of resilience and renewed hope. She successfully completed Grade 9 with good results and expressed her determination to continue her education through Grade 12. Her mother and sister also experienced improved stability socially and emotionally through CWCC's continuous follow-up and support.

This change is significant because it demonstrates how a rights-based and holistic protection approach can empower survivors to reclaim control of their lives. It also strengthens public confidence in the justice system and raises community awareness about gender-based violence. "I thought my life was over," the survivor said softly. "But with help, I found my strength again. Now I want to finish school and build a better life for my family," she said.

The change was made possible through the integrated service delivery model implemented by CWCC with support from partners under ACCESS 2 program. Following the referral cases, CWCC's case management team ensured immediate safety and coordinated with key stakeholders, including the Provincial Department of Women's Affairs, police officers, health service providers, and legal partners.

At the shelter, the survivor received continuous counselling and empowerment-focused recovery activities. CWCC's legal team guided her family through the court process and advocated for fair and timely prosecution. CWCC also worked closely with schools and local authorities to reduce stigma and safeguard the survivor's right to education. With the support of Krousar Komar Cambodia, CWCC facilitated the survivor's transfer to a long-term care and education facility, ensuring sustained learning opportunities in a safe environment. This collaboration reflects the strength of partnership and coordinated support between CWCC, government institutions, and development partners resulting in long lasting impact.

Conclusion

The case demonstrates several key lessons that will guide CWCC's continued efforts in supporting survivors of gender-based violence. First, a coordinated and survivor-centred approach is essential to ensuring both immediate safety and long-term empowerment. Providing holistic care that addresses psychological, legal, and educational needs enables survivors to rebuild their confidence and regain control of their lives. Access to education has proven to be a cornerstone of recovery and reintegration, offering both stability and a pathway toward independence. Moreover, effective collaboration between civil society organisations, local authorities, and the justice system significantly strengthens the response to violence and accelerates access to justice. Continuous follow-up support is equally vital, as it helps prevent re-traumatization, fosters emotional healing, and sustains the progress made by survivors.

A Young Girl's Path from Violence to Safety and Education

Case Study from CWCC

Summary

Child survivors of sexual violence face complex and overlapping risks, particularly when abuse occurs within the family and is compounded by stigma, disbelief, and disruption to education. This case from Siem Reap Province demonstrates the importance of a coordinated, survivor-centred protection system that prioritises safety, health, justice, and continuity of learning. Through CWCC's integrated case management approach, the survivor accessed trauma-informed psychosocial support, medical care throughout pregnancy and postnatal recovery, safe accommodation, and legal assistance, while remaining engaged with the education system. Close coordination with police, the Department of Women's Affairs, health providers, schools, and civil society partners enabled timely protection, accountability for the perpetrator, and sustained follow-up support. The case highlights how multi-sectoral collaboration and early engagement with education providers can mitigate long-term harm, uphold children's rights, and support recovery and reintegration for adolescent survivors of gender-based violence.

Background

A 14-year-old girl from a rural community in Siem Reap Province faced severe sexual violence from her biological brother, who was struggling with drug addiction. Due to her young age, limited understanding of sexual abuse, and fear of not being believed, she initially remained silent. When she confided in her mother, her concerns were dismissed, as the mother did not believe her and blamed her for accusing her own brother.

As her pregnancy became visible, with movement felt in her abdomen, her neighbours and community members began to suspect something was wrong. A neighbour encouraged her to seek medical attention, which confirmed that she was over six months pregnant. The case was then reported to the police, who referred it to the Provincial Department of Women's Affairs, and subsequently to CWCC's Safe Shelter for protection and care. At the time, she was still in Grade 6. The survivor faced multiple challenges of pregnancy at a very young age, trauma, stigma, and uncertainty about her future. Her safety and access to education were also at risk.

Initiative Overview

This positive change was achieved through CWCC's integrated case management approach. CWCC's social workers coordinated with the police, the Department of Women's Affairs, and local schools to ensure a multi-sectoral response that addressed the survivor's safety, health, and education needs. The partnership with local authorities and medical professionals allowed her to access continuous health care and counselling.

Through collaboration with another local NGO, CWCC facilitated her transfer in August 2025 to a long-term care and education centre, ensuring she could continue her studies in a safe environment. This partnership highlighted the strength of coordination among civil society organizations and government institutions in supporting survivors of gender-based violence.

Achievements

With CWCC's timely intervention, the survivor received comprehensive, trauma-informed care that ensured her safety, health, and continued education. She was provided with psychological counselling, safe accommodation, and medical care throughout her pregnancy. CWCC also coordinated with her school to allow her to complete her final exams, ensuring she would not lose an academic year. Staff accompanied her to and from school and closely monitored her health until she safely delivered a healthy baby girl in October 2024. Following childbirth, she received postnatal care and continued psychosocial support. After three months of recovery, she rerolled in school and successfully advanced to Grade 7 with CWCC's assistance.

Her court case was finalised in December 2024, where the perpetrator was sentenced to eight years' imprisonment, marking a significant step toward justice and protection for the survivor. The case reflects a significant transformation from a life of fear and abuse to one of safety, healing, and renewed hope for education. This change is significant because it demonstrates the importance of a coordinated, survivor-centred protection system that upholds children's rights and dignity.

Conclusion

This case demonstrates that child survivors can rebuild their lives when provided with safety, emotional support, and continued access to education. CWCC learned that engaging schools early, ensuring confidentiality, and maintaining strong collaboration between service providers are crucial to supporting young survivors effectively.

Ending a Life of Violence and Starting a Peaceful Life

Case Study from CWCC

Summary

Women experiencing sustained domestic violence in rural contexts often face intersecting barriers to safety, justice, and economic independence, particularly where access to legal information and coordinated support services is limited. This case from Siem Reap Province illustrates how integrated legal and psychosocial support can enable survivors to exit abusive relationships and secure long-term protection for themselves and their children. Through referral by local authorities and intervention by CWCC under the PASS project, the survivor received legal counselling, court preparation, and psychosocial support, enabling her to navigate divorce proceedings despite repeated delays and perpetrator non-compliance. Sustained engagement with the court system and coordination with commune-level structures resulted in a formal divorce judgment and child custody determination. This case demonstrates the importance of accessible legal aid, survivor-centred support, and strong collaboration between community authorities and specialised service providers in strengthening access to justice, improving safety outcomes, and supporting durable recovery for women affected by gender-based violence.

Background

A 37-year-old woman from Siem Reap Province, faced continuous domestic violence from her husband, who was addicted to gambling and alcohol. Over time, the situation worsened as he insulted her, destroyed household property, and neglected his financial responsibilities. Despite repeated efforts by the local authorities to mediate, there was no change in his behaviour. The survivor's emotional and physical well-being declined, and she felt trapped in an unsafe relationship with no access to justice or economic independence. With limited legal knowledge and no support network, she feared for her and her young son's future. This situation reflected a broader issue faced by many women in rural Cambodia, where survivors of gender-based violence (GBV) often lack information, confidence, and access to legal protection mechanisms.

Initiative Overview

The change was achieved through a comprehensive approach involving both local authorities and CWCC's legal and psychosocial teams. The Commune Dispute Resolution Office referred the case to CWCC for specialised support. CWCC's legal officer and counsellor worked closely with the survivor to provide psychological support, legal advice, and documentation assistance. Before the hearing, the survivor received technical legal coaching from CWCC to help her confidently present her case and respond to questions in court. CWCC staff followed up with the court and supported her in making the decree legally permanent, ensuring full compliance with legal procedures.

The ACCESS 2 Program contributed to this change by supporting CWCC's integrated service delivery model combining psychosocial support, legal counselling, and access to justice for GBV survivors. This case highlights how donor supported interventions can translate into real, life changing outcomes for vulnerable women in rural Cambodia.

Key lessons learned include that collaboration between local authorities and service providers like CWCC is critical in identifying and referring survivors for timely support. Providing survivors with

both legal and psychosocial assistance ensures not only justice but also emotional recovery and empowerment.

Continuous capacity building for local officials can strengthen the GBV referral mechanism at the community level. Moving forward, CWCC plans to continue coordinating with commune and district authorities to ensure that survivors are promptly referred and receive comprehensive services. The organization will also strengthen follow up mechanisms to monitor post case outcomes, focusing on survivors' long-term safety and economic empowerment. Lessons from this case will inform CWCC's future training for local service providers under the ACCESS 2 Program to enhance the integration of gender equality, disability inclusion, and social inclusion (GEDSI) principles in GBV responses.

Achievements

The significant change occurred when the survivor gained access to legal and psychosocial support through the Cambodian Women's Crisis Center (CWCC) through the Promoting Access to Sustainable Services (PASS) project funded by ACCESS 2 program. Through CWCC's intervention, she was supported to file for divorce legally, received psychological counselling, and understood her rights under Cambodian law. In March 2024, the Siem Reap Provincial Court issued a divorce judgment, officially ending the abusive marriage and granting her full custody of her son. This marked a turning point in her life by ending a life of violence and starting a peaceful life where she could finally live with dignity and freedom. This change is significant because it not only improved her safety, dignity, and independence, but also demonstrated how coordinated community and legal services can ensure survivors' access to justice. The survivor has since rebuilt her life as she now lives peacefully with her child, earns her own income, and actively participates in community activities. "Thanks to CWCC's guidance and support, I finally feel safe and free from violence. I can make decisions for my life and my son's future," said the survivor during her follow up session.

Conclusion

Coordinated legal and psychosocial support can help women in rural areas escape long-term violence and rebuild safe, independent lives. Through timely referral, legal guidance, and emotional support, the survivor was able to navigate a complex court process, secure a divorce, and gain custody of her child despite repeated delays and resistance from the perpetrator.

This case study highlights the importance of accessible legal aid, survivor-centred support, and strong collaboration between commune authorities and specialised service providers. When these systems work together, survivors are better able to exercise their rights, protect their children, and move toward long-term safety and economic independence. This case demonstrates how sustained, well-coordinated support can turn legal protection into meaningful recovery and restore dignity and stability for women affected by gender-based violence.

Leadership in Action – Ms Kham Nav Strengthens GBV Response Systems in O’Chum District

Case Study from CARE

Summary

In a province with persistently high rates of intimate partner violence, effective GBV response depends on strong local leadership and coordinated district-level systems. The experience of O’Chum District in Ratanakiri Province illustrates how targeted capacity building can strengthen governance and improve survivor outcomes in remote and Indigenous contexts. Through the Strengthening Inclusive Services for Indigenous People (SISIP) project, supported by ACCESS 2 and funded by DFAT, Ms Kham Nav, as Deputy District Governor and Chair of the District GBV Response Working Group (GBV RWG), strengthened coordination between commune councils, health centres, police, and social affairs officials. The application of structured procedures, survivor-centred case management, and clear referral pathways replaced previously informal responses, improving consistency, accountability, and access to services. This case demonstrates how investing in district leadership and multi-sectoral coordination can embed national GBV standards into local systems, increase survivor confidence in authorities, and enhance protection and response outcomes for women, including Indigenous women and women with disabilities, in high-burden settings.

Background

Ratanakiri remains one of the provinces with the highest levels of gender-based violence in Cambodia. A baseline survey conducted in 2024 found that 29 per cent of women aged 15 to 49 had experienced physical, sexual, or emotional violence from a partner, which is higher than the national average of 21 per cent.

O’Chum District in Ratanakiri Province faces particular challenges in responding to gender-based violence, especially in remote Kreung Indigenous communities where women often struggle to access timely protection and support. As Deputy Governor of O’Chum District and Chair of the GBV RWG, Ms Kham Nav plays a central role in coordinating the district response. The working group brings together commune councillors, health centre staff, and police to improve prevention, referral, and protection for survivors.

Ms Kham Nav’s involvement in the SISIP project highlights how strengthened local leadership can improve district wide systems. Through capacity building and coordination support, the project has helped enhance the ability of local authorities to work together more effectively and respond to survivors in a timely and coordinated way, particularly in hard-to-reach communities.

Initiative Overview

Before the training, cases of gender-based violence in the district were often handled informally. Although national rates of intimate partner violence have declined over time, levels in Ratanakiri remain high. The SISIP baseline survey found that 29 per cent of women in the province had experienced violence from a partner in the past year. Many cases were not reported, and when they were brought to authorities, there were no clear or consistent procedures for handling, recording, or following up on cases.

“Before the SISIP project, we tried to help survivors, but we did not fully understand the correct procedures or the services available,” said Ms Kham Nav.

After completing the four essential service training packages on gender-based violence, Ms Nav reported significant improvements in her knowledge, confidence, and professional capacity. The training strengthened both her individual role and the wider district response. “The training changed not only my knowledge but also the way our whole district responds to GBV,” she said. “Now, I feel fully equipped to support women with confidence and responsibility.”

Achievements

As Chief of the District GBV RWG, Ms Kham Nav now leads a coordinated, survivor-centered GBV response system, bringing together commune councils, health centres, police, and social affairs officials to ensure cases are documented, referred, and followed up in line with national procedures. Before receiving training and coaching through the SISIP project, GBV cases in O’Chum District were often managed through informal approaches, with limited coordination, unclear referral pathways, and inconsistent follow up.

Following capacity- building, Ms Nav applies structured case management practices, promotes effective and appropriate information- sharing among service providers, and ensures survivors are safely referred to health, legal, and social services. This shift has strengthened survivor trust in authorities, improved timely- access to services, and increased consistency in how GBV cases are handled across the district. “As the Chief of the GBV RWG, my priority is coordination,” she said. “Today, the commune councils, health centres, and police work together more effectively than ever. When a survivor seeks help, we respond as one team.”

Today, Ms Nav plays an active role in supporting survivor-centred services, including psychosocial support, case coordination, safe referrals, home visits, and the facilitation of district-wide GBV awareness activities. Her leadership has helped ensure that GBV responses are no longer handled in isolation, but through a shared, multi-sectoral approach. “Women in our district used to be afraid to report violence,” she said. “Now, they know that when they come to us, we listen, we protect their confidentiality, and we guide them to the services they need.”

As a result of improved coordination and consistent outreach, O’Chum District has seen positive progress in survivor confidence, access to services, reduced fear of reporting, and increased trust in local authorities.

Despite these gains, challenges remain, including remote village locations, transportation constraints, and ongoing fear of retaliation for some survivors. Ms Nav places particular emphasis on addressing barriers faced by Indigenous women and women with disabilities, ensuring their needs are reflected in district planning and response mechanisms. “Our Indigenous and women with disabilities face extra barriers—long distances, lack of transport, and fear,” she said. “That is why I make sure they are prioritised in our district plans.”

Conclusion

Through sustained capacity building support funded by DFAT through ACCESS2, Ms Kham Nav has emerged as a strong district level leader, contributing to meaningful improvements in GBV response systems in O’Chum District. “We have made real progress, but the work does not stop here,” she said. “My hope is to continue strengthening our system, training our teams, and ensuring every survivor receives the support she deserves—quickly and safely.”

Strengthening Gender-Based Violence (GBV) Response through Dedicated Counselling Rooms

Case Study from LAC



Summary

Ensuring survivor safety, dignity, and confidentiality at the point of first contact is critical to effective gender-based violence response. The establishment of dedicated counselling rooms by Legal Aid of Cambodia across Siem Reap, Kampong Speu, and Kampong Cham demonstrates how targeted infrastructure investment can strengthen service quality within existing local systems. By providing private, well-equipped spaces aligned with the Minimum Standards for Basic Counselling Services for Women and Girls, the initiative has enabled commune-level Women's Affairs Officers to deliver survivor-centred legal and psychosocial support in a safe and confidential environment. The counselling rooms have improved survivor willingness to disclose sensitive information, enhanced accuracy of case documentation, and strengthened local capacity to manage GBV cases within commune jurisdictions. This case illustrates how modest, standards-based investments can reinforce access to justice, improve frontline service delivery, and embed quality and accountability in community-level GBV response mechanisms.

Background

Survivors of gender-based violence (GBV) face multiple barriers when seeking safe and appropriate support, particularly at the community level. In many settings, the absence of private and dedicated spaces within commune offices limits survivors' ability to disclose sensitive experiences, as they risk being overheard, judged, or stigmatised. Concerns around confidentiality are further compounded by weak data protection systems and inadequate storage of case information, undermining trust in local services.

Initiative Overview

Legal Aid of Cambodia has established six dedicated counselling rooms across three provinces: Siem Reap, Kampong Speu, and Kampong Cham, with two rooms in each province. These rooms were created to ensure that survivors of gender-based violence can receive support in a safe and private environment that respects dignity and confidentiality.

The counselling rooms support commune level Women's Affairs Officers to provide services that meet national minimum standards for basic counselling for women and girls. Each space is set up to enable professional and survivor centred counselling, with appropriate furniture and secure storage to protect sensitive case information. Information materials such as posters and guidance notes are available to help survivors understand their rights and available options, while case records support accurate documentation and follow up.

To ensure children are also considered, each counselling room includes a child friendly area with simple toys, allowing children to remain safe and occupied while their mothers receive focused support.

These counselling rooms now serve as an important entry point for survivors seeking legal and psychosocial support. They have been actively used to provide face to face counselling in line with privacy and confidentiality requirements, while also strengthening the ability of commune level officers to manage cases within their own communities. Together, these facilities have improved access to safe, respectful, and coordinated support for survivors of gender-based violence.



Achievements

Monitoring and quality assurance reviews show that the introduction of dedicated counselling rooms has improved how survivors engage with services. Commune level Women's Affairs Officers report that survivors feel safer in these private spaces and are more willing to share sensitive information without fear of being overheard, judged, or stigmatised. Having a secure and respectful environment has also helped survivors provide more complete and accurate information, which in turn supports better case management and follow up. The counselling rooms have enabled officials to consistently meet national minimum standards for basic counselling, particularly in relation to dignity, privacy, and confidentiality.

While the counselling rooms serve as the main location for gender-based violence support, the project has also demonstrated flexibility in maintaining services during staffing changes. In Ou Svay commune, a recent divorce case showed strong local commitment to survivor support when the designated Women's Affairs Officer was on maternity leave. Rather than turning the survivor away, other commune council members stepped in to provide assistance in alternative private spaces. This ensured confidentiality was maintained and support continued without interruption, despite temporary staffing constraints.

Conclusion

Providing safe and private spaces at the community level can significantly improve the quality of support for survivors of gender-based violence. By establishing dedicated counselling rooms that meet national minimum standards, Legal Aid of Cambodia has strengthened the ability of commune level Women's Affairs Officers to offer respectful, confidential, and survivor centred support. Survivors are more willing to seek help, share sensitive information, and engage with legal and psychosocial services when they feel safe and protected.

This case study also highlights the value of integrating simple, standards-based infrastructure into existing local systems. Even modest investments can lead to lasting improvements in service quality, accountability, and trust. By embedding these counselling spaces within commune structures and demonstrating flexibility during staffing changes, the initiative has reinforced access to justice and continuity of care. This approach provides a practical and scalable model for strengthening frontline responses to gender-based violence and ensuring survivors are treated with dignity and respect from their first point of contact.

Establishment of a Commune-Level Counselling Room in Khnat Commune, Puok District, Siem Reap Province

Case Study from TPO

Summary

Delivering survivor-centred GBV services requires not only trained personnel but also physical environments that enable confidentiality, dignity, and informed decision-making. The experience in Khnat Commune, Puok District, demonstrates how local leadership and modest infrastructure investment can translate capacity building into improved service quality. Despite receiving training under ACCESS 2, commune-level service providers identified the lack of private space as a key barrier to applying minimum counselling standards. Through leadership by the Commune Chief and collective decision-making within the Commune Development Committee, an unused room was repurposed into a dedicated counselling space. The establishment of this room enabled confidential, safe, and standards-compliant psychosocial support, improved survivor willingness to disclose information, and strengthened provider confidence in delivering survivor-centred services. This case illustrates how integrating training with practical, locally owned solutions can strengthen commune-level GBV response systems, improve survivor trust, and embed sustainable protection mechanisms within decentralised governance structures.

Background

Khnat Commune is one of 14 communes in Puok District, Siem Reap Province, with a population of approximately 11,881 people, including 5,790 women. The commune provides services to an average of two to three women survivors of gender-based violence (GBV) per month, through both in-person and phone consultations.

Seven commune-level service providers—including commune leadership, CCWC focal persons, police, and village representatives—have received regular training from TPO under the Australia–Cambodia Cooperation for Equitable Sustainable Services – Phase 2 (ACCESS 2). These trainings covered psychosocial support, minimum standards for counselling women and girl survivors, referral mechanisms, and related topics.

Despite increased capacity, service providers faced challenges in applying minimum standards related to confidentiality, privacy, and survivor-centred decision-making. Counselling sessions were conducted at a shared meeting table in the commune office—an open space with frequent foot traffic.

This lack of privacy caused women survivors to feel ashamed, hesitant to share information, and reluctant to make decisions. Service providers recognized that the physical environment itself was a major barrier to accessing quality, survivor-centred services.

Initiative Overview

During a refresher training in early 2024, service providers discussed possible solutions. Several options were considered, including temporary private spaces. The most sustainable solution proposed was to establish a dedicated counselling room within the commune office.

The Commune Chief, Mr Lek Lon, took leadership in advancing this idea. He identified an unused storage room behind the commune office and formally proposed its conversion into a counselling room during the Commune Development Committee meeting. Using real case examples and referencing minimum service standards, he successfully advocated for approval.

Three months after the initial discussion, the proposal was approved. A private counselling room measuring 4 x 6 meters was officially inaugurated on 28 May 2025. The event was attended by representatives from the Siem Reap Provincial Department of Social Affairs, ACCESS 2, TPO, and partner organizations.

The room was officially assigned to the CCWC focal person, Ms Chheung Srey Pech, for exclusive use in providing psychosocial support services to women and girls survivors of GBV. All counselling sessions and documentation are now conducted in this secure space, ensuring confidentiality and survivor safety.

Following the inauguration, 60 face-to-face counselling sessions (around 30 GBV and Non GBV women and girl) were conducted in the new room. To ensure sustainability, the Commune Chief committed to installing additional equipment (e.g., a fan) to improve comfort and allocating a maintenance budget of 370,000 riels in the 2026 Commune Investment Plan

Achievements

The establishment of the counselling room led to immediate and visible improvements in how survivors accessed and experienced support. Women reported feeling safer and more comfortable sharing their experiences in a private space, without fear of being overheard or judged. This safe environment allowed survivors to speak openly and with greater confidence.

Service providers also reported increased confidence in their work and a stronger ability to apply counselling standards fully and consistently. The commune demonstrated clear ownership of the initiative by allocating budget to support the counselling room, reinforcing accountability and sustainability at the local level.

“With a private counselling room, we can provide complete and quality services while ensuring confidentiality and safety,” Ms Chheung Srey Pech said. “Women are no longer afraid or ashamed to seek help.”

Conclusion

This case demonstrates how strengthening local leadership and applying training in practice can lead to sustainable, system-level change. A modest infrastructure investment, driven by community ownership, significantly improved access to survivor-centred, confidential psychosocial support services.

The initiative contributes directly to improved service quality, increased survivor trust, and stronger protection mechanisms at the commune level, aligning with ACCESS 2 objectives and national minimum standards for GBV response.

Enhancing Frontline Capacity to Support GBV Survivors

Case Study from TPO



Summary

Frontline commune-level service providers play a critical role in GBV response, yet without adequate psychosocial skills and referral knowledge, their ability to support survivors can be limited. Ms Chan Khea's experience in Patang Commune demonstrates how targeted capacity building can strengthen both individual practice and community-level systems, particularly in Indigenous contexts. Through training delivered by TPO, she developed a stronger understanding of mental health, survivor-centred communication, and referral processes. Applying these skills enabled her to build trust, conduct assessments, support safety planning, and improve service quality, contributing to more responsive and culturally appropriate GBV support. This case demonstrates how investing in the skills and confidence of local service providers can improve service quality, increase survivor satisfaction, and contribute to more responsive, culturally appropriate GBV support mechanisms within commune-level systems.

Background

Ms Chan Khea, a commune council member in Patang Commune, has supported women survivors of GBV for two years, handling around 10 cases annually. Before participating in TPO training, she faced challenges due to limited counselling skills, lack of understanding of mental health impacts, and insufficient knowledge of referral pathways.

In her Indigenous community, services in the Tampuan language were limited, making it difficult to build trust and emotional connection with survivors. She previously believed that providing advice or material support was sufficient, which often led to frustration when violence continued. She struggled to distinguish between counselling and advising, resulting in inconsistent support and

lower survivor satisfaction (estimated at 40–50%). Survivors frequently experienced repeated violence, and follow-up support options were limited.

Initiative Overview

Under the ACCESS 2 program, TPO Cambodia implemented a comprehensive capacity-building approach to strengthen frontline GBV response. Training was delivered to over 260 local service providers on the Minimum Standards for Basic Counselling (MSBC), GBV response, psychosocial support, and referral pathways. Refresher courses, supervision, and mentoring were provided to reinforce skills and ensure continuous improvement.

In response to evolving contexts, additional training on Psychological First Aid, safeguarding, and GBV in emergency settings equipped 96 service providers to respond effectively in crisis and displacement settings. Pre- and post-training assessments demonstrated improved knowledge and skills, while ongoing coaching strengthened confidence, survivor-centred practice, and adherence to confidentiality and referral standards.

Achievements

Following the training, Ms Chan Khea experienced significant improvements in both knowledge and practice. She developed a deeper understanding of the mental health impacts of violence and the importance of addressing emotional well-being alongside safety.

She strengthened key counselling skills, including active listening, building rapport, asking open-ended questions, and identifying emotional cues. Her confidence increased to around 70%, and she adopted a more supportive, non-judgemental approach. Importantly, she began using the Tampuan language to communicate psychosocial concepts, improving accessibility and trust for Indigenous survivors.

One survivor—a 58-year-old Indigenous woman experiencing long-term family conflict—received psychosocial counselling, legal information, and referral support. After three sessions, the survivor reported reduced distress, improved emotional well-being, and greater confidence in decision-making. She expressed high satisfaction and encouraged other women to seek support.

Ms Chan Khea believes that continued refresher training will further improve service quality and encourage more women to access support.

Conclusion

This case demonstrates that strengthening the capacity of community-level service providers can lead to meaningful improvements in service quality, survivor trust, and access to support. Investing in skills, confidence, and culturally appropriate approaches enables more effective, survivor-centred GBV response and contributes to stronger and more responsive community protection systems.



Changing Attitudes and Strengthening Skills of a Commune Official in Supporting Women Survivors of Violence

Case Study from TPO



Summary

Commune-level officials are often the first point of contact for women experiencing domestic violence, yet without appropriate training, attitudes and practices can limit the effectiveness of local responses. Mr Sort Chek's experience in Krouch Kor Commune illustrates how targeted psychosocial capacity building can strengthen survivor-centred GBV response at the community level. Through refresher training delivered by TPO, he developed a clearer understanding of GBV as an issue rooted in power and control, improved his knowledge of referral pathways, and gained practical skills in active listening, assessment, and safety planning. This shift in perspective and practice enabled him to engage more constructively with women survivors, encourage informed decision-making, and provide support beyond short-term mediation. The case demonstrates how continuous training and reflective practice can transform local service delivery, improve survivor trust and satisfaction, and contribute to more effective and accountable GBV response systems within commune-level governance structures.

Background

Mr Sort Chek, a 31-year-old Second Deputy Commune Chief in Krouch Kor Commune of Kralanh district, Siem Reap province, has supported women survivors for the past two years, handling two to three cases per month. Despite prior training on GBV-related topics, he felt his capacity remained limited, particularly in psychosocial support, referrals, and coordination with formal services.

Previously, he believed that violence involved fault on both sides, which affected his approach to supporting survivors. This mindset limited his ability to address emotional needs and safety risks effectively.

He also faced practical challenges, including lack of cooperation from perpetrators, limited

community support for legal processes, and reluctance of survivors to disclose their experiences. Many women sought only short-term solutions, such as written agreements, rather than long-term safety planning or protection measures.

Initiative Overview

Under the ACCESS 2 program, TPO Cambodia implemented a comprehensive capacity-building approach to strengthen frontline GBV response. Training was delivered to over 260 local service providers on the Minimum Standards for Basic Counselling (MSBC), GBV response, psychosocial support, and referral pathways. This was complemented by refresher courses, supervision, and mentoring to reinforce practical skills and ensure continuous improvement in service delivery. In response to evolving contexts, additional training on Psychological First Aid, safeguarding, and GBV in emergency settings equipped 96 service providers to effectively respond in crisis and displacement situations. Pre- and post-training assessments demonstrated improved knowledge and technical competencies, while ongoing coaching further strengthened provider confidence, promoted survivor-centred practices, and reinforced adherence to confidentiality and referral standards.



Achievements

Following the training, Mr Sort Chek experienced a significant shift in both attitude and practice. He came to understand that violence is driven by power and control, and that survivors should not be blamed. This marked a fundamental shift in how he viewed and responded to cases of gender-based violence.

He strengthened his counselling skills, including active listening, observation, and structured questioning, and improved his ability to support safety planning and referrals. His confidence increased to approximately 75–80%, and he adopted a more respectful and non-judgemental approach.

Since applying these skills, he has supported around five women survivors. One survivor reported feeling calmer and more confident after receiving support, highlighting the clarity of information provided and the respectful, confidential nature of the interaction.

Mr Sort Chek has committed to continuing these practices, focusing on helping survivors make informed decisions rather than directing outcomes. He believes that continued refresher training will further improve service quality and encourage more women to seek support.

Conclusion

This case study demonstrates that continuous, well-designed training can transform attitudes, strengthen service provider capacity, and create meaningful, positive impacts on the protection and well-being of women survivors of violence at the community level.

Assisting a Survivor with Divorce to Escape Economic and Physical Violence

Case Study related to GBV

To protect confidentiality, all names used in this case study are fictitious, and the communes have not been identified.

Summary

Survivors of prolonged domestic violence often face complex legal, financial, and emotional barriers when attempting to exit abusive relationships, particularly where perpetrators refuse to engage with mediation or formal processes. Ms Mealea's experience in Siem Reap Province demonstrates how coordinated, multi-level GBV response systems can support survivors to access justice and achieve durable protection outcomes. Through referral from commune and district authorities, and with legal and psychosocial support provided by CWCC under ACCESS 2, she was supported to navigate divorce proceedings, understand her rights, and engage confidently with the court process despite jurisdictional and procedural challenges. The combination of survivor-centred counselling, legal preparation, and sustained follow-up enabled timely resolution of the case and clarified parental responsibilities, child support, and debt liability. This case highlights the effectiveness of investing in frontline GBV capacity, legal aid services, and coordination through GBV Response Working Groups to strengthen access to justice, reduce delays, and ensure survivors receive respectful, informed, and comprehensive support within formal systems.

Background

Ms Mealea was married and living in Siem Reap Province with her two young daughters. For several years, she experienced repeated physical violence from her husband, Mr Narith, which was made worse by his alcohol use. Seeking help, Ms Mealea approached her Commune Chief, who arranged a mediation between the couple. While the situation improved for a short time, Mr Narith soon returned to drinking and abusive behaviour.

Ms Mealea later discovered that her husband had begun gambling and had accumulated significant debts. Before this, the couple owned shared assets and had taken out a loan to purchase a car. As the debts increased, Mr Narith sold their joint belongings and stopped contributing to loan repayments, which led to the car being repossessed.

Although Ms Mealea's parents and relatives encouraged her to seek a divorce, she chose to give her husband another chance. A second mediation was organised by the Commune Council, but this also failed to bring any change. "He destroyed [sold] our family assets.... All was gone," Ms Mealea said. "He would not care for the kids. I complained to him and he would not listen. And then not only didn't he listen to me, but he also battered me as well. At night, almost every night."

Initiative Overview

By February 2025, Ms Mealea had taken the step of moving out to live separately from her husband. When she decided to pursue a divorce, the Commune Council advised her to contact the District Office and provided the necessary referral documents.

At the District Office, Ms Koeun from the Office of Social Affairs was assigned to manage Ms Mealea's case. Although Ms Koeun had been in the role for only two months, she had completed

several gender-based violence response modules through the Provincial Department of Women's Affairs refresher training. She applied this training effectively in her work with Ms Mealea.

Ms Koeun conducted a detailed interview to understand Ms Mealea's situation, ensuring that confidentiality was maintained and that Ms Mealea's emotional wellbeing and the safety of her children were prioritised. She contacted Mr Narith to request his participation in mediation to reach a voluntary agreement, but he refused. Following this, Ms Koeun referred the case to the Siem Reap Provincial Department of Women's Affairs, which coordinated with the Cambodian Women's Crisis Centre to provide free legal assistance.

Ms Mealea contacted CWCC and was able to secure an appointment within one week. CWCC staff reviewed the facts and evidence, explained the relevant laws and divorce procedures, and prepared and submitted the legal petition on her behalf. They also supported Ms Mealea to prepare her court statement and advised her on engaging her husband to attend the hearing. With this preparation, court proceedings progressed smoothly, and no objections were raised to the preliminary judgment. Ms Mealea received the final divorce order within four months of filing the petition, despite public office closures during the Khmer New Year and her husband relocating to Phnom Penh, outside the court's jurisdiction.

In addition to legal assistance, CWCC provided basic psychosocial counselling, helped Ms Mealea identify and access other services based on her needs, and maintained open communication through phone and in-person support throughout the legal process.

Achievements

Although Ms Mealea had already separated from Mr Narith, the final court order provided her with formal closure and legal certainty. The decision clarified her status as a divorced woman, allowing her to remarry in the future if she chooses, and set out shared parental rights and responsibilities, child support arrangements, and responsibility for debts incurred by Mr Narith. Ms Mealea expressed relief and gratitude for the sensitive and coordinated support she received from gender-based violence response services at every level. Reflecting on her experience, she said:

"It's a relief living alone [now]. It's fine emotionally and no psychological pressure," she said. "At the commune level, I was treated well. The commune authorities took a lot of care of me. For those who know nothing about the legal process or procedure, it will be really difficult for them. But with the support of this NGO [CWCC], things get facilitated a lot from the beginning to the end, no service charges. When we have any questions, we can call them and they give us counselling."

This case highlights several important lessons for strengthening responses to gender-based violence. Training delivered through the Provincial Department of Women's Affairs in Siem Reap has proven effective in equipping district and commune level officers with the skills needed to respond sensitively and competently. With support from ACCESS 2, more than 970 service providers across the province have received training and refresher training on minimum counselling standards, referral pathways, data collection, and gender equality, diversity, and social inclusion. In this case, even though the district level officer was new to her role and had no prior experience in GBV response, her participation in refresher training ensured she was able to apply the minimum standards for basic counselling effectively. Additional support from the Provincial Department of Women's Affairs also helped her understand and explain legal concepts clearly when needed.

The case also demonstrates the value of legal and counselling services provided by CWCC, one of ACCESS 2's strategic implementing partners. Survivors highly value this support not only for navigating complex and intimidating legal processes, but also for reducing delays and ensuring continuity of care from start to finish.

The district level officer highlighted the importance of the District GBV Response Working Group as a platform for sharing knowledge and practical experience among members. Although Srei Snam District is not directly supported under ACCESS 2, the broader support provided by the program has strengthened GBV response systems beyond target districts. ACCESS 2 has facilitated workshops for Provincial Department of Women's Affairs officials and implementing partners, including CWCC, on data collection, monitoring service quality, and establishing and managing GBV Response Working Groups. These sessions have supported technical learning while also fostering shared problem solving, coordination, and ownership. This case shows that ACCESS 2's investment in GBV response structures and coordination has contributed to system wide improvements that extend beyond individual cases and locations.

Conclusion

Ms Mealea's case shows how well-coordinated responses across community, district, and specialist services can help survivors move from harm toward safety and certainty. Through timely referral, skilled frontline engagement, and sustained legal and psychosocial support, she was able to complete a complex divorce process, clarify her legal rights, and secure arrangements that protect both her and her children.

This case demonstrates the value of investing in capable local officers, accessible legal aid, and strong coordination through GBV Response Working Groups. When service providers are trained, supported, and connected, survivors are better equipped to engage with formal systems, avoid prolonged delays, and achieve outcomes that provide stability and dignity. Ms Mealea's experience highlights how survivor-centred systems do more than resolve individual cases they strengthen trust in public institutions and create pathways for women to rebuild their lives with confidence and independence.

Multi-Sector Coordination to Protect a Child Survivor and Achieve Justice

Case Study related to GBV

To protect confidentiality, all names used in this case study are fictitious, and the communes have not been identified.

Summary

Child survivors of sexual violence require rapid, coordinated responses that address safety, justice, psychosocial recovery, and household stability. This case from Siem Reap Province demonstrates how effective multi-sectoral coordination at commune and district levels can deliver comprehensive protection outcomes. Through the leadership of the CCWC Focal Point and collaboration between police, the Provincial Department of Women's Affairs, Legal Aid of Cambodia, and civil society partners, the survivor and her family accessed timely medical examination, legal representation, psychosocial support, and ongoing case management. Legal proceedings were completed efficiently, resulting in a custodial sentence and compensation for psychological harm, while parallel livelihood and subsistence support reduced household vulnerability and ongoing risk. This case illustrates how functioning GBV Response Working Groups, supported under ACCESS 2, enable integrated service delivery that strengthens survivor safety, ensures accountability, and supports longer-term recovery for child survivors and their families.

Background

Mrs Rothana would often spend days out on the Tonle Sap to catch enough fish to support her family of 4 children. While she was away, her children were cared for by relatives in the village. One day, she came home to find her 7-year old daughter, Mony, highly distressed. From Mony's descriptions, Mrs Rothana realised that her daughter had been sexually abused by a neighbour. Shocked and horrified, she immediately went to notify the Village Chief. He advised her to seek help from the Commune Council given the seriousness of the matter. The Commune Council office was unattended at the time, so she returned to her village to notify the Administrative Police Post. Local police noted the details and tried their best to comfort and reassure her.

Later, the Police accompanied Mrs Rothana to meet with the Commune Committee for Women & Children (CCWC) Focal Point. The CCWC Focal Point and Administrative Police Post worked in tandem to compile all the necessary documents and took Rothana to file an official report with the District Police Inspectorate.

Initiative Overview

The District Police Inspectorate escalated the case to Siem Reap Provincial Department of Women's Affairs (PDOWA) to arrange for forensic examination at the Provincial Hospital. Examination results confirmed the sexual assault. In the meantime, the police had located and detained the suspect.

PDOWA submitted a request to Legal Aid Cambodia (LAC) for legal services. LAC accepted and coordinated with the CCWC Focal Point to contact Mrs Rothana and interview her and Mony at their residence. LAC proceeded to provide legal representation to protect the rights of the victim in the criminal proceedings and litigate her claim for civil compensation. LAC supported the family through every stage by coordinating with police, collecting and submitting evidence to court, preparing Mrs Rothana and Mony for hearings, and representing them in the courtroom.

While legal aid was being provided by LAC, the CWCC Focal Point undertook active case management to ensure that the safety, psychosocial and economic needs of Mrs Rothana and her family were met. Mrs Rothana was initially very fearful of revenge from the perpetrator's family or friends, so she was provided with the direct phone numbers of the CCWC Focal Point and Administrative Police Post. The CWCC Focal Point would check in by phone or with a house visit at least weekly, and would accompany Mrs Rothana and Mony to court hearings or other case appointments.

As one of the poorest families in the Commune, they lacked basic necessities, making them highly vulnerable. Through mobilising the network under the Soth Nikum District GBV Response Working Group, various donations were sourced: the Commune Council and an NGO provided foodstuffs and school materials; District authorities donated some funds and a bicycle for Mrs Rothana's older children to go to school; another NGO assisted Mrs Rothana with funds and guidance to start up a small business selling snacks in the village so she could earn a livelihood closer to home and not have to leave her children in the care of others.

Achievements

The trauma of such an incident and confusing range of processes can be overwhelming, but Mrs Rothana was put at ease by the regular communication and coordination. "They accompanied us to the next level," she said. "When I was scared, they calmed me down. [The coordination] was very good. From one level to another, it was fine."

The criminal trial and civil court proceedings were completed in four months. The perpetrator was sentenced to 7 years in prison and ordered to pay 12 million riels (approximately AUD\$4,290) as compensation for psychological trauma. This was a good result, with LAC's legal expertise and survivor-centered techniques overcoming evidentiary challenges arising from the victim's young age and trauma, as well as the parents' difficulty in understanding the court's questioning.

The CCWC Focal Point continues to monitor the family's wellbeing and search for ongoing support, recognising its centrality to Mony's rehabilitation. "This was the first case of this type that has happened in our Commune," she said. "It was not difficult from a case management perspective, but the biggest challenge for me was seeing how poor their family is. Their house is broken and leaking, the children don't go to school. I will continue to ask for additional support from NGOs and other connections."

This case demonstrates how effective coordination between government authorities and non-government organisations can address the full range of survivors' needs, including safety, health care, legal protection, and economic stability. In this instance, coordination was led by the Commune Committee for Women and Children focal point, who worked through the Soth Nikum District Gender-Based Violence Response Working Group to connect the survivor and her family with appropriate services. With support from ACCESS 2 and strong partnerships involving the Provincial Department of Women's Affairs and other stakeholders, district level GBV Response Working Groups are increasingly able to function effectively under PDOWA's leadership and coordination.

The case also highlights the value of ongoing training and refresher training for frontline service providers. The CCWC focal point noted that participation in training delivered by Siem Reap PDOWA and Legal Aid of Cambodia strengthened her confidence and ability to respond appropriately. ACCESS 2 has encouraged close coordination between PDOWA and its strategic implementing partners, including joint planning for capacity development and co-facilitation of training activities. In Siem Reap Province, Legal Aid of Cambodia plays a key role in delivering legal training to GBV

service providers and raising legal awareness among communities and organisations of persons with disabilities.

Access to free, high-quality legal aid was critical in enabling the survivor and her family to secure justice in this case. With ACCESS 2 support, Legal Aid of Cambodia is able to provide legal counselling and representation at no cost to survivors, including covering travel and related expenses so that survivors can attend court hearings and fully participate in legal proceedings. This support reduces financial barriers and helps prevent delays that can undermine safety and confidence in the justice process.

Finally, service providers identified areas for further strengthening of the response system. These included the need for access to specialist child psychologists to support communication with young or highly traumatised children, as well as additional training for CCWC focal points on responding to cases of sexual violence. Addressing these gaps would further enhance the quality and inclusiveness of GBV response services at the community level.

Conclusion

A well-coordinated response can protect child survivors of sexual violence and support recovery for their families. Through strong leadership at the commune level and effective collaboration between police, health services, legal aid providers, and civil society organisations, the survivor and her family received timely protection, justice, and practical support during an extremely difficult period.

This case study shows the value of functioning Gender-Based Violence Response Working Groups in delivering integrated services that address not only legal accountability, but also psychosocial wellbeing and household stability. By combining survivor-centred legal representation with ongoing case management, livelihood assistance, and regular follow up, the response reduced immediate risk and created the conditions for longer-term healing. This case highlights how investment in local coordination, trained frontline actors, and accessible legal aid can strengthen child protection systems and ensure that survivors are supported with care, dignity, and continuity at every stage of the process.

Shifting Attitudes and Supporting Survivor Agency to Leave an Abusive Marriage

Case Study related to GBV

To protect confidentiality, all names used in this case study are fictitious, and the communes have not been identified.

Summary

In contexts where deep-rooted social norms and limited access to legal services constrain women's choices, survivor-centred responses at the commune level are critical. Ms Thida's experience in Ratanakiri Province illustrates how strengthened local capacity and sensitivity can support survivor agency even in resource-constrained settings. After repeated mediation failed to stop ongoing sexual coercion and serious health impacts, commune authorities and the CCWC Focal Point shifted from reconciliation-focused approaches to supporting Ms Thida's right to make her own decision. Through non-judgemental counselling, clear information on legal and non-judicial options, and practical assistance to formalise a separation agreement, local actors enabled her to exit a harmful relationship safely and with dignity. Continued follow-up addressed immediate health and subsistence needs. This case demonstrates how ACCESS 2-supported capacity building can improve survivor-centred practice, even where formal legal aid and coordination mechanisms are limited, and highlights the importance of empowering commune-level systems to prioritise women's health, autonomy, and safety within prevailing cultural constraints.

Background

Ratanakiri Province is one of the most rural provinces in Cambodia, with deep-rooted cultural norms especially regarding family structures and gender roles. Overcoming the shame and taboo associated with discussing marital problems, Ms Thida first went to seek help from the Village Chief three years ago. Ms Thida's husband, Mr Veasna, would often demand sexual intercourse, even when she was pregnant. If she refused, he would make it impossible for her and their three young children to sleep, and he would not work to contribute to the family's livelihood. The Village Chief referred her to the Commune Council, which facilitated mediation between the couple and educated Mr Veasna. This was conducted on two occasions, but did not result in long term change to his behaviour.

Ms Thida tried to endure this ongoing sexual coercion for the sake of her children, until 2025 when she could not tolerate any more. The frequent forced intercourse began to cause her severe pain, which was diagnosed by the hospital as chronic inflammation.

Initiative Overview

Ms Thida again sought help from the Commune Council, this time insisting that she wanted a divorce. Initially, the Commune Council thought to dissuade her and attempt mediation again, as they were concerned about the social and economic implications of divorce to Ms Thida and her children. However, they recognised the harm being caused to Ms Thida's physical and mental wellbeing. They decided to facilitate Ms Thida in her decision to leave her marriage.

The Commune Committee for Women & Children (CCWC) Focal Point counselled Ms Thida on the options. Divorce in Cambodia can only be legalised through a court hearing and court-issued order. This can be an expensive and time-consuming process. A more accessible, but less formal alternative, is for the couple to enter into a written agreement covering all relevant issues (separate

living arrangements, child custody, child support payments, division of assets and liabilities). This separation agreement can be revoked if the parties reconcile at any time in the future.

The CCWC Focal Point drafted a separation agreement for Ms Thida reflecting her needs and requests, and summoned Mr Veasna to meet and confirm the agreement. Both parties signed and affixed their thumbprints.

After the separation was finalised, the CCWC Focal Point continued to follow up with Ms Thida about her health and whether she had enough money for milk for her baby. The CCWC Focal Point also informed her of a vocational training opportunity, but Ms Thida declined to participate as she was able to call on her parents for additional financial support when needed.

Achievements

Through non-judgemental counselling and practical support from the Commune Council and the CCWC Focal Point, Ms Thida was able to make an informed decision to separate from her husband. The support included careful listening, clear explanations, and assistance with preparing written documents, which helped her feel confident and respected throughout the process. After the separation, Ms Thida was no longer subjected to sexual violence. Her physical health improved over the following months, and her emotional wellbeing also stabilised. She has since found regular employment in another province, while her children are being cared for by her parents.

“They [Commune Council and CCWC Focal Point] paid attention, they were concerned, they provided good advice explaining to me and asked me not to feel discouraged,” she said. “They asked if it [my husband’s behaviour] is acceptable. If it’s not acceptable to me, I can decide on my own what to do. They gave a lot of information for me to make the final decision.”

This case highlights several important lessons for strengthening responses to gender-based violence in rural and Indigenous contexts. While changing deeply rooted social norms and attitudes takes time, the response from commune authorities showed clear improvements in sensitivity and survivor-centred practice following gender-based violence training delivered by CARE, one of ACCESS 2’s strategic implementing partners in Ratanakiri Province. The training helped local authorities better recognise survivor agency and respond in a more supportive and respectful manner.

The case also reflects the challenges faced in provinces such as Ratanakiri, where access to legal aid services and the level of multi-sector coordination are more limited than in provinces with more established GBV response systems, such as Siem Reap. Despite these constraints, commune authorities made strong efforts to support Ms Thida’s safety and decision-making. Ongoing capacity building by CARE and TPO, another strategic implementing partner, continues to strengthen the skills of GBV service providers in Ratanakiri Province. This includes support to commune offices to establish counselling rooms that offer greater privacy and safety for survivors seeking help, which is essential for building trust and encouraging disclosure.

Conclusion

Meaningful protection and recovery can begin at the commune level, even in settings where formal legal services and coordination mechanisms are limited. By shifting away from repeated mediation and instead respecting her right to make her own decision, local authorities and the CCWC Focal Point played a critical role in helping her leave a harmful relationship safely and with dignity.

This case study demonstrates the importance of survivor-centred practice that prioritises health, autonomy, and informed choice over reconciliation at all costs. Through non-judgemental counselling, clear explanations of available options, and continued follow up, commune-level actors were able to support Ms Thida’s wellbeing and stability within existing cultural and resource constraints. The case demonstrates that when local systems are strengthened through targeted capacity building, even modest interventions can protect women’s safety, restore confidence, and enable survivors to rebuild their lives on their own terms.



Sustainable quality services for persons with disabilities and women affected by gender-based violence, including indigenous communities



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