



អង្គការកម្ពុជាដើម្បីសុខភាព និងការអប់រំសហគមន៍
CAMBODIAN HEALTH AND EDUCATION FOR COMMUNITY

Impact Study Report

GBV Project

Four Districts

Conducted in December 2019

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Acknowledgements

This report contains the findings of the impact study of the gender based violence project in 4 target districts. It comprises of individuals' knowledge, behavior on gender based violence and the local authorities responding to gender based violence for both GBV survivors and perpetrators of GBV in their local areas.

We would like to give our most profound thank you to the following people for their contribution: District Facilitators (DFs) including commune based educators (CBEs); and local stakeholders who involved to engage in this project and spending time to support the impact study process from start to finish.

We would also like to give special thanks to the participating GBV survivors, perpetrators, and community people in the target areas who provided support and collaboration with CHEC GBV project to provide clear data and information for this impact study.

Furthermore, we would like to express our gratitude to Dr. Kasem Kolnary, CHEC Director, who always supports the approach and budget of this survey until its completion.

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Acronyms

ADS	Administrative Districts
BfDW	Bread for the World
CC	Commune Council Members
CCWC	Commune Committee Women and Children
CL	Community Leaders
CHEC	Cambodian Health and Education for Community
DF	District Facilitators
GBV	Gender Based Violence
HC	Health Centre
IEC	Information, Education, Communications
LA	Local Authorities
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OD	Operational District

Executive Summary

In December 2019, CHEC conducted the impact study for GBV project in 4 Districts (Piem Chor, Srey Santhor, Boribo and Chhum Kiri) in the respective provinces of Prey Veng, Kampong Cham, Kampong Chhnang and Kampot. The objective was to measure the progress of work and the results responding to outcome of the project to be compared with baseline survey. The overall objective was to measure the knowledge and education levels of target groups on GBV and their responding to GBV for both local authorities and community men including prosecution on perpetrators. The result as shown below:

- ✚ 67.42% of respondents reported that they knew about GBV, it has increased by 12.49% from 54.93% to 67.42% to the baseline. The knowledge of respondents between women and men were different in this period. 69.55% female and 65.31% men understand about the GBV.
- ✚ The understanding of respondents on the forms of GBV were increased by 7.73% from 33.00% to 40.73% to the baseline. The understanding as well as their interest to the forms of GBV were focused on physical beating on women by men, mental violence and women and girl trafficking. Beside these forms the respondents were seem to be not interested or not understood to identify as GBV forms
- ✚ 44.2% respondents said that they knew that there are many laws against violence in Cambodia such as Cambodian Domestic Violence Law, CEDAW, Human Trafficking law, Civil law and criminal law. It was reduced by 11.57% from 55.77% to 44.2% to the baseline. Comparing by sex, it is presented that 44.03% women and 44.48% men knew about the types of law against violence in Cambodia
- ✚ Based on the results interviewed with 120 men in communities in four districts on their behavior in responding to GBV, it presented that reporting to local authorities (55.83%), refer to support services for both commune office and health centers (26.67%), making an instruction to perpetrators (7.50%), and making facilitation between GBV survivors and perpetrators (19.17%). The responding to community men to GBV and to support women were increased but the respondents who used to report that the GBV is not my business or ignore it was reduced by 40.44%, to the baseline in this period
- ✚ Only 21.67% of perpetrators had supported their partner for cooking, it was increased by 13.05% to the baseline from 8.62% to 21.67%. And other activities which was mentioned in figure 6 were reduced to the baseline it is because the perpetrators who did not do anything in period were increased by 4.71% from 33.62% to 38.33%.
- ✚ 33.47% of women respondents said that they have challenged with GBV in the past six months, it was reduced by to the baseline from 48.33% to 33.47%.
- ✚ 33.47% respondents challenged with GBV in the past 6 months, 69.88% respondents were reported to local authorities, and it was increased by 25.91% to the baseline from 43.97% to 69.88%.

- ✚ 33.47% respondents challenged with GBV in the past 6 months, only 34.15% (28/82) GBV survivors accessed health care services at HC after GBV cases happened because of injuries while other never access health care at HC because of not serious cases and some could make a self-medication. The GBV women survivors had accessed health care at HC has increased by 2.25% to the baseline from 31.90% to 34.15%

Recommendation:

- ✚ Based on the results, CHEC should provide more community educations and training courses on GBV and DV law including women rights to target groups for both GBV survivors and GBV perpetrators, due to the fact that their knowledge levels are increased to the baseline but still limited.
- ✚ CHEC should provide the training courses on Men- Anger Management to the perpetrators and set up their self help groups to support their peers in control their anger.
- ✚ CHEC should advocate with commune leaders and police to restrict the law enforcement and punish the persons who committed violence against women and prosecute perpetrators with zero tolerance.

1. Introduction

Cambodian Health and Education for Community (CHEC) is a respected local non-government organization, specializing in training to youth, gender based violence survivors, perpetrators in communities and local authorities for both protection and prevention, and case management to supports GBV survivors during and after GBV cases happen in the target areas.

CHEC has localized from an international non-government organization called Quaker Services Australia, and has been registered as a local non-government organization with the Ministry of Interior of the Royal Government of Cambodia since January 2001 as Cambodian HIV/AIDS Education and Care. Since November 2019, CHEC has re-registered as Cambodian Health and Education for Community (CHEC) which was recognized by the Ministry of Interior of the Royal Government of Cambodia.

CHEC has been a key contributor to the gradual reduction of HIV transmission, Gender Based Violence (GBV) within Cambodia, through ongoing work to raise awareness of community for both direct and indirect beneficiaries and also contributed build the capacity of local authorities to responding HIV/AIDS program and GBV. CHEC has a strong network of HACC, CEDAW, and CCCs.

Based on the community need and the National Strategic Plan V of HIV/AIDS, CHEC designed project cycle 7 (July 2019 to June 2022) that targets vulnerable people including Youth aged from 15 years to 24 years and women, men, girl and boy who are at risk behavior or subjected to Gender Based Violence and PLHIV with IP poor families are target groups of the projects.

Following the project plan, the GBV project began implementation in 4 districts, two old areas¹ and other two new areas² to improve knowledge of community people especially GBV women survivor and perpetrators in the community on rights, gender and GBV in order to change their negative behavior on GBV and gender for daily living; and also improve the knowledge of local authorities on GBV including GBV cases management and DV's law to respond to GBV issues in their local areas.

To measure the progress of project implementation from July to December 2019, the impact study was conducted in these areas within the period of December 2019, it was conducted by community volunteers, led by GBV Project Senior Officer. The results will be used to compare with baseline survey results.

¹ Srey Santhor and Boribo districts

² Piem Chor and Chhum Kiri districts

2. Objectives

This impact study was taken after the project implementation to measure the knowledge and attitudes of community people and local authorities responding to GBV as follows:

- To measure their knowledge on GBV
- To measure their practice behavior of community people responding to GBV.
- To measure the local authorities in their responding to GBV and supporting to GBV women survivors.

3. Methodology

The impact study was conducted in 4 districts by using four different structured questionnaires, one for community men, one for perpetrators of GBV, one for GBV women survivors and others one for community women. The structure questionnaires developed by management team which was supported by BfDW consultant, Mr. Lim Phai, and was to be carried out as follows:

1. CHEC staff will provide training to data collectors on how to complete the structured questionnaire. This training will be practical for all data collectors through being tested to complete the questionnaires with a sample of target groups before practicing of impact study.
2. The data collectors and CHEC staff will gain data by interviewing target groups individually.
3. Each target group will be asked by providing open answer and honestly during the interview.
4. It is crossesional study.
5. Volunteers will complete all data entry, and analysis include report writing by CHEC staff.

4. Tools

The following instruments will be used for this impact study: structured questionnaires, computers, and printers, the structure questionnaires will measure the knowledge of target groups and their responding to GBV as well as supporting to GBV women survivors.

5. Scope

The impact study was conducted in the four districts in four provinces in Cambodia where the GBV target areas are implemented. It was conducted in the period of December 2019 with 600 samples, 150 samples each district. The sample sizes will present in table below:

Table 1 samples will be interviewed by District

Districts	Communes	Villages	Target Groups interview						
			Total	Men Perpetrators	GBV women survivors	Women	Local authorities	HC	
Chhum Kiri	7	6	150	35	30	30	35	14	6
Boribo	11	6	150	35	28	30	30	22	5
Piem Chor	10	6	150	35	30	30	29	20	6
Srey Santhor	14	6	150	33	30	30	20	28	9
Total Samples	42	36	600	138	118	120	114	84	26

6. Findings

6.1. General Information

6.1.1. Respondent by Districts

Table 2 Respondents by District

Target Groups	Target Areas				Target Groups interviewed
	Boribo	Chhumkiri	Piem Chor	Srey Santhor	
HC staff	0.83%	1.00%	1.66%	1.50%	4.98%
Local authorities	3.82%	2.33%	3.32%	4.49%	13.95%
Men	5.15%	4.82%	4.98%	4.98%	19.93%
Men perpetrators	5.15%	4.32%	4.82%	5.65%	19.93%
Women and Women GBV Survivors	10.30%	12.96%	9.97%	7.97%	41.20%

In the table 2 presented the interview has conducted with different target groups to gather data or information for impact study relating with GBV and their practice to respond GBV or support GBV women survivors in the target areas because the project wants to compare with the baseline results where the project reached to outcome for both unintended and intended results, the interview had conducted with GBV women survivors (41.20%), community men (19.93%), GBV men perpetrators (19.93%), local authorities (13.95%) and HC staff (4.98%). The sample size was the same to the baseline survey included target groups. It was completed by plan 100% however some

structure questionnaire were cleaned during data analysis and readjusted where were not clear by verbal communication with data collectors at fields.

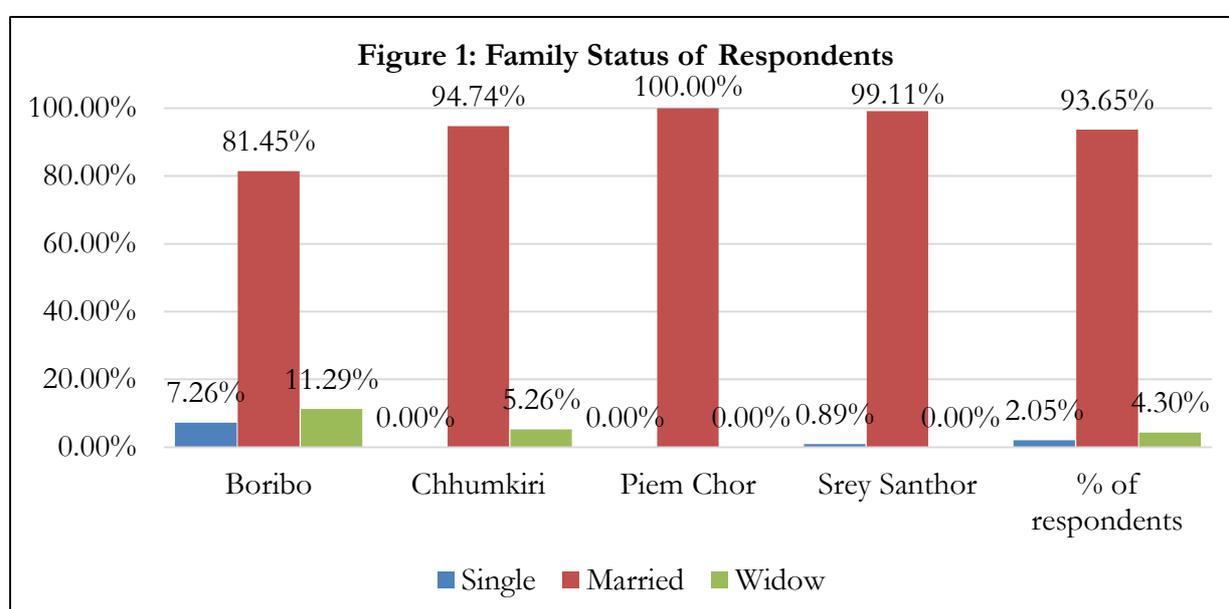
6.1.2. Family Situation

Table 3 Family Status of Respondents by districts

Family Status	Boribo	Chhumkiri	Piem Chor	Srey Santhor	Respondents status
Female	46.05%	52.29%	44.97%	35.81%	44.85%
Male	53.95%	47.71%	55.03%	64.19%	55.15%

Based on the results of interviews with 602 respondents in four target areas as project areas, 55.15% were male, while others (44.85%) were female.

Figure 1 family status of respondents



Relating with family status interviewed were not included local authorities and health centre staff, the want to know the family status of target groups who subjected to or at risk of GBV for daily living. The family status of **488 respondents** were different, some were single, some were married and some were widow. Based on the results in figure 1 focused on married (93.65%), widow (4.30%) and single (2.05%).

6.1.3. Ages of Respondents

Table 4 Ages categories of respondents by groups

Ages categories of Respondents	Men	Men perpetrators	Women and Women Survivors	% of Respondents
[19-29]	26.67%	18.33%	22.58%	22.54%
[30-39]	34.17%	36.67%	33.87%	34.63%
[40-49]	25.83%	30.83%	26.21%	27.25%
Over 50	13.33%	14.17%	17.34%	15.57%

Relating with ages of respondents, the project interviewed with respondents who are aged from 19 years to over 50 years as the target groups. It was because the project wants to know what ages of respondents used violence against their partner (wife), most of perpetrators and GBV women survivors were aged from 30 years to 49 years. Based on the table 4 presented that 34.63% of respondents aged from 30 years to 39 years, aged from 40 years to 49 years (27.25%), aged from 19 years to 29 years (22.54%), and only aged over 50 years (15.57%).

6.1.4. Educational Situation

Table 5 Educational situation of respondents

Level of Education	Men	Men perpetrators	Women and Women Survivors	Level Education of Respondents
Not completed				
primary school	20.00%	25.00%	34.27%	28.48%
Primary School	40.83%	39.17%	36.69%	38.32%
Secondary School	30.83%	27.50%	25.40%	27.25%
High School	8.33%	8.33%	3.23%	5.74%
University	0.00%	0.00%	0.40%	0.20%

Relating with education of respondents, it is every important for living because it is main factor for them to participate in society for both communication and family development in the future as well as participated in prevention/protection of cross-cutting issues such as GBV, HIV/AIDS and STI. Based on the results interviewed with 488 respondents, not included local authorities and Health centre staff, the education of respondents were different grades regarding to their living situation and opportunities, some were dropped out school when were kids and some have ability could be attended to high school and universities. Poverty is priority issues for people at rural areas for both kids and youths because it was related with their expenditure for attending classes and supply their families, by the way, schools are far from home. Based on the results in table 4, the grades of respondents' education were not competed primary school (28.48%), primary school (38.32%), secondary school (27.25%), high school (5.74%) and university (0.20%).

6.1.5. Occupational Situation

Table 6 Occupational situation of respondents

Types of Occupations	Men	Men perpetrators	Women and Women Survivors	Occupations of respondents
Government Officers (Police, Soldiers...)	0.83%	5.00%	0.81%	1.84%
Garment Workers	8.33%	4.17%	7.26%	6.76%
Work for money	13.33%	17.50%	8.47%	11.89%
Sellers	5.83%	5.83%	5.24%	5.53%
Farmers	71.67%	65.00%	78.23%	73.36%
Others (Construction workers...)	0.00%	2.50%	0.00%	0.61%

Based on the results of interviews with 488 respondents, most of them 73.36% are farmers, 6.76% are garment workers in their local and outside areas, however their salaries is USD180 per month in

average, not included over time. Others 11.89% are worked for money and 0.61% are construction workers which they can get money from boss or house owners day by day, most could earn money from USD5 to USD10 a day. While 5.53% are sellers which they could earn money around USD10 to USD15 per day. Only 1.84% are government officers such as police, soldier... their salaries are USD150 per month and over because it is relating with their position ranges.

6.2. Knowledge on GBV

Relating with the knowledge of GBV, **it presented that 67.42% (329/488) of respondents reported that they knew about GBV, it has increased by 12.49% from 54.93% to 67.42% to the baseline.** The knowledge of respondents between women and men were different in this period. 69.55% (169/243) female and 65.31% (160/245) men understand about the GBV. The knowledge of women is higher than men because the women have more opportunities to attend the community education and other events, the men were busy to earn money.

6.2.1. Understood about GBV Forms

Table 7 The understanding of respondents between Baseline Survey and Impact Survey

The forms of GBV	Baseline Survey	Impact Survey in Dec 2019	Level understood about GBV from Baseline to Dec 2019
Physical beating on women by men	84.35%	72.34%	-12.01%
Mental violence	52.67%	74.77%	22.10%
Economic violence	40.84%	38.30%	-2.54%
Strict cultural implementation	11.83%	29.18%	17.35%
Sexual Violence	46.56%	32.22%	-14.34%
Word abused	15.27%	31.61%	16.34%
Criticized or Look down on what have done	7.63%	10.64%	3.01%
Throwing and pushing by force make wound	23.66%	23.71%	0.05%
Sexual harassment	22.14%	29.48%	7.34%
Women and Girl trafficking	43.89%	60.49%	16.60%
Rape women and children	14.12%	45.29%	31.17%
The understanding of respondents on the forms of GBV in average in Dec 2019	33.00%	40.73%	7.73%

Relating with the knowledge of respondents on GBV and the GBV forms were increased if comparing to the baseline results. **Based on results table 7 the understanding of respondents on the forms of GBV were increased by 7.73% from 33.00% to 40.73% to the baseline.** The understanding as well as their interest to the forms of GBV were focused on physical beating on women by men, mental violence and women and girl trafficking. Beside these forms the respondents were seem to be not interested or not understood to identify as GBV forms. However the GBV forms as mention in table 7 were increased from the baseline, it is excepted 3 GBV forms which it strongly interested were reduced to the baseline, they were focused on the forms of physical beating

on women by men reduced by 12.01%, sexual violence reduced by 14.34% and economic violence reduced by 2.54%, to the baseline. By the way, if comparing by sex the knowledge of or understanding of women and men were different on the forms of GBV, the women is higher than men because women have more chances to join the other community events. Base on the results, women (42.82%) and men (38.52%) understood about the GBV forms in this period.

6.2.2. The acceptance of GBV in daily living

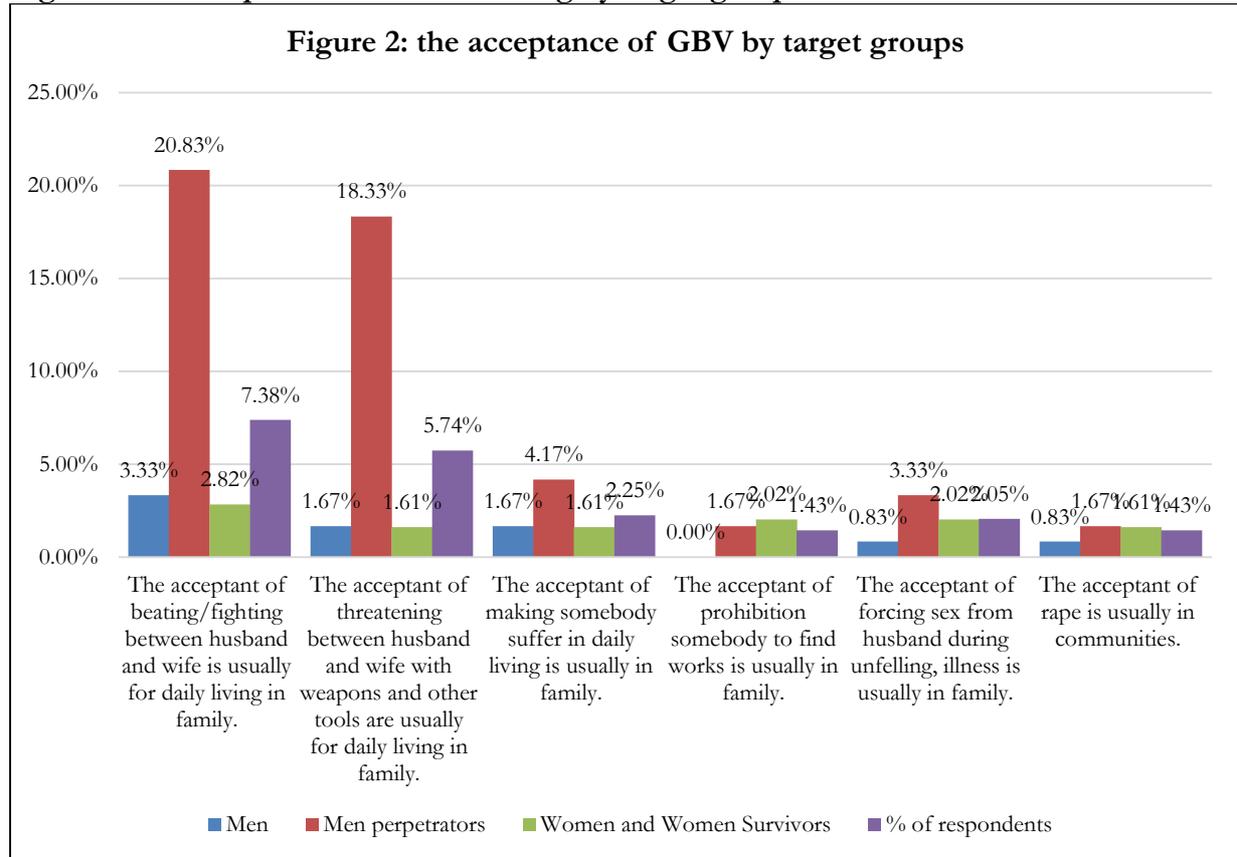
Table 8 The acceptance of respondents comparing to baseline

GBV acceptance for living	Baseline Survey	Impact Survey in Dec 2019	The acceptant of GBV reduced
The acceptant of beating/fighting between husband and wife is usually for daily living in family.	20.34%	7.38%	-12.96%
The acceptant of threatening between husband and wife with weapons and other tools are usually for daily living in family.	16.98%	5.74%	-11.24%
The acceptant of making somebody suffer in daily living is usually in family.	15.72%	2.25%	-13.47%
The acceptant of prohibition somebody to find works is usually in family.	16.35%	1.43%	-14.92%
The acceptant of forcing sex from husband during unfeeling, illness is usually in family.	17.82%	2.05%	-15.77%
The acceptant of rape is usually in communities.	17.40%	1.43%	-15.97%

Relating with GBV acceptance for daily living, it was revealed that the mind-set of target groups on the cultural norms and the acceptance of GBV reduced in this period because of their knowledge and understanding on the GBV and GBV forms increased for both women and men, by the way the local authorities have strengthened the law enforcement to apply with commune and village safe policy. Based on the results presented that the acceptance of GBV for daily living were reduced to the baseline as show in table 8.

Regarding to the survey with 488 respondents, it is presented that mind-set of respondents on the acceptance of GBV reduced in this period but some respondents still think some forms of GBV happened is usual for living together between and wife and husband. Based on the results, most of respondents accepted it and though that it is usual for living were perpetrators which was higher than other men and women or GBV women survivors as shown in figure 2. This is due to the GBV perpetrators have small chance to attend the community educations or other community events. Especially meeting with GBV perpetrators at home, they always escaped and did not stay home during CBEs visit their home to provide education and instruction.

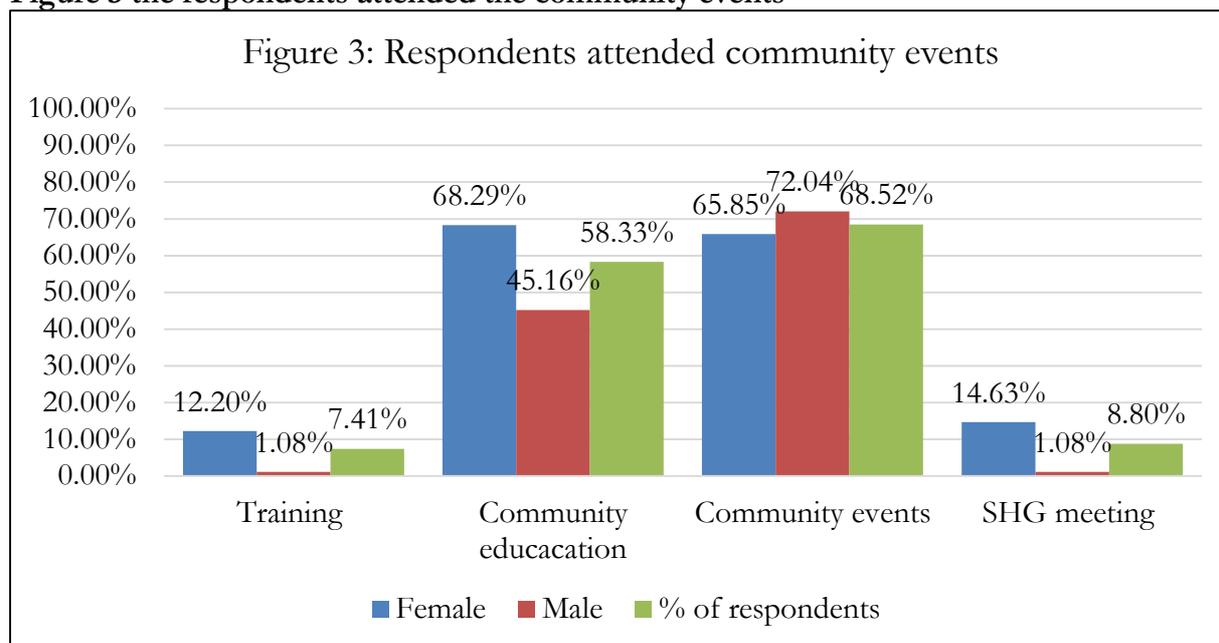
Figure 2 the acceptance of GBV for living by target groups



6.2.3. Law against violence

Based on the results 488 respondents, **44.2% (216/488)** respondents said that they knew that there are many laws against violence in Cambodia such as Cambodian Domestic Violence Law, CEDAW, Human Trafficking law, Civil law and criminal law. **It was reduced by 11.57% from 55.77% to 44.2% to the baseline. Comparing by sex, it is presented that 44.03% (107/243) women and 44.48% (109/245) men knew about the types of law against violence in Cambodia.** The laws against violence in Cambodian that respondent knew were focuses on Cambodian Domestic Violence Law 93.98%, it was increased from 92.86% to 93.98%; CEDAW 46.76%, it was increased from 37.59% to 46.76%; Human trafficking Law 41.20%, it was increased from 29.70% to 41.20%; Civil Law 13.43%, it was increased from 10.90% to 13.43%, and Criminal Law 20.83%, it was reduced from 38.35% to 20.83%, these comparing to the baseline survey. However they knew about these laws but they could not explain or describe the meaning of it of each law, also included the local authorities.

Figure 3 the respondents attended the community events



Among 216 respondents they knew about laws against violence in Cambodia, most of them had attended the training (7.41%), community educations (58.33%), community events (68.52%) and SHG monthly meeting (8.80%) as shown detailed in figure 3. Relating with who organized this events the respondent reported that it was organized by CHEC (54.17%), Local authorities (56.48%) and other NGOs (11.11%). These activities were organized by CHEC and local authorities were increased to the baseline.

6.3. Behavior of Communities (120 Men)

6.3.1. Behavior of men responding to GBV

Table 9 the responding of men to GBV

Activities responding to GBV	Baseline	Impact study in Dec 2019	Increased to baseline
Report to local authorities	46.28%	55.83%	9.55%
Refer to other support services	1.65%	26.67%	25.02%
Separate between GBV survivors and perpetrators	0.00%	0.00%	0.00%
Make instruction to perpetrators	12.40%	7.50%	-4.90%
Make facilitation	2.48%	19.17%	16.69%
Ignore because not my issues	47.11%	6.67%	-40.44%

The participation of community men to respond to GBV and support the rights of GBV women survivors is very importance in society to reduce the GBV. By the way it wants to change the mind-set of men in society onward the women or violence against women. Based on the results interviewed with 120 men in communities in four districts on their behavior in responding to GBV, it presented that reporting to local authorities (55.83%), refer to support services for both commune

office and health centers (26.67%), making an instruction to perpetrators (7.50%), and making facilitation between GBV survivors and perpetrators (19.17%). The responding to community men to GBV and to support women were increased but the respondents who used to report that the GBV is not my business or ignore it was reduced by 40.44%, to the baseline in this period as shown in table 9. By the way, the intervention of community men for facilitation between GBV women survivors and perpetrators were not highlighted, it was the same to the baseline.

Table 10 the responding of local authorities after reporting the GBV cases

The responding of local authorities after reporting about GBV cases	Baseline	Impact study in Dec 2019	Changed to baseline
Make an agreement	92.43%	95.52%	3.09%
Temporary Detained	3.57%	8.96%	5.39%
Not do anything	10.71%	0.00%	-10.71%
Others	0.00%	2.99%	2.99%

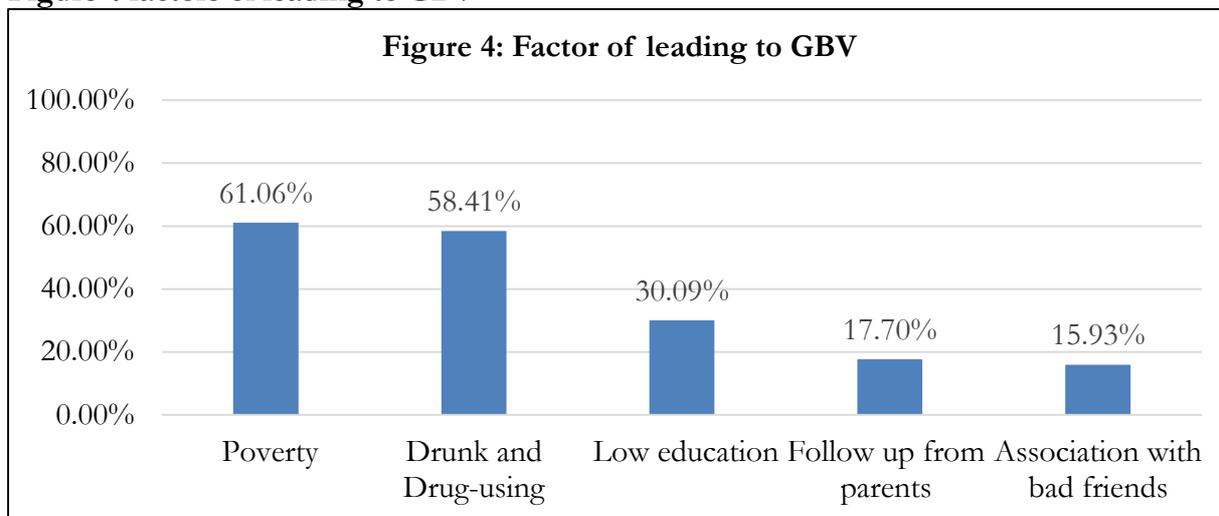
The outcome from reporting by the community men to local authorities, it has presented that the local authorities especially police and commune leaders or CCWC had make an agreement with perpetrators to stop use violence on their partner (95.52%), detaining the perpetrator in cases serious cases (8.96%) for building cases and refer to district level or provincial level, and others activities such as provide an education or instruction to perpetrators (2.99%). So the responding of local authorities to GBV after reporting were increased to the baseline in this period as shown in table 10.

The men ignored and did not report to local authorities about the GBV cases when they see in the past because of many reasons such as afraid of perpetrators (12.51%), and not their business (87.50%).

6.3.2. Practice of GBV (120)

Regarding the result above, most of perpetrators had thought that the some forms of violence against women is usual for living in family reduced but the perpetrators still exert violence against his partner/wife because they could not control their body or mind during drunk. **120 GBV perpetrators interviewed, it is presented that 94.17% (113/120) of them had committed violence on their partner and family members in this period, it has increased by 33.83% from 60.34% to 94.17%.** Many factors could lead to commit violence on their partner and family members because of poverty, drunk and drug-using, low education, following up from their parents and bad association with bad friends as shown in figure 4.

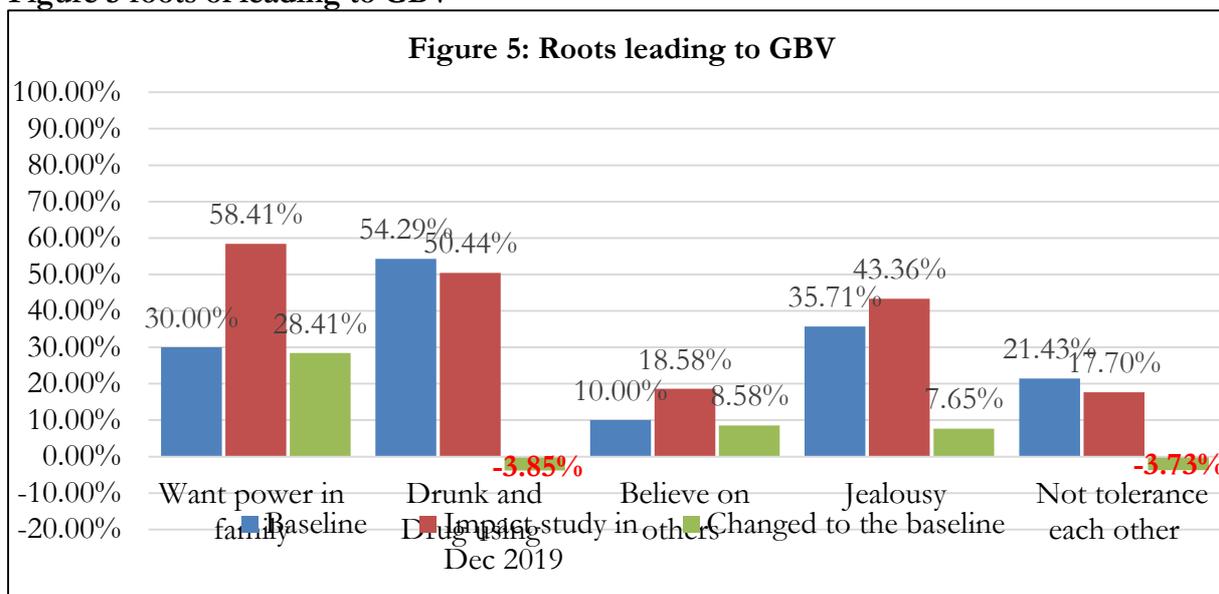
Figure 4 factors of leading to GBV



6.3.3. Root of GBV

Most of perpetrators reported that they don't want to commit violence on their partner (wife) but some time they could not bear with bad words from their partners especially during drunk which make perpetrators could not control felling and their anger in spite of their knowledge on the GBV increased to the baseline. Based on the result presented that the GBV happened because of want power in family, drunk and drug-using, believe on others), jealousy with their partner during wearing a good dress and talking with friends specially when she not stayed home, and not tolerance each other as shown in figure 5. If comparing to the baseline, the roots of leading to the GBV that mentioned as drunk and drug-use and not tolerance each other were reduced in this period as shown in figure 5.

Figure 5 roots of leading to GBV

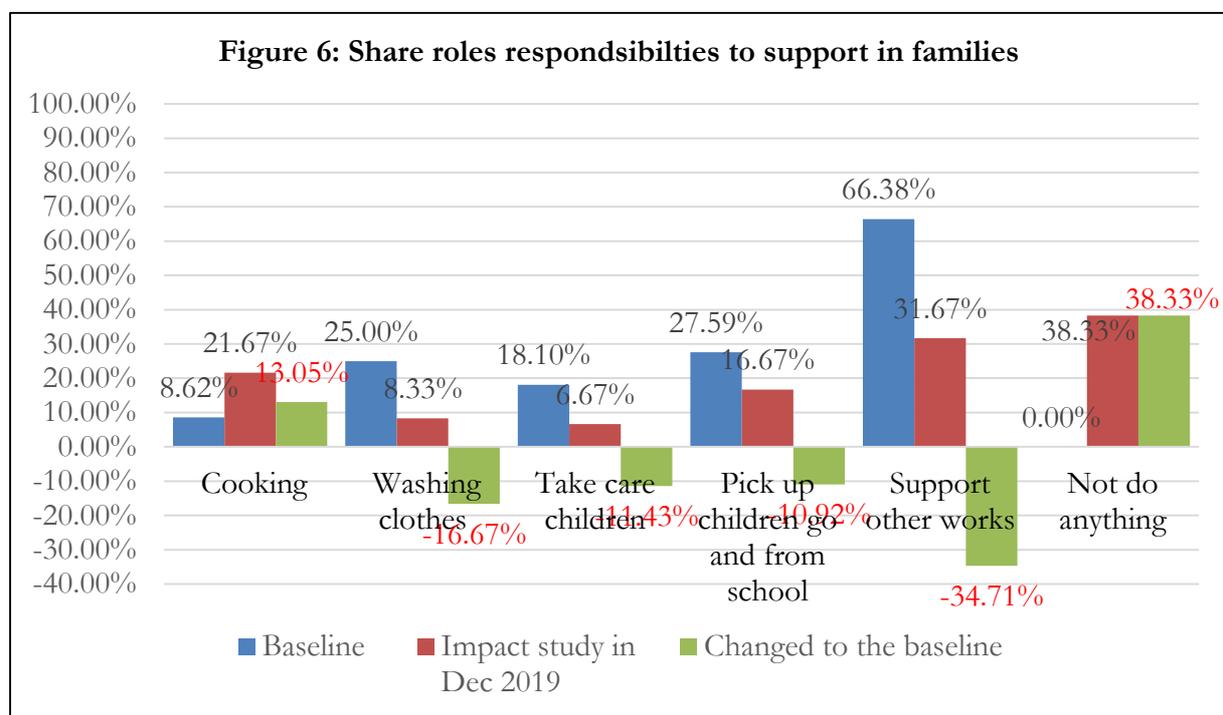


6.3.4. Share roles responsibilities

It is very useful for who are in the family could be shared roles responsibilities to support each other for living that not though that housework is role of women because the community people did not understood about the gender equality and equity. On the other hand, some men are self-esteem with these work, the men are responsible to earn money to support family. **Based on the results presented tht only 21.67% of perpetrators had supported their partner for cooking, it was increased by 13.05% to the baseline from 8.62% to 21.67%. And other activities which was mentioned in figure 6 were reduced to the baseline it is because the perpetrators who did not do anything in period were increased by 4.71% from 33.62% to 38.33%.**

The perpetrators reported that they have share role responsibilities in family and good relationship in family member specially housework. But during they got drunk, they could not control their mind or felling that it was led to violence during quarrel. Based on the result, 61.67%of perpetrators had supported their partner for housework and other supports such as pick up their children from school, washing clothes, take care children and prepared cook during their partner not stayed home and busy to make business. It has reduced from 66.38% to 61.67% to the baseline because most of men were busy for harvest.

Figure 6 share role responsibilities by perpetrators in families



6.4. GBV Cases (247 Women and GBV women survivors)

Relating with GBV cases, it is presented that 33.47% (83/247) of women respondents said that they have challenged with GBV in the past six months, it was reduced by to the baseline from 48.33% to 33.47%. The GBV occurred in the last 6 months were highlighted the physical violence, mental violence, sexual violence and economic violence, but mostly occurred in their daily living that difficult to solve were physical and mental violence. The GBV reduced but the cases of GBV were increase in this period as shown in the figure 7. These cases of GBV increased because # of cases of GBV occurred in families were some three cases and some were two cases. **Quotation from GBV women survivor: “I am very sad because my husband drunk every day and when I asked him to stop drinking again and again he beats me.”**

Figure 7 GBV cases happened in the last 6 months

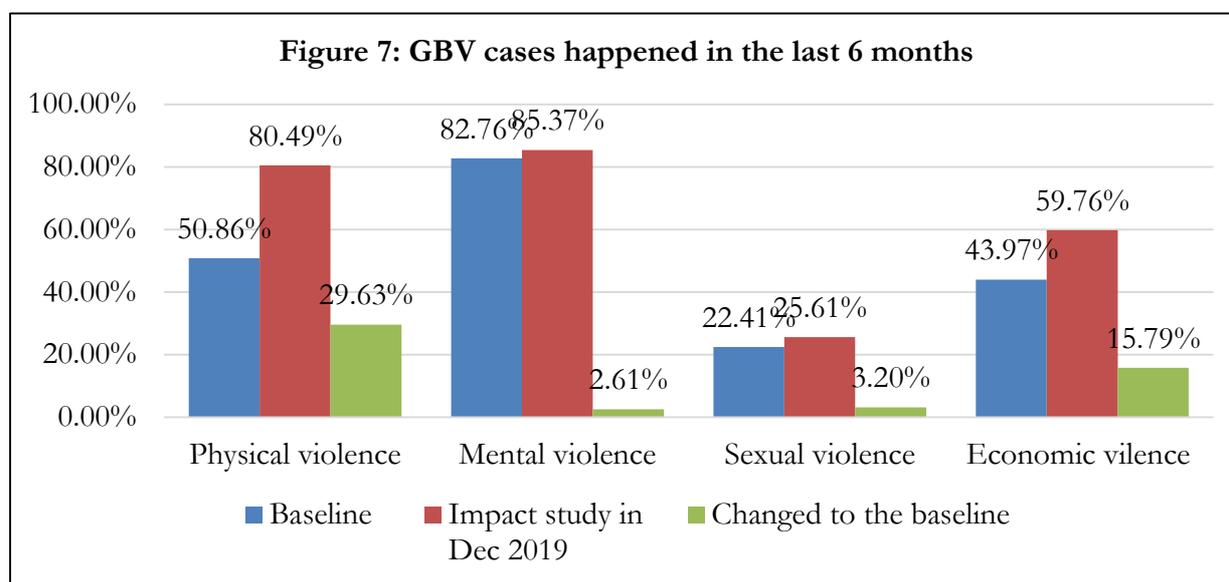
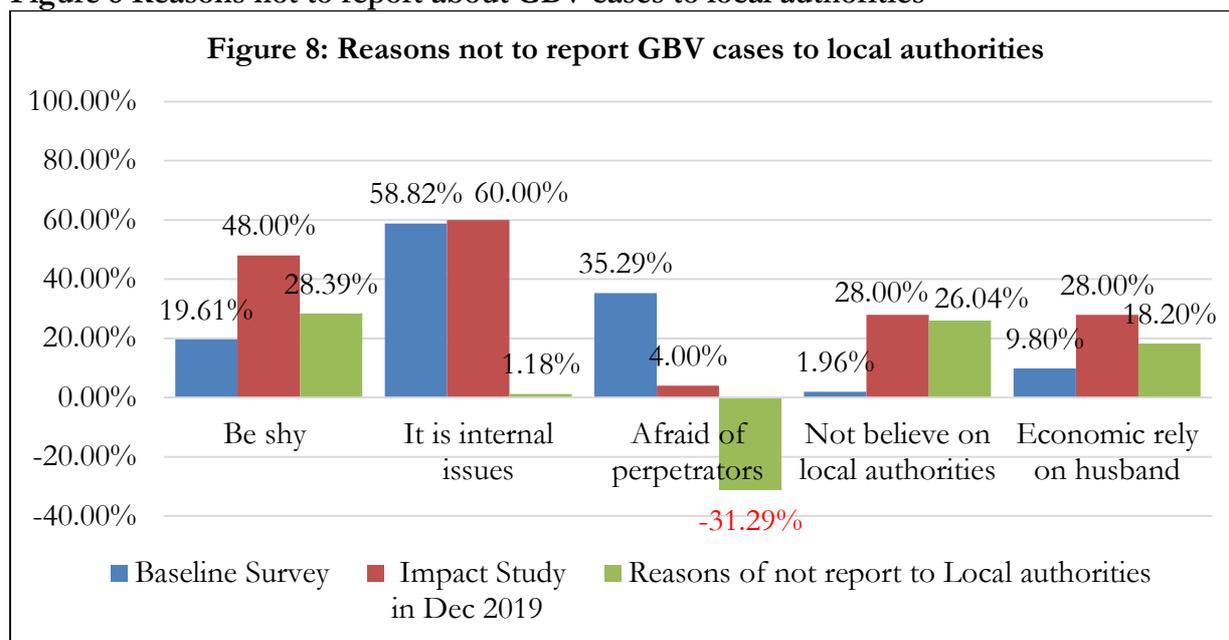


Table 11 Reporting GBV cases to local authorities by districts

Did you report your cases to local authorities	Baseline Survey	Impact Study in Dec 2019	Respondents reported their GBV cases to local authorities
Yes	43.97%	69.88% (58/83)	25.91%

Among of 33.47% respondents challenged with GBV in the past 6 months, **69.88% respondents were reported to local authorities, it was increased by 25.91% to the baseline from 43.97% to 69.88%**. Others did not report their GBV cases because of be shy (48.00%) to community people, internal issues (60.00%), threatening from perpetrators (4.00%), not believe on local authorities (28.00%) and economic relying on perpetrators (28.00%). The changed results will be presented in in figure 8.

Figure 8 Reasons not to report about GBV cases to local authorities



6.5. Behavior of women respond to GBV

Table 12 Behavior of women respond to GBV

Behaviors of women responding to GBV	Baseline Survey	Impact Study in Dec 2019	Changed to baseline
Report to local authorities	66.67%	69.76%	3.09%
Facilitation	27.50%	27.02%	-0.48%
Ignore because not my issues	8.33%	5.24%	-3.09%
Don't know	7.08%	12.90%	5.82%

Relating with behaviors of women to respond GBV when it happens, they have different ideas on these issues, their behavior to respond to GBV were focused on reporting to local authorities (69.76%), make facilitation with perpetrators (27.02%), ignoring because of not their problems (5.24%) and don't know what they do to respond to GBV (12.90%) in this period. The changed results to baseline shown in table 12. **The result also presented that 37.50% (93/248) of women had reported about the GBV cases to local authorities when it happened with their neighbors or in local areas. It was reduced by 28.33% to the baseline from 65.83% to 37.50%.**

6.5.1. Outcome of reporting

Table 13 Outcome of report to local authorities

Responding to GBV	Baseline Survey	Impact Study in Dec 2019	Changed to baseline
Make an agreement	71.32%	55.17%	-16.15%
Short detainment	7.75%	20.69%	12.94%
Refer to court	0.00%	12.07%	12.07%
No activities	28.68%	15.52%	-13.16%

The results after their report to local authorities about GBV cases, the response of local authorities were focused on making an agreement between perpetrators to stop exerting violence on partner (55.17%), short detainment the perpetrators because of serious cases (20.69%), building cases the perpetrators to refer to court (12.07% and not do anything (15.52%) in this period. **The response of local authorities to make an agreement to stop violence at commune office and the local authorities not responded to GBV were reduced to the baseline** as shown in table 13.

6.5.2. Services delivery to GBV survivors

It is very useful for local authorities in responding to GBV cases which happened to support the GBV women survivors for both physical and mental to build their confidence and encourage them to live after GBV through the participation in solving GBV cases as well as strengthening the law enforcement. The service deliveries by local authorities after GBV cases it is according to the situation of cases. Most services deliveries to GBV women survivors to be warmly for living after GBV cases happened were focused on provided the support services through reconciliation (55.17%), provided legal services such as building cases, make an agreement and refer the perpetrator to court (82.76%), provided counseling and conduct home visit for openly discussion (84.48%), provided health care services which they could access at health centres by supporting some money from commune committees if they are living with ID poor card (58.62%), provided safe place which the GBV women survivors could stay in CCWC's houses, relative's house and commune leader's houses, it is for a short period to be waited GBV cases solved with perpetrators (15.52%). And only 3.45% of survivors never received anything from local authorities, most are located far from commune office and police post, and sometime the GBV women survivors did not report to local authorities for intervention. However the GBV women survivors never received anything from local authorities after GBV cases happened were reduced by 12.05% to the baseline from 15.50% to 3.45%. The result changes is shown in table 14.

Table 14 Service delivery by local authorities by districts after GBV cases

Service Delivery by Local authorities	Baseline Survey	Impact Study in Dec 2019	Changed to baseline
Provided other support services	13.95%	55.17%	41.22%
Provided legal services	23.26%	82.76%	59.50%
Provide counseling	59.69%	84.48%	24.79%
Provide health care services	31.78%	58.62%	26.84%
Provide safe places	9.30%	15.52%	6.22%
Not provide anything	15.50%	3.45%	-12.05%

6.5.3. Access Health Care services

Among of 33.47% respondents challenged with GBV in the past 6 months, only 34.15% (28/82) GBV survivors accessed health care services at HC after GBV cases happened because of injuries while other never access health care at HC because of not serious cases and some could make a self-medication. **The GBV women survivors had accessed health care at HC has increased by 2.25% to the baseline from 31.90% to 34.15%.**

Table 15 GBV survivors access HC by districts after GBV cases

Access HC after GBV cases	Baseline Survey	Impact Study in Dec 2019	Changed to baseline
Yes	31.90%	33.73% (28/83)	1.83%

The service provided by HC staff to GBV survivors during they accessed for health care services were most focused on counseling (46.43%), it is reduced to the baseline from 62.16% to 46.43%; provided the treatment 89.29%, it was increased to the baseline 81.08% to 89.29% and referring to other services at provincial because of heavy injury that is was out of their possibilities and not enough equipment for treatment 7.24%, it was reduced to baseline 8.11% to 7.24% in this period.

6.5.4. GBV cases and Prosecution

The law enforcement on the perpetrators without tolerance and partisanship is key issues to reduce GBV in communities, most of responding were mediated and facilitated with making an agreement to finish cases, however some cases were serious because of knowing each other between perpetrators/GBV survivors and local authorities. By the ways the GBV cases were solved but never follow up, it still happened or finished. Rarely, some cases also sent the perpetrators to court or provincial level in cases of heavy injury or death that they identified as criminal case such as rape cases.

In the table 16 presented that the GBV cases happened and reported to local authorities in this period was reduced but the number of referring the perpetrators to provincial or court for prosecution increased to the baseline.

Table 16 GBV cases reported and prosecution (Report from local authorities interviewed in December 2019)

GBV cases report and prosecution	Baseline Report			Impact Report in Dec 2019		
	Total Cases	Male	Female	Total Cases	Male	Female
# of GBV cases reported to local authorities in the past 6 months	264 cases	5	176	252 cases		162
# of perpetrators referred for prosecution	2 cases	2		6 cases	6	

Sexual Violence					
# of rape cases reported to local authorities in the past 6 months	9 cases		9	2	2
# of perpetrators referred for prosecution	9 cases	9		1	1
Total GBV Cases happened	273			254	
Total perpetrators refer to provincial level or court	11			7	

Table 17 GBV survivors access HC (Reporting from HC staff interviewed)

GBV cases get treatment at HC	Baseline Report			Impact Report in Dec 2019		
	Total Cases	Male	Female	Total Cases	Male	Female
Received counseling	51 cases	0	51	22 cases	2	20
Received treatment	25 cases	1	24	10 cases	1	9
Referred to other services	3	0	3	1 case		1
Others	0	0	0	0	0	0

7. Conclusion

The impact study was interviewed with 602 as target groups, but the relating with other practices for daily living and other knowledge on GBV and GBV forms including laws against violence in Cambodian, it only interviewed with 488 respondents, which they were community men, GBV perpetrators, and women and GBV women survivors. The results presented that the knowledge and the understanding of respondents on GBV and GBV forms were increased from the baseline, it was increased by 12.49% from 54.93% to 67.42% for respondents who knew about GBV and increased by 7.73% from 33.00% to 40.73% for respondents who understood about the GBV forms. By the way the understanding of women respondents were also increased to this topic.

Relating with GBV acceptance for daily living, it was revealed that the mind-set of respondents on the social norms and the acceptance of GBV reduced in this period because of their knowledge and understanding on the GBV and GBV forms increased for both women and men, by the way the local authorities have strengthened the law enforcement to apply with commune and village safe policy. Based on the results presented that the acceptance of GBV for daily living were reduced to the baseline. However, the knowledge on GBV increased but the committing violence on partner by men perpetrators interviewed increased to the baseline this because they could not control their mind and body during drunk. By the way, the share role responsibilities in family of perpetrators in this period were reduced excepting the cooking activities which perpetrators always support in family was increased to the baseline.

Because of this problem the responding of local authorities and community men to respond GBV and support for the GBV women survivors were also increased in this period. The supporting GBV women survivors for both legal and other services, it makes the perpetrators hesitated to commit violence on his partner, however it is not stopped but it reduced.

The responding as well as service deliveries to support the GBV survivors were limited, most focused counseling, make an agreement and facilitation between perpetrators and GBV women survivors (wife), not prosecuted however some were injured. In this period 254 GBV cases were

reported to local authorities, but only 6 cases of perpetrators were referred to court or provincial for prosecution.

Results Respond to Outcome Indicators

Indicators	Baseline	Impact in Dec 2019	Justification
Project objective 2: Gender based violence in the project areas has been declined			
Percentage of male community member support legal rights of women and prosecution of domestic violence and raped increased by 70%.	23.72%	25.56%	It was increased by 1.84% to the baseline from 23.72% to 25.56%. Many questions were asked to support this indicator as follow: Based on the result, the male communities supported the women and prosecution of domestic violence and raped were focused on understanding of laws (44.17%), reporting to local authorities during GBV case happened (55.83%), make a facilitation between GBV survivors and perpetrators and (19.17%), making an instruction to perpetrators (7.50%), and Refer to support services (26.67%) [See in table 9 and Number 6.2.3.]
Project objective: 3. The support for women, girls and young people affected by gender based violence has been increased			
The number of cases a/domestic violence, b/rape reported and prosecuted by the police or other legal institutions increased by 70%	273 GBV cases (11 perpetrators referred for prosecution)	254 GBV cases (only 7 perpetrators referred for prosecution)	The report presented that the GBV cases happened in this period were deducted from 273 GBV cases to 254 GBV cases, the # of perpetrators referred to provincial level or court were also reduced from 11 to 7, to the baseline (see in table 16)
Number of female patients seeking treatment for injuries relating with domestic and sexual violence increased by 50%	31.90%	34.15%	Based on the results impact study presented that the GBV women survivors had accessed to HC for treatment and received counseling after GBV happened because of serious cases were increased by 2.25% from 31.90% to 34.15%. Report from HC staff: 33 (30 women) GBV cases accessed HC in this period (see in table 17): 22 cases accessed for counseling 10 cases accessed for treatment 1 case referred to other services at RH.

Recommendations

- ✚ Based on the results, CHEC should provide more community educations and training courses on GBV and DV law including women rights to target groups for both GBV survivors and GBV perpetrators, due to the fact that their knowledge levels are increased to the baseline but still limited.
- ✚ CHEC should provide the training courses on Men- Anger Management to the perpetrators and set up their self help groups to support their peers in control their anger.
- ✚ CHEC should advocate with commune leaders and police to restrict the law enforcement and punish the persons who committed violence against women and prosecute perpetrators with zero tolerance.

Annex 1: Structure of Questionnaires

Cambodian Health and Education for Community (CHEC) Gender Based Violence Project

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Structure Questionnaires for Male in Communities

CODE			
Name of interviewer			
Personal Information			
Name of interviewees			
Age			
Sex	Male <input type="checkbox"/>		
Date of data collection			
Communes			
Districts			
Provinces			
Family Status	1. Single <input type="checkbox"/> ; 2. Married <input type="checkbox"/> ; 3. Widow <input type="checkbox"/> ; 4. Widower <input type="checkbox"/>		
Educations	1. Not Completed Primary School <input type="checkbox"/> 2. Primary School <input type="checkbox"/> 3. Secondary School <input type="checkbox"/> 4. High School <input type="checkbox"/> 5. University <input type="checkbox"/> 6. Others.....		
Occupations	1. Government officers <input type="checkbox"/> ; 2. Police <input type="checkbox"/> ; 3. Solider <input type="checkbox"/> ; 4. Garment Worker <input type="checkbox"/> ; 5. Labors <input type="checkbox"/> ; 6. Sellers <input type="checkbox"/> ; 7. Famers <input type="checkbox"/> ; 8.Students <input type="checkbox"/> 9. Others <input type="checkbox"/>		
Percentage of male community members supporting legal rights of women and prosecution of domestic violence and raped increased by 70% (survey)			
Gender Based Violence Knowledge			
1	Do you know about GBV?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> (if don't know please move to #3)	
2	What are forms of GBV?	1. Physical beating on women by men <input type="checkbox"/> 2. Mental violence <input type="checkbox"/> 3. Economic violence <input type="checkbox"/> 4. Strict cultural implementation <input type="checkbox"/> 5. Sexual Violence <input type="checkbox"/> 6. Word abused <input type="checkbox"/> 7. Criticized or Look down on what have done <input type="checkbox"/> 8. Throwing and pushing by force make wound <input type="checkbox"/> 9. Sexual Harassment <input type="checkbox"/>	

		10. Women and Girl trafficking <input type="checkbox"/> 11. Rape <input type="checkbox"/> 12. Don't Know <input type="checkbox"/>
3	The acceptant of beating/fighting between husband and wife is usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
4	The acceptant of threatening between husband and wife with weapons and other tools are usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
5	The acceptant of making somebody suffer in daily living is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
6	The acceptant of prohibition somebody to find works is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
7	The acceptant of forcing sex from husband during unfeeling, illness is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
8	The acceptant of rape is usually in communities.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
9	Did you know there is any laws to prevent and protect women and girl from violence in Cambodia?	1. DV law <input type="checkbox"/> 2. CEDAW <input type="checkbox"/> 3. Women and Children trafficking law <input type="checkbox"/> 4. Civil law <input type="checkbox"/> 5. Criminal law <input type="checkbox"/> 6. Others..... 7. Don't know <input type="checkbox"/> (if don't know please move to #12)
10	How did you know?	1. By training <input type="checkbox"/> 2. By community educations <input type="checkbox"/> 3. By community forums <input type="checkbox"/> 4. By SHG monthly meeting <input type="checkbox"/> 5. Others.....
11	Who organized this events?	1. CHEC <input type="checkbox"/> 2. Local Authorities <input type="checkbox"/>

		3. Other NGOs□.....
12	What do you do when you see GBV happened?	1. Report to local authorities □ 2. Refer to other support services□ 3. Seperate □ 4. Introduce perpetrators □ 5. Make facilitation□ 6. Ignore because not my issues□
13	What they responds after you reported?	1. Make an agreement□ 2. Temporary Detained□ 3. Refer to court□ 4. Not do anything □ 5. Others□.....
14	Reasons why not reported?	1. Afraid of perpetrators□ 2. Internal issues□ 3. Not believe on local authorities□ 4. Others□.....

Thanks for your participation and answer my questions!

Cambodian Health and Education for Community (CHEC)

Gender Based Violence Project

----X----

Structure Questionnaires for GBV perpetrators

CODE			
Name of interviewer			
Personal Information			
Name of interviewees			
Age			
Sex	Male <input type="checkbox"/>		
Date of data collection			
Communes			
Districts			
Provinces			
Family Status	1. Single <input type="checkbox"/> ; 2. Married <input type="checkbox"/> ; 3. Widow <input type="checkbox"/> ; 4. Widower <input type="checkbox"/>		
Educations	7. Not Completed Primary School <input type="checkbox"/> 8. Primary School <input type="checkbox"/> 9. Secondary School <input type="checkbox"/> 10. High School <input type="checkbox"/> 11. University <input type="checkbox"/> 12. Others.....		
Occupations	1. Government officers <input type="checkbox"/> ; 2. Police <input type="checkbox"/> ; 3. Solider <input type="checkbox"/> ; 4. Garment Worker <input type="checkbox"/> ; 5. Labors <input type="checkbox"/> ; 6. Sellers <input type="checkbox"/> ; 7. Famers <input type="checkbox"/> ; 8.Students <input type="checkbox"/> 9. Others <input type="checkbox"/>		
Percentage of male community members supporting legal rights of women and prosecution of domestic violence and raped increased by 70% (survey)			
Gender Based Violence Knowledge			
1	Do you know about GBV?	1. Yes <input type="checkbox"/> 2. Don't know <input type="checkbox"/> (if don't know please move to #3)	
2	What are forms of GBV?	1. Physical beating on women by men <input type="checkbox"/> 2. Mental violence <input type="checkbox"/> 3. Economic violence <input type="checkbox"/> 4. Strict cultural implementation <input type="checkbox"/> 5. Sexual Violence <input type="checkbox"/> 6. Word abused <input type="checkbox"/> 7. Criticized or Look down on what have done <input type="checkbox"/> 8. Throwing and pushing by force make wound <input type="checkbox"/> 9. Sexual Harassment <input type="checkbox"/> 10. Women and Girl trafficking <input type="checkbox"/> 11. Rape <input type="checkbox"/> 12. Don't Know <input type="checkbox"/>	
3	The acceptant of beating/ fighting between	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/>	

	husband and wife is usually for daily living in family.	Why?.....
4	The acceptant of threatening between husband and wife with weapons and other tools are usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
5	The acceptant of making somebody suffer in daily living is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
6	The acceptant of prohibition somebody to find works is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
7	The acceptant of forcing sex from husband during unfelling, illness is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
8	The acceptant of rape is usually in communities.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
9	Did you know there is any laws to prevent and protect women and girl from violence in Cambodia?	1. DV law <input type="checkbox"/> 2. CEDAW <input type="checkbox"/> 3. Women and Children trafficking law <input type="checkbox"/> 4. Civil law <input type="checkbox"/> 5. Criminal law <input type="checkbox"/> 6. Others..... 7. Don't know <input type="checkbox"/> (if don't know please move to #12)
10	How did you know?	1. By training <input type="checkbox"/> 2. By community educations <input type="checkbox"/> 3. By community forums <input type="checkbox"/> 4. By SHG monthly meeting <input type="checkbox"/> 5. Others.....
11	Who organized this events?	1. CHEC <input type="checkbox"/> 2. Local Authorities <input type="checkbox"/> 3. Other NGOs <input type="checkbox"/>
12	There are any GBV happened in the past 6 month in your family?	1. Yes <input type="checkbox"/> 2. Never <input type="checkbox"/>
13	What factors would be led to GBV?	1. Poverty <input type="checkbox"/> 2. Drunk and Drug-using <input type="checkbox"/> 3. Low education <input type="checkbox"/> 4. Follow up from parents <input type="checkbox"/> 5. Association with bad friends <input type="checkbox"/> 6. Others.....
14	Roots of leading to GBV?	1. Want power in family <input type="checkbox"/> 2. Drunk and Drug using <input type="checkbox"/> 3. Believe on others <input type="checkbox"/> 4. Jealousy <input type="checkbox"/> 5. Not tolerance each other <input type="checkbox"/> 6. Others.....

Men perpetrators increase support to their wives in households

15	What house works did you support to your wife?	<ul style="list-style-type: none">1. Cooking <input type="checkbox"/>2. Washing clothes <input type="checkbox"/>3. Take care children <input type="checkbox"/>4. Pick up children go and from school <input type="checkbox"/>5. Support other works <input type="checkbox"/>6. Others.....7. Never did anything <input type="checkbox"/>
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Thanks for your participation and answer my questions!

Cambodian Health and Education for Community (CHEC)

Gender Based Violence Project

----X----

Structure Questionnaires for GBV women survivors and women in communities

CODE				
Name of interviewer				
Personal Information				
Name of interviewees				
Age				
Sex		Women <input type="checkbox"/>		
Date of data collection				
Communes				
Districts				
Provinces				
Family Status		1. Single <input type="checkbox"/> ; 2. Married <input type="checkbox"/> ; 3. Widow <input type="checkbox"/> ; 4. Widower <input type="checkbox"/>		
Educations		13. Not Completed Primary School <input type="checkbox"/> 14. Primary School <input type="checkbox"/> 15. Secondary School <input type="checkbox"/> 16. High School <input type="checkbox"/> 17. University <input type="checkbox"/> 18. Others.....		
Occupations		1. Government officers <input type="checkbox"/> ; 2. Police <input type="checkbox"/> ; 3. Solider <input type="checkbox"/> ; 4. Garment Worker <input type="checkbox"/> ; 5. Labors <input type="checkbox"/> ; 6. Sellers <input type="checkbox"/> ; 7. Famers <input type="checkbox"/> ; 8.Students <input type="checkbox"/> 9. Others <input type="checkbox"/>		
Gender Based Violence Knowledge				
1	Do you know about GBV?	1. Yes <input type="checkbox"/> 2. Don't know <input type="checkbox"/> (if don't know please move to #3)		
2	What are forms of GBV?	1. Physical beating on women by men <input type="checkbox"/> 2. Mental violence <input type="checkbox"/> 3. Economic violence <input type="checkbox"/> 4. Strict cultural implementation <input type="checkbox"/> 5. Sexual Violence <input type="checkbox"/> 6. Word abused <input type="checkbox"/> 7. Criticized or Look down on what have done <input type="checkbox"/> 8. Throwing and pushing by force make wound <input type="checkbox"/> 9. Sexual Harassment <input type="checkbox"/> 10. Women and Girl trafficking <input type="checkbox"/> 11. Rape <input type="checkbox"/> 12. Don't Know <input type="checkbox"/>		
3	The acceptant of beating/fighting between husband and wife is usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....		

4	The acceptant of threatening between husband and wife with weapons and other tools are usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
5	The acceptant of making somebody suffer in daily living is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
6	The acceptant of prohibition somebody to find works is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
7	The acceptant of forcing sex from husband during unfelling, illness is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
8	The acceptant of rape is usually in communities.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?.....
9	Did you know there is any laws to prevent and protect women and girl from violence in Cambodia?	1. DV law <input type="checkbox"/> 2. CEDAW <input type="checkbox"/> 3. Women and Children trafficking law <input type="checkbox"/> 4. Civil law <input type="checkbox"/> 5. Criminal law <input type="checkbox"/> 6. Others..... 7. Don't know <input type="checkbox"/> (if don't know please move to #12)
10	How did you know?	1. By training <input type="checkbox"/> 2. By community educations <input type="checkbox"/> 3. By community forums <input type="checkbox"/> 4. By SHG monthly meeting <input type="checkbox"/> 5. Others.....
11	Who organized this events?	1. CHEC <input type="checkbox"/> 2. Local Authorities <input type="checkbox"/> 3. Other NGOs <input type="checkbox"/>
12	Did you challenge with GBV in the past 6 months?	1. Yes <input type="checkbox"/> 2. Never <input type="checkbox"/> (if Never please move #14)
13	Types of GBV challenged?	3. Physical Violence <input type="checkbox"/> 4. Mental Violence <input type="checkbox"/> 5. Sexual Violence <input type="checkbox"/> 6. Economic Violence <input type="checkbox"/>
14	What do you do why you see GBV happen? (Relating with behaviors)	1. Report to local authorities <input type="checkbox"/> 2. Facilitation <input type="checkbox"/> 3. Ignore because not my issues <input type="checkbox"/> 4. Don't know <input type="checkbox"/>
15	Did you report your GBV cases to local authorities?	1. Reported <input type="checkbox"/> 2. Never reported <input type="checkbox"/> (if never please move to #18)
16	Did you report GBV cases which occur on other community people (Take action of community people)	1. Reported <input type="checkbox"/> 2. Never reported <input type="checkbox"/>

17	What local authorities responded after your reporting about GBV cases?	<ul style="list-style-type: none"> 1. Make an agreement with perpetrators <input type="checkbox"/> 2. Short Detained <input type="checkbox"/> 3. Refer to court <input type="checkbox"/> 4. Not do anything <input type="checkbox"/> 5. Others <input type="checkbox"/>.....
18	Reasons why not reported?	<ul style="list-style-type: none"> 1. Be shy <input type="checkbox"/> 2. It is internal issues <input type="checkbox"/> 3. Afraid of perpetrators <input type="checkbox"/> 4. Not believe on local authorities <input type="checkbox"/> 5. Economic rely on husband <input type="checkbox"/> 6. Others <input type="checkbox"/>..... ...
19	What services did you received from local authorities after GBV happened?	<ul style="list-style-type: none"> 1. Provided other support services <input type="checkbox"/> 2. Provide legal service <input type="checkbox"/> 3. Provide counseling <input type="checkbox"/> 4. Provide health care services <input type="checkbox"/> 5. Provide safe space <input type="checkbox"/> 6. Others..... 7. Never received anything <input type="checkbox"/>
20	Did you access health service at HC after GBV cases happen?	<ul style="list-style-type: none"> 1. Yes <input type="checkbox"/> 2. Never <input type="checkbox"/>
21	If yes what services did you receive from HC staff?	<ul style="list-style-type: none"> 1. Counseling <input type="checkbox"/> 2. Treatment <input type="checkbox"/> 3. Refer <input type="checkbox"/> 4. Other <input type="checkbox"/>

Thanks for your participation and answer my questions!

Cambodian Health and Education for Community (CHEC)

Gender Based Violence Project

-----X-----

Structure Questionnaires for Health Centres

CODE			
Name of interviewer			
Personal Information			
Name of interviewees			
Age			
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of data collection			
Communes			
Districts			
Provinces			
Health Centre Name			

Number of female patients seeking treatment for injuries relating with domestic and sexual violence increased by 50%? (data of health facilities)							
1	Counseling	Total	Male	Female			
2	Treatment injuries of GBV	Total	Male	Female			
3	Refer (serious cases and forensic examination)	Total	Male	Female			
4	Others..	Total	Male	Female			

Thanks for your participation and answer my questions!

**Cambodian Health and Education for Community (CHEC)
Gender Based Violence Project**

-----X-----

Structure Questionnaires for Local authorities

CODE			
Name of interviewer			
Personal Information			
Name of interviewees			
Age			
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of data collection			
Communes			
Districts			
Provinces			
Occupations	Police <input type="checkbox"/> Commune leader <input type="checkbox"/> and CCWC <input type="checkbox"/>		

Number of cases of a/domestic violence b/rape reported and prosecuted by the police or other legal institutions increased by 70%					
1	# of GBV cases reported to local authorities in the last 6 months	Total	Male	Female	X
2	# of perpetrators referred for prosecution	Total	Male	Female	X
3	# of raped cases reported to local authorities in the last 6 months	Total	Male	Female	X
4	# of perpetrators referred for prosecution	Total	Male	Female	X

Thanks for your participation and answer my questions!