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CAMBODIA GENDER ASSESSMENT

SEPTEMBER 2016

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The USAID/Cambodia Gender Assessment team, fielded by Banyan Global, is: Team Leader Eileen Pennington, Gender Specialist Thavrith Chhuon, and Research Specialist Terith Chy.

ACRONYMS

ADB	*Asian Development Bank*
ADS 205	*Integrating Gender Equality and Female Empowerment in USAID's Program Cycle*
ADVANTAGE	*Advancing the Agenda of Gender Equality*
AOR	*Agreement Officer's Representative*
CC	*Commune Council*
CCHR	*Cambodian Center for Human Rights*
CCWC	*Commune Council Committee on Women and Children*
CDCS	*Country Development Cooperation Strategy*
CDHS	*Cambodia Demographic and Health Survey*
CEDAW	*The Convention on the Elimination of all Forms of Discrimination against Women*
COP	*Chief of Party*
COR	*Contracting Officer's Representative*
CSES	*Cambodia Socioeconomic Survey*
CSO	*Civil Society Organization*
CTIP	*Cambodia Countering Trafficking In Persons Program*
CWCC	*Cambodian Women's Crisis Center*
DCOP	*Deputy Chief of Party*
DFAT	*Department of Foreign Affairs and Trade*
DI	*Development Innovations*
DO	*Development Objective*
DV	*Domestic Violence*
ECH	*Empowering Communities for Health*
EFP	*Equal Futures Partnership*
EMC	*Empowering Marginalized Communities*
EVAW	*Ending Violence Against Women*
EW	*Entertainment Worker*
FGD	*Focus Group Discussion*
GAP	*Gender Action Plan*
GBV	*Gender-Based Violence*
GEFE	*Gender Equality and Female Empowerment*
GEWE	*Gender Equality and Women's Empowerment*
GMAG	*Gender Mainstreaming Action Group*

GMAP	*Gender Mainstreaming Action Plan(s)*
GPCC	*General Population Census of Cambodia*
HARVEST	*Helping Address Rural Vulnerability and Ecosystem Stability*
HC	*Health Center(s)*
HIV/AIDS	*Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome*
IDIQ	*Indefinite Delivery Indefinite Quantity (Contract)*
IPs	*Implementing Partners*
IPV	*Intimate Partner Violence*
IT	*Information Technology*
KII	*Key Informant Interview*
KP	*Key Populations (i.e. MSM, EW, transgender)*
LGBTI	*Lesbian, Gay, Bisexual, Transgender, and Intersex*
LICADHO	*Cambodian League for the Promotion and Defense of Human Rights*
M&E	*Monitoring and Evaluation*
MFI	*Microfinance Institutions*
MOEYS	*Ministry of Education, Youth, and Sports*
MOH	*Ministry of Health*
MOWA	*Ministry of Women's Affairs*
MSM	*Men Who Have Sex with Men*
NAPVAW	*National Action Plan on Violence Against Women*
NCDD	*National Committee for Sub-national Democratic Development*
NCHADS	*National Center for HIV/AIDS, Dermatology and STD*
NGO	*Non-governmental Organization*
QHS	*Quality Health Services*
RACHA	*Reproductive and Child Health Alliance*
RFTOP	*Request for Task Order Proposal*
RGC	*Royal Government of Cambodia*
SFB	*Supporting Forestry Biodiversity*
STD	*Sexually Transmitted Disease*
STEM	*Science, Technology, Engineering, and Math*
SOW	*Scope of Work*
TAF	*The Asia Foundation*
TB	*Tuberculosis*
TIP	*Trafficking in Persons*
UN	*United Nations*

UNDP	*United Nations Development Programme*
UNESCO	*United Nations Educational, Scientific and Cultural Organization*
USAID	*United States Agency for International Development*
USG	*United States Government*
VAW	*Violence Against Women*
VHSG	*Village Health Support Group*
WASH	*Water, Sanitation, and Hygiene*
WEAI	*Women's Empowerment in Agriculture Index*

EXECUTIVE SUMMARY

RESEARCH BACKGROUND AND APPROACH:

As noted in USAID's 2012 Gender Equality and Female Empowerment (GEFE) policy, promoting gender equality and ensuring female empowerment are "fundamental for the realization of human rights and key to effective and sustainable development outcomes." USAID/Cambodia contracted Banyan Global to conduct a mission-wide qualitative gender assessment in Cambodia from July to August 2016 to inform USAID/Cambodia's programming, as well as its mid-term Country Development Cooperation Strategy (CDCS) review being planned for late 2016, and the next CDCS.

This gender assessment includes both a gender analysis of the current programming context and an assessment of how current USAID-funded programming is addressing gender issues, integrating gender within projects, and promoting gender equality. This report covers four main topics of inquiry, as mandated by USAID. It identifies the key gender-based constraints within the USAID/Cambodia Development Objectives (DOs), as stipulated in the CDCS; pinpoints changes and emerging trends with respect to GEFE in Cambodia in the last five years; provides practical, incremental recommendations to address key GEFE challenges and constraints, including gender-based violence (GBV), in ongoing and future programing; and recommends opportunities for increased collaboration with the Royal Government of Cambodia (RGC). Recommendations are designated as short-term, meaning researchers believe they can be accomplished within existing project mechanisms; medium-term, meaning they can be accomplished within the current CDCS; and long-term, meaning they may require a new CDCS mandate, or new funding streams, in order to be implemented.

The research process included an extensive literature review; a quantitative online survey of USAID/Cambodia staff and implementing partners that garnered 203 responses; a qualitative research process that included 71 key informant interviews (KII) and 24 focus group discussions (FGD) in three provinces (Kampong Cham, Kampong Thom, and Siem Reap) and Phnom Penh; and an out-briefing with USAID/Cambodia to share preliminary findings and seek input prior to drafting the report. Eight USAID-funded projects were examined in-depth: Cambodia Countering Trafficking-in-Persons Program (CTIP); Development Innovations (DI); Empowering Communities for Health (ECH); Empowering Marginalized Communities (EMC); HIV/AIDS Flagship; Rice Field Fisheries II; Supporting Forests and Biodiversity (SFB); and Quality Health Services (QHS).

SELECT FINDINGS AND RECOMMENDATIONS:

Since 2010, Cambodia has made some progress in closing the gender gap in terms of political, economic, health, and education measures. More women now occupy political positions and are leaders in civil society organizations and movements. Cambodia has essentially eliminated the gender gap in enrollment at the primary and lower secondary levels of education, although gaps persist at higher levels. Maternal and child health indicators have improved significantly in recent years, including tremendous reductions in maternal and infant mortality, and more women have access to skilled birth attendants. There has also been a noteworthy reduction in HIV/AIDS prevalence. Women continue to have a high rate of participation in the formal labor force, although the vulnerable employment rate (own-account and unpaid family labor) is high for both men and (disproportionately high) for women.

The RGC's specific commitments to promote gender equality through its institutions, policies, detailed plans, and practices have contributed to these gains. The RGC's infrastructure to respond to gender

inequality provides an important mandate to donors and civil society groups seeking to support GEFE goals strategically. These commitments also position the government to make significant contributions toward whole-of-government gender equality efforts if serious challenges related to lack of funding, uneven commitment within ministries, and capacity gaps can be addressed. USAID has played an important role, in partnership with many key stakeholders, in reducing gender constraints in Cambodia, and this report provides detailed recommendations to facilitate its continued leadership in advancing gender equality across its DOs.

Employing effective gender integration strategies is fundamental for USAID to meet its institutional commitments to advancing gender equality in Cambodia, as emphasized by the GEFE Policy and the ADS 205. Since the last Cambodia gender assessment was conducted, USAID-funded programs have made significant strides in integrating gender across development sectors, as well as promoting stronger gender integration practices within development organizations.

Despite this progress, many challenges remain, and the research identified a number of opportunities to improve practice. The assessment confirmed widespread interest in and understanding among USAID staff and implementing partners (IPs) of the importance of gender equality in development programming, but revealed significant gaps in gender integration practices among USAID and IP staff. Development practitioners perceive that they lack appropriate tools and training that could strengthen gender integration outcomes. USAID's monitoring practices, and the requirements that flow down to IPs, can also be strengthened.

Research identified a number of cross-cutting gender issues related to high levels of migration, severe indebtedness, marginalization of lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals, GBV, rigid gender norms, and opportunities to engage new generations of youth. These issues span the mission's development objectives and warrant attention in their own right.

- Migration is a growing phenomenon with strong gender dimensions. Migration flows impacted all four study locations, as family and community structures are altered in the face of high levels of migration. Migration poses risks to those who travel and creates additional burdens on those left behind, including young children and elderly care-takers. This has important implications for program implementation and beneficiary engagement strategies.
- High levels of indebtedness emerged throughout the research process as a serious issue facing communities in all three provinces visited and is a driver of migration and of increasing vulnerability for men and women, including loss of major family assets such as land to pay off debts. Respondents in all three provinces shared stories of women going into debt to rescue family members who had fallen victim to human trafficking or labor exploitation, or to cover their family's basic needs after husbands migrated and their economic situation worsened.
- Various forms of GBV, including rape, domestic violence (DV), and intimate partner violence (IPV), affect many men, women, boys, and girls in Cambodia, but reporting rates are low, and access to services and justice for survivors are serious constraints. A recent study on violence against children revealed that high levels of physical and emotional violence are experienced by both boys and girls, including deeply concerning reports of sexual abuse. Despite the CDCS mandate to address GBV across DOs, USAID-funded programs' contribution to preventing and responding to GBV are limited.
- In Cambodia, LGBTI persons and entertainment workers (EW) face discrimination that results in specific and often overwhelming disadvantages in law and practice, with serious impacts on their health, access to education, risk of GBV, and their ability to live equal and prosperous lives.
- To a considerable degree, traditional gender norms that position men as breadwinners and woman as homemakers and/or child caretakers still prevail in Cambodia and are at the root of many development challenges for both men and women. As a result of these embedded norms, women face multiple burdens on their time and energy, as well as limited opportunities, mobility, and agency.

Lower educational attainment and illiteracy, which disproportionately affect women, compound women and girls' disadvantages, undermine their confidence, and stymie efforts to increase women's voice and agency. Men, who face the traditional burden of breadwinner, can be left out of development activities and benefits as a result of their roles and responsibilities.

- Respondents across sectors highlighted the importance of engaging youth and investing in their skills and capabilities as an opportunity for gender transformational change in Cambodia, as youth views of gender norms and roles are more malleable.

USAID's three development objectives incorporate many of the key gender constraints facing men, women, boys, and girls in Cambodia. A number of high-priority gender-based constraints and recommendations are identified below, with more detailed descriptions and recommendations in the full report.

CROSS-CUTTING ISSUES

Invest in gender transformational outcomes. In all USAID-funded programs, implementers should include discussions of GBV prevention and response, and promote positive gender norms and more equitable roles and responsibilities as a regular part of community interactions and trainings. These should also be included as standard components of capacity building interventions, such as with local government officials or health service providers. This will improve outcomes in all three DOs and strengthen USAID's impact on two key issues per its GEFE policy: integrating GBV prevention and response, and promoting positive gender norms and transformation.

Invest in opportunities to move women up the "value chain" of leadership, including grassroots women leaders such as those heading community self-help savings groups, community volunteer structures, Village Health Support Group (VHSG) volunteers, and female commune councilors. Provide basic skill building as needed, such as functional literacy, financial literacy, networking, political skills development, fundraising skills, and public speaking. As part of this effort, actively engage male and female youth on governance, human rights, and democracy issues and enhance their leadership skills.

Ensure that the gender dimensions of cross-cutting issues are appropriately analyzed and addressed in programs. For example, with respect to migration, key considerations include strategies to engage men effectively if they are not regularly present in communities due to migration, and concerted efforts not to over-burden women when designing and providing development activities.

DO1: STRENGTHENED DEMOCRACY AND GOVERNMENT ACCOUNTABILITY, AND ENHANCING RESPECT FOR HUMAN RIGHTS

Increase women's representation in leadership and management positions, which will have wide-ranging benefits. Myriad factors limit women's leadership and political representation opportunities, including political parties political institutions being relatively closed to women's voice and agency; women's relative lack of political networks and limited access to funds for political campaigning; and time burdens associated with traditional roles and responsibilities. USAID programs should continue to invest in women as political and civil society leaders and document the transformational outcomes resulting from women's enhanced involvement. USAID programs should directly engage with men and with institutions that remain closed to women to encourage greater acceptance of and support for women leaders. USAID senior leadership can also play a leading role in this regard.

Enhance transparency and citizen oversight and engagement with local governance by launching or expanding gender-responsive budgeting initiatives. Men and women at the

community level are increasingly engaged in identifying community development priorities, but the accountability loop between the commune councils (CC) and local communities appears weak, particularly in terms of the degree to which CC investments are gender-responsive. Gender-responsive budgeting programs enhance citizen engagement, improve local governance accountability, and result in community-level investments reflect the needs of the entire community.

DO 2: IMPROVED HEALTH AND EDUCATIONAL STATUS OF VULNERABLE POPULATIONS

Support the expansion and improved quality of health and social support services for key populations, including LGBTI and entertainment workers. There is limited commitment within Cambodia's public services to serve the LGBTI population, due in part to discrimination. Quality health services for LGBTI persons are not widely available, but rather are concentrated in a few urban centers, further limiting access to health care that meets their needs. Continued support of specialized services for these populations is necessary.

Ensure that GBV is adequately addressed through health facilities and service providers. Many of the medical professionals who participated in this assessment's key informant interviews perceive that GBV response is not the responsibility of the medical community beyond ameliorating physical symptoms of abuse. Health care providers are well positioned to engage health service clients in a discussion of GBV prevention, to identify those at risk and victims of GBV, and to encourage more proactive help-seeking within a confidential environment. Similarly, VHSGs hold a trusted position as part of the health care network within the community and could be better leveraged to identify and refer when GBV is suspected.

Address illiteracy and lack of education and skills, which represent a fundamental challenge to achieving gender equality in Cambodia. This is particularly a gap for adult women. Across the three provinces visited, female-only focus groups expressed that lack of education and skills were one of the top challenges facing women across DO sectors, including health, governance, education, economic growth, natural resource management, and agriculture. Low education and skills undermine women's confidence, limit their decision-making power within communities and on leadership structures, and risk reinforcing problematic gender norms and biased views of women's leadership capacity. For both men and women, these are barriers to remunerative employment. USAID programs should proactively link beneficiaries to existing skill-building and literacy programs and provide targeted training as much as possible.

DO 3: SUSTAINABLE AND RESILIENT PATHWAYS OUT OF POVERTY STRENGTHENED

Promote more equitable community leadership structures for natural resource management. Climate change and risk of natural disasters, as well as ongoing challenges in terms of access to clean water and sanitation, negatively impact food security and livelihoods for both men and women. Women remain at increased risk given their traditional gender roles and responsibilities. Address women's perceived and actual limitations as leaders/managers in order to create more equitable community leadership structures, including quotas as needed. Engage both men and women at the community level to increase acceptance of women in leadership.

Engage men and women in advancing women's economic empowerment. Women owned 65 percent of micro-, small-, and medium-sized enterprises (MSMEs) in 2013, but the majority of women-owned businesses fall in the microenterprise category. Women business owners face greater barriers to

growing their businesses, including more limited financial literacy and business networks, and gender norms that discourage women's leadership and vocal participation limiting women's roles in male-dominated business associations and policymaking groups. Increase networking opportunities for male and female entrepreneurs, link these networks to existing programs that support women entrepreneurs' business skills development, and provide new avenues for women to influence policymaking to improve the business environment for the betterment of all businesses.

GENDER ASSESSMENT

Invest in development practitioners' capacity to use appropriate gender integration tools and processes to improve program efficacy and impact, and advance GEFE goals. USAID's strong GEFE policy and mandate to invest in local organizations offers an important opportunity for USAID to lead. For example, USAID should improve access to or directly provide gender training to development partners, either by ensuring that such trainings are budgeted within USAID-funded projects, or through existing or new contract training provision mechanisms. Providing gender analysis tools to a wide range of practitioners, including sector-specific strategies and tools that identify gender issues and ensure gender-sensitive M&E, are top training priorities. Senior managers, including CORs, AORs, and COPs, should reinforce the importance of capacity building and training, and ensure the appropriate time, resources, and budgetary investments are being made to ensure development practitioners have the appropriate tools and knowledge to integrate gender across the entire USAID program cycle.

Ensure that programs undertake gender analysis and gender action planning, which will deepen the impact of USAID-funded programs. USAID should require that implementing partners conduct some form of project-level gender analysis that includes project staff, sub-partners, and target beneficiaries, as a standard practice. Conducting a strong gender analysis allows implementing partners to gain information on relevant gender issues, constraints, opportunities, and dynamics; ensures the project is correctly targeted; mitigates against unintended consequences; and invests in staff to obtain buy-in around a common project-level gender integration strategy, including developing Gender Action Plans. USAID can support this by providing budgetary support, including promoting engagement of full-time gender advisors as project staff, and through regular engagement and oversight.

Harness growing interest among development actors and civil society in accessing a platform for organizational exchange of best practice on addressing gender constraints and good gender integration practices. USAID should continue its quarterly mission-organized Gender and Development Dialogue sessions that bring together USAID-funded partners to share gender integration strategies and good practice within specific sectors. USAID should also launch a Gender Learning Group that provides opportunities to share learning and tools among the broader development and civil society community.

1. INTRODUCTION

USAID/Cambodia contracted Banyan Global to conduct a mission-wide qualitative gender assessment in Cambodia from July – August 2016. As noted in USAID's Gender Equality and Female Empowerment (GEFE) policy, promoting gender equality and ensuring female empowerment are "fundamental for the realization of human rights and key to effective and sustainable development outcomes." This gender assessment was designed to inform USAID/Cambodia's programming and shape its approach toward advancing GEFE across its portfolios. Results will feed into the mid-term Country Development Cooperation Strategy (CDCS) review being planned for late 2016, and the next CDCS.

The gender assessment responds to the following questions stipulated in the contract:

1. What are the key gender-based constraints within the USAID/Cambodia Development Objectives?
2. What has changed and what are the emerging trends in the Cambodia context in relation to gender equality and female empowerment in the last five years?
3. Based on the findings of above questions, and potential impacts of various approaches, what are practical, incremental recommendations to address key gender equality and female empowerment challenges and constraints, including gender-based violence, for both ongoing and future programing?
4. Of the recommendations identified, which ones would provide opportunities for increased collaboration with the Royal Government of Cambodia (RGC)?

This gender assessment includes both a gender analysis of the current programming context, i.e. gender dynamics in Cambodia, and an assessment of how current USAID-funded programming is addressing gender constraints and promoting gender equality. This assessment begins with the broader context of gender and development in Cambodia and provides recommendations to address issues that cut across all three of the CDCS Development Objectives (DOs), focusing on those that emerged during field research. The report then breaks the analysis of gender constraints down by each of the D.O.s, with accompanying recommendations per objective. Report recommendations are designated as short-term, meaning researchers believe they can be accomplished within existing project mechanisms; medium-term, meaning they can be accomplished within the current CDCS; and long-term, meaning they may require a new CDCS mandate, or new funding streams, in order to implement. The report concludes with the assessment of USAID-funded programs' gender integration strategies, and is accompanied by specific recommendations to enhance or broaden these practices.

Study process: The Banyan Global team employed a mixed-method approach in implementing the gender assessment, in keeping with the USAID GEFE Policy and the ADS 205's guidance on the importance of the substantial involvement of USAID technical teams and program staff in the gender assessment process. The three-person research team included Team Leader Eileen Pennington, Gender Specialist Thavrith Chhuon, and Research Specialist Terith Chy. USAID/Cambodia Gender Specialist Sopheap Sreng joined the research team as a key team member during portions of the field research. Finally, a female interpreter, Chandy Eng, was engaged on a part-time basis to support the Team Leader in conducting female-only focus groups.

The research process included an extensive literature review; an in-briefing with key USAID/Cambodia stakeholders; a quantitative online survey of USAID/Cambodia staff and implementing partners with 203 respondents (41% female, one "other"), with translation provided; a qualitative research process that included 71 key informant interviews (KII) and 24 focus group discussions (FGDs) (described in greater detail below), with field research in three provinces and Phnom Penh; and an out-briefing with USAID/Cambodia to share preliminary findings and seek input prior to drafting the report. The research team ensured that the data collection strategy and questions adhered to high ethical standards for data collection, including reference to the Inter-Agency Standing Committee and World Health Organization

ethical protocols on research on Gender-Based Violence (GBV). For example, localized referral information on GBV services was collected for all four study sites, and was ultimately provided to several respondents in non-written form in order to ensure privacy and confidentiality. Informed consent was obtained from all respondents prior to the start of interviews (see Annex C).

Fieldwork: Field visits were conducted in Kampong Cham, Kampong Thom, and Siem Reap. Eight USAID-funded projects were examined in-depth, which included KIIs with the respective 1) USAID Agreement Officer's Representative/Contracting Officer's Representative (AOR/COR) or alternate in charge of the project; 2) the Chief of Party (COP)/Deputy Chief of Party (DCOP); 3) the gender specialist (if applicable); 4) province-based project leadership; 5) one or more project partners and/or local authorities; and 6) FGDs with male and female project beneficiaries (both mixed and same-sex groups).

The research team used the following fieldwork/project selection criteria: a diverse set of projects of various sizes under each development objective (D.O.); projects led by both local and international partners; projects engaging diverse groups of beneficiaries; geographic and socioeconomically diverse locations; and efficiency factors such as time, distance, and implementing partner availability. In close consultation with USAID, the following projects were selected: Cambodia Countering Trafficking-in-Persons Program (CTIP); Development Innovations (DI); Empowering Communities for Health (ECH); Empowering Marginalized Communities (EMC); HIV/AIDS Flagship; Rice Field Fisheries II; Supporting Forests and Biodiversity (SFB); and Quality Health Services (QHS).

Study limitations: This gender assessment was primarily a qualitative study that covered a broad array of topics. A robust literature review, which included a number of recent USAID-commissioned gender analyses on specific sectoral topics, allowed for comparison between existing sources and KII/FGD findings, but the research team had limited time to study each topic in depth. Field research took place over a one-month period in July and early August, coinciding with the rainy season, which primarily affected beneficiary availability, and with summer vacation for some potential respondents. Political events during the research timeframe, such as the July 10 killing of prominent political analyst Kem Ley and subsequent events related to the viewing and funeral; the recent arrests of five human rights defenders, include four ADHOC staff members; and ongoing pressure on civil society organizations linked to the "Black Monday" advocacy campaign calling for the release of the five, potentially impacted DO1 research. The field work's geographic coverage was limited given the short timeframe, resulting in less respondent diversity among KII and FGD respondents (such as ethnicity, or regional differences). Finally, the research team was a relatively small team of three, plus one part-time female interpreter who was engaged to enable female-only FGDs.

2. COUNTRY CONTEXT AND EMERGING ISSUES

2.1 CAMBODIA IN CONTEXT

Since 2010, Cambodia has made some limited progress in closing the gender gap in terms of political, economic, health, and education measures. According to the World Economic Forum's Global Gender Gap Index, Cambodia ranks 109 out of 145 countries, and has only marginally increased its overall gender equality score in recent years, from .648 in 2010 to .662 in 2016 (with a score of one representing gender equality).[1] The sub-indices tell a more specific story. Cambodia is doing well on the relatively simplistic health and survival measures included in the scale (.98) and has made the most progress in the past 10 years on closing the gender gap within the education sub-index, which currently stands at .891, (a significant improvement from .866 in 2010). Cambodia scores .681 on the economic participation and opportunity sub-index (up from .638 in 2010); and scores lowest on the political empowerment index at .098, which represents a decline from 2010 (.110).

The RGC has made specific commitments to promote gender equality through its institutions, policies, and practices. Gender equality promotion measures are embedded in key RGC plans such as the Rectangular Strategy for Growth, Employment, Equity, and Efficiency Phase III (2013-18); the National Strategic Development Plan NSDP 2014-18; Neary Rattanak IV (2014-18); and the second National Action Plan to Prevent Violence Against Women (NAPVAW II). Line ministries regularly publish their own Gender Mainstreaming Action Plans (GMAPs), although these are not necessarily linked to the line ministry's overall strategic plan; they also organize Gender Mainstreaming Action Groups (GMAGs) to advance implementation, which have varying degrees of functionality. This infrastructure provides an important mandate to donors and civil society groups seeking to support GEFE goals strategically, and if robust, could make significant contributions toward whole-of-government gender equality efforts.

However, the Ministry of Women's Affairs (MOWA) has identified serious shortcomings[2] in these policies and institutional commitments. Key constraints cited include the limited capacity of line ministries and key institutions to conduct gender analyses and advocacy and to implement their respective GMAPs, as well as weaknesses in conducting monitoring and evaluation (M&E) on the plans' implementation. MOWA noted an apparently widespread perception among government stakeholders, which was confirmed during research, that gender equality is MOWA's work and responsibility, regardless of the GMAPs, and highlighted that limited coordination among key stakeholders undermines implementation. Additionally, the research team found that the various action plans contain numerous unfunded commitments, as well as potentially donor-driven mandates and plans that are sometimes poorly understood or embraced by line ministries' leadership. These challenges pose threats to GEFE success in Cambodia, although some KII respondents indicated that the generation of upcoming leaders within the ministries will be better able to advance these agendas. This suggests an opportunity to invest in mid-level management strategically.

2.2 CROSS-CUTTING ISSUES AND EMERGING TRENDS

The research team found that a number of cross-cutting issues that exacerbate gender inequality. These issues affect all three DOs and are described in general terms here, with some specific recommendations included at the end of this section. Issues and recommendations specific to the DOs are detailed in section 2.3.

2.2.1 GENDER DIMENSIONS OF MIGRATION

Migration is a growing phenomenon in Cambodia; a 2012 report on migration found that 90 percent of villages had experienced a reduced population as a result of out-migration.[3] Migration, both within Cambodia and to international destinations, has strong gender dimensions and impacts all three DOs and all four study locations, with important implications for program implementation and beneficiary engagement strategies. In general, migration is a response to vulnerability factors such as lack of livelihood opportunities, shocks such as natural disasters, and debt burdens. Migration takes various forms, including seasonal migration generally to domestic locations during the dry season and returning home for crop harvesting in the rainy season; daily commutes to urban centers for short-term employment; and migration as individuals, or with spouses, or entire families. Researchers noted different migration patterns depending on study location, suggesting the necessity for projects to gain a detailed understanding of gender issues and migration patterns among beneficiary populations during design and implementation.

Respondents described myriad challenges for family members left behind. In many instances, women become de facto heads of household when the male head of household migrates. This may offer greater leadership opportunities and autonomy, but the additional burdens and limitations on women's time, as shaped by traditional gender roles, may make it more difficult for them to take advantage of those opportunities. In a recent study, a majority of respondents said men and women left behind gain at least three to four more hours of daily work and experience depression as a result of these burdens and

concerns over livelihood.[4] In other cases, men and women migrate together but leave their young children behind. This puts great stress on the extended family, with childcare primarily left to grandmothers or elder females in the family. This stress is even greater if the grandmother is widowed or divorced. There are negative impacts on left behind children as well, including increased likelihood that traditional gender norms will be reinforced in the youngest generation, and potential for new educational and nutritional problems among multiple generations (*see subsequent sections for more detail*).[5]

Migrants themselves, who tend to obtain gendered forms of employment (e.g. construction work for males), often experience health risks and service gaps, as well as a significant risk of trafficking in persons (TIP) and/or labor exploitation. Migrants absent from their communities have little opportunity to engage in or directly benefit from development activities, a concern that USAID-funded project staff raised. If men and women migrate together with their children, the children generally have to drop out of school. These staff described implementation challenges across the DOs due to extended migration, including the inability to engage with beneficiaries who are critical to the success of their project goals, such as males, or in some locations both male and female youth.

2.2.2 GENDER AND INDEBTEDNESS

Debt emerged throughout the research process as a serious issue facing many communities in all three provinces visited, although the gender dimensions of severe indebtedness are unclear. A 2014 Asian Development Bank (ADB) poverty analysis noted that poorer households are more likely to borrow from informal moneylenders, have a high ratio of outstanding debt to average annual per capita consumption, and tend to borrow for unproductive purposes such as consumption for basic needs, medical expenses, or to repay existing debts.[6] Loans are obtained from microfinance institutions (MFIs), informal moneylenders, and self-help groups or NGOs. Field research in communities in all three provinces suggested that MFIs are extending credit without adequate consideration of risk of non-payment and described a growing phenomenon of cross-lending, wherein one individual or family borrows from multiple sources using the same collateral. Respondents shared anecdotes of men and women losing their land titles after using them as collateral on loans that could not be repaid, or being forced to migrate either to escape debts they were unable to repay, or in a desperate search for more remunerative employment to pay those debts. In addition, respondents in all three provinces shared stories of women going into debt to rescue extended family members who had fallen victim to TIP or labor exploitation, or to cover basic needs after husbands migrated and their economic situation worsened. There are some indications in the literature that female borrowers are not able to determine the use of loans taken out in their names despite being responsible for loan repayment,[7] but further study is recommended to understand these gendered issues.

2.2.3 ONGOING MARGINALIZATION OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND INTERSEX (LGBTI) AND KEY POPULATIONS

In Cambodia, LGBTI persons and entertainment workers (EW) face specific and often overwhelming disadvantages in law and practice arising out of discrimination, with these disadvantages impacting all three DOs. There is no anti-discrimination legislation in Cambodia to extend protection to LGBTI individuals, and the law does not address inheritance, tax, or family rights issues for LGBTI people. Within this group, men who have sex with men (MSM), transgender persons, and EWs are designated as "key populations" (KP) because they are at disproportionate risk of contracting HIV and are underserved by the health system, which tends to discriminate against these populations *(see health section 2.3.3.1)*. Moreover, discrimination results in various forms of gender-based violence (GBV) and employment discrimination. ,Other health risks such as sexually transmitted diseases (STDs) were also identified as key issues affecting KP. Project-level efforts, such as through HIV/AIDS Flagship, to build networks that engage MSM, transgender, and EW as specific groups with different needs, show positive results in terms of individuals gaining greater personal agency and access to specialized resources that can help them solve their health, safety, and employment issues. Over time, these stronger networks

may be able to apply pressure to transform the discriminatory attitudes and practices that negatively shape the lives of KP.

2.2.4 TRADITIONAL GENDER NORMS, ROLES, AND RESPONSIBILITIES

FGDs and KIIs confirmed that, to a considerable degree, traditional gender norms that position men as breadwinners and woman as homemakers and/or child caretakers still prevail in Cambodia and are at the root of many development challenges. As a result of these norms, women face multiple burdens on their time and energy, and limited mobility and agency. While women are increasingly involved in productive tasks, it is often in low or no wage work, such as family-based agriculture. Women continue to face decision-making constraints in the home. For example, while they are typically responsible for the household budget, men still make decisions for major household financial decisions, such as buying a motorcycle or selling a cow. Finally, across sectors, women continue to be severely under-represented in leadership and management positions, which limits their opportunities and agency. Illiteracy or lower educational attainment and limited skills compound women and girls' disadvantages, undermine their confidence, and stymie efforts to increase women's voice and agency. Across research sites, traditional gender norms also create challenges for men, who feel pressure to provide for their families and have limited time available to participate in and benefit from development activities.

KII in all three provinces and in Phnom Penh revealed a sense among respondents that in the last decade women's ability to actively participate in community discussions has improved markedly, with women now demonstrating more confidence and willingness to speak in community settings. Respondents viewed this as an opportunity to further enhance women's agency, although the degree to which this is happening varied by location. In some settings, particularly more rural or socioeconomically disadvantaged communities, few women were perceived to be active participants in mixed-gender public settings. Nonetheless, some respondents mentioned increased levels of family support for women's involvement in development activities, with many female respondents citing family support as a key ingredient in their successful participation. Finally, in some communities visited, where projects had discussed gender roles and norms, promising stories emerged of increased sharing of household responsibilities between men and women, such as more male involvement in childcare. These changes suggest that norms and gender relations can change relatively rapidly when made a focus of development activities.

2.2.5 CAMBODIAN YOUTH REPRESENT AN OPPORTUNITY TO SHIFT GENDER NORMS AND ROLES

Cambodia has the largest youth and adolescent population in Southeast Asia,[8] and respondents across sectors highlighted the importance of engaging youth and investing in their skills and capabilities. Respondents noted that youth are more open and more flexible with gender norms, roles, and responsibilities, such as young fathers being more involved in childcare and some types of housework as compared to older generations. However, although young men and women have different needs and interests, they are often clumped together in analyses as "youth." There is an opportunity to invest in young women's leadership and agency to address women's low representation in leadership and management positions across sectors. It is also important to engage with both young men and young women to promote positive views of women's leadership and roles, and positive framings of masculinity, so that gender relations within families and institutions can shift as the next generation takes charge. However, the surge in migration makes it increasingly challenging for implementing partners (IPs) to engage with young men and women in their communities, a concern raised by respondents across DOs and provinces visited.

2.2.6 GENDER-BASED VIOLENCE (GBV)

Various forms of GBV, including rape, domestic violence (DV), and intimate partner violence (IPV) affect many men, women, boys, and girls in Cambodia. Since 2010, a number of important studies have been

completed that shed light on prevalence and experiences of violence. The 2015 National Survey on Women's Health and Life Experiences in Cambodia study found that IPV continues to be widespread in Cambodia, as in most countries, and has a pernicious impact on families, communities, and society at large. In the study, approximately one in five women aged 15-64 (21%) who had ever been in a relationship reported having experienced physical and/or sexual violence by an intimate partner at least once in their lifetime. The incidence was higher for emotional abuse, with 32 percent of ever-partnered women and girls aged 15-64 reporting experiencing emotional abuse by an intimate partner in their life.[9] A 2013 study focused on males found that 32.8 percent of men reported perpetrating physical or sexual violence or both against their intimate partner, and 4 percent had done so in the 12 months prior to the interview. In addition, 21 percent of men reported to have ever committed an act of forced or coerced sex against a woman.[10] Rates of acceptance of DV in Cambodia are high: 50 percent of women believe that wife beating is justified under at least one of six circumstances, as compared to 27 percent of men.[11] LGBTI individuals and women with disabilities appear to be at even greater risk of GBV.

The 2013 Cambodia Violence Against Children Survey[12] provided national estimates of the boys' and girls' experience of sexual, physical, and emotional violence. Incidences of childhood physical and emotional violence, prior to age 18, are extremely high. Over half of boys and girls had at least one experience of physical violence. Almost 2 in 10 females and a quarter of males experienced emotional violence by a parent or caregiver. More than 4 percent of females, and 5 percent of males reported at least one incident of sexual abuse before the age of 18, with large majorities of those respondents indicating multiple experiences of sexual abuse. Among this age group, the average age for first incident of sexual abuse was 15 years for girls and 10 years for boys.

The research team found that although GBV is theoretically integrated across the CDCS, combating GBV in terms of prevention or response is not a substantial part of current USAID-funded projects. Yet GBV was raised as a significant concern across provinces and sectors during the field research. The NAPVAW II was launched in February 2015, but stakeholders agree it faces uneven implementation and is underfunded. Sexual violence was continually raised as a serious concern, with significant gendered challenges for men, women, boys, and girls in terms of reporting barriers, stigma, and weak and/or discriminatory responses from officials. The literature confirms that among 18- to 24-year-olds who experienced sexual abuse prior to age 18, half of females and only one in five males told anyone about an incident of sexual abuse, and even fewer sought help.[13] Across provinces, the team heard varying views of the impact of the Village/Commune Safety Policy, which was issued in 2010 and includes directives to eliminate DV and TIP. Respondent views were mixed regarding whether this creates a protective effect (for example, the Ministry of Interior directed villages to organize safety patrols which some respondents noted had deterred crime) or reduces accurate reporting and/or appropriate response to cases of DV and TIP, as the policy incentivizes low reporting numbers.

2.3 CROSS-CUTTING RECOMMENDATIONS

1. *Short-term:* Include/integrate opportunities to promote women's leadership and decision-making in all USAID programming. USAID should ensure that women's enhanced leadership experiences and the outcomes resulting from their enhanced involvement are documented, monitored, and followed up. Promoting women's leadership is linked with the GEFE outcome, and thus it is a strategic necessity to be advanced in all USAID-funded programs.
2. *Short-term:* Conduct research to better understand the gender dimensions of indebtedness, including debt as a driver of vulnerability and unsafe migration. Deeper understanding is needed of the dynamics of highly-indebted households, such as which family members tend to take the loans; decision-making processes and power dynamics involved in taking multiple loans; and, if married couples are involved, the extent to which men or women decide how the funds will be used. Immediately apply findings to ongoing USAID-funded programs and those under development.

3. *Short-term:* Include discussions of GBV prevention and response as a regular part of community outreach across DOs. One resource is Addressing Gender-Based Violence Through USAID's Health Programs: A Guide for Health Sector Program Officers (2008), which includes guiding principles in GBV programming, how community mobilization programs can address GBV, and strategies for utilizing communication for social and behavior change (CSBC) programs to address gender-based violence.
4. Promote positive gender norms, as a regular part of community interactions and trainings. *Additional specific recommendations to integrate GBV awareness and prevention are included in the respective DOs in the context of the sectoral issues being addressed.*

Resource Spotlight: Changing GBV Norms

An extensive assessment of What Works to Prevent IPV *found strong evidence across contexts linking acceptance of wife beating and wife obedience/male authority to higher levels of abuse. The assessment identified participatory small-group workshops that challenge existing beliefs, and encourage discussion, reflection and group action as a successful strategy, shown through evaluative research methods to achieve modest changes in beliefs and attitudes, and some impact in terms of reduced IPV. The SASA! community mobilization program in Uganda employed this type of approach, including group members sharing strategies to reduce gendered inequalities. A* rigorous evaluation *found large impacts regarding IPV-related knowledge, attitudes, and practices, including a 52% reduction in reported physical IPV in target communities and significant reductions in social acceptance of physical IPV among both men and women.*

2.4 KEY GENDER CONSTRAINTS AND RECOMMENDATIONS BY DEVELOPMENT OBJECTIVE

2.4.1 DEVELOPMENT OBJECTIVE (DO) 1: STRENGTHENED DEMOCRACY AND GOVERNMENT ACCOUNTABILITY, AND ENHANCED RESPECT FOR HUMAN RIGHTS

2.4.1.1 DO 1: MAJOR CHANGES AND ACHIEVEMENTS

DO 1 focuses on constructive civic engagement to promote human rights, including countering trafficking in persons (TIP); civil society engagement in political processes; and improved political competitiveness and electoral accountability, including the political participation of youth and women. More women now occupy political positions overall, although women's political representation at the national level, at 20 percent, is slightly lower than in 2008. Significant progress is being made at the commune level, which now has 17.8 percent female representation (from 9.4 percent in 2002 and 15 percent in 2009). Yet only 69 commune chiefs (4.2 percent) are women. At the provincial level, the trend of women's increasing political participation has been assisted by temporary quota programs[14] that ensure some female representation, with 20 percent of deputy governors now female. However, their responsibilities are limited and largely administrative, and none of the provincial governors are female. The RGC has prioritized increasing the number of women in the civil service, and women now represent 37 percent of civil service positions. However, MOWA's most recent gender assessment of women in politics noted that these women are highly concentrated in lower levels of government and in government sectors traditionally associated with women, such as women's issues or education. These are also ministries with smaller budgets, which further serves to limit the influence and impact of women in civil service.[15]

Public attitudes regarding women's representation appear to be shifting positively among the general populace, albeit more rapidly in terms of local governance positions. A recent survey on voter attitudes found that many Cambodians still prefer a male representative in the National Assembly (38 percent as compared to 23 percent preferring a female, with 39 percent saying it makes no difference), with significantly more female than male respondents expressing preference for national-level female

representation. At the commune level of governance, attitudes are far more open to women, with 85 percent of respondents indicating that women should be just as active as men on commune councils (CC). While reasons for greater openness toward women in local governance were unclear, the report speculated it could be due to growing numbers of women representatives at the CC level demonstrating their capacity.[16]

2.4.1.2 DO 1: GENDER-BASED CONSTRAINTS

Women continue to have limited leadership and political representation opportunities. Despite some progress in increased female representation over the last six years as noted above, there are still few women in leadership positions or with significant decision-making authority. The party list proportional representation system, which allocates seats to each political party in proportion to the number of votes received, makes it difficult for women to obtain national or local office as their names are typically placed lower on the party list. Parties are discussing encouraging more female candidates and potentially placing female candidates' names higher in the upcoming election cycle of subnational elections in 2017 and national in 2018, and are in discussion with USAID-funded IPs working to support potential female candidates.[17] Political parties' reluctance to highly rank women candidates is further compounded by women's relative lack of political networks, limited access to funds for political campaigning, and time burdens associated with traditional roles and responsibilities. There is no formal system for promoting female politicians who begin their political careers at the village/commune level. Therefore, even if women with limited political connections and money manage to enter local politics, prospects for advancement are dim and may undercut women's incentive to seek local elected leadership positions. KIIs suggested that politics is perceived by many as a rough business that is not conducive to women's participation, and as the political environment tightens in advance of upcoming 2017 and 2018 elections, the potential for violence may serve as a further deterrent to women's entry into politics. KII respondents noted that political institutions in general remain relatively closed to women's voice and agency, and that when women are in office, gender norms within institutions and among male leaders make it difficult for women to exercise leadership and command respect. As a result, women's opportunities to build or expand their skills through the party or in office are limited, although civil society programs are stepping in to address this challenge.

Women increasingly lead civil society movements and organizations, but results are mixed in terms of improved agency and status. More women now lead civil society groups, although some key informants suggested that funding challenges and limited networks are reducing many women's rights organizations' opportunities for impact. Women are also increasingly at the head of grassroots activist groups. Respondents focusing on this development objective said local authorities perceive women to be less confrontational, and that protests led by women tend to be less likely to attract violent responses from the authorities, although it should be noted that violence does occur at protests led by women. A recent report by the Cambodian Center for Human Rights (CCHR) on women human rights activists[18] notes that these women are subject to intimidation, arbitrary arrest and detention, and sexism and harassment as a result of their involvement. Research respondents indicated that male protesters are at high risk of violence during rallies and while in detention, and that both male and female protestors risk employment discrimination as a result of their association with protest movements.

A number of KII respondents highlighted women's growing leadership in human rights campaigns as an emerging opportunity for expanding women's agency and building leadership skills. However, others noted significant challenges that confront women taking on these roles. A recent report[19] on women land activists documented increased personal confidence and influence among some female land activists, but also a variety of negative outcomes such as reduced socioeconomic status, due in part to the time spent on campaign activities, guilt over their changed roles within the family and the potential impact on their children, and even increased debt that the activists had no way to repay. Some of these female

activists reported incidents of IPV that they perceived as resulting from their increased activism. Several respondents confirmed that getting families to support women's active participation in these activities can be challenging. As the political environment evolves in advance of upcoming 2017 and 2018 elections, the risks, roles, and opportunities facing men and women engaged in activism will be important to monitor and mitigate.

Men and women at the community level are increasingly engaged in identifying community development priorities, but the feedback loop remains weak. The CC has a mandate and requirement to engage with men and women at the village level to seek their priorities for community investment through the annual Commune Investment Plan process and the five-year Commune Development Plan. FGDs and KIIs confirmed that this consultation is happening. CCs are encouraged by the central government to invest in social issues. Discretionary funds to invest in community priorities are very limited (some KIIs suggested around $100 was available), and the accountability loop between the CC and local communities appears weak, particularly in terms of the degree to which CC investments are gender-responsive. The CC's Commune Committee on Women and Children (CCWC) has a mandate to address gender issues, and according to many KII respondents is becoming more influential within the CC, albeit increasingly burden by duties. However, a number of respondents also noted that women serving on CCs still lack information on budgeting processes and said women's role and access to information should be strengthened.

Trafficking in persons remains a serious issue affecting men, women, boys, and girls. Cambodia is a source, destination, and transit country for TIP, which occurs for the purposes of sexual and forced labor exploitation. Every province is a source for TIP victims. Since 2010, there has been far greater understanding and attention paid to labor trafficking, but some respondents indicated the problem is still increasing. Men are increasingly visible as TIP victims but still face challenges with respect to lack of services available to males (such as very few shelters accepting males) and risk of re-trafficking. In addition, gender norms around masculinity may discourage male TIP victims from seeking help, although KII respondents suggest these attitudes are changing as a result of concerted safe migration messaging. Researchers noted community victim-blaming of both male and female illegal migrants across the three provinces, some of whom may have been trafficked, and noted that self-blaming and victim-blaming at the community level may lead some to not seek help when exploited. Communities still have low awareness of TIP risks and consequences.

Mediation remains the predominant strategy at the community level for resolving DV, but poses significant challenges for women seeking safety, durable outcomes, and justice. Village committees (especially the chief) and CCs (particularly the chief and CCWC) play key roles when responding to cases of DV. Mediation is meant to be employed only for "not serious" cases – e.g., low levels of violence or to mediate divorce – but field research and the literature also document mediation used for "serious" cases such as particularly violent incidents of DV that should be referred for criminal suit. Brickell et al.[20] documents local authorities' reluctance to use the DV Law and the formal justice system as a means of responding to DV, due in part to concerns over family and women's well-being given economic dependency issues. The report highlights how this reluctance contributes to impunity and closes women off from other options for redress. Substantial limitations of the judicial system in delivering justice (e.g., fears of corruption, treatment of victims, lack of redress and financial support awarded to victims), women's lack of economic opportunities outside of the family structure, and concerns over stigma are factors that result in mediation being used as the first strategy for resolving DV. When police become involved, which appears to be as a last resort or as a result of extreme situations, the case will be referred to the courts.

2.4.1.3 DO 1 RECOMMENDATIONS[21]

1. *Short, medium-term:* Identify, document, and publicize through media outreach the impact of women leaders on political and development outcomes, including documenting effective strategies in Cambodia to change institutional norms around gender and political participation. The research team applauds USAID's intent to conduct an impact evaluation of new programs that enhance women's political participation, and urges that the study include strategies to understand the impact of factors such as the number of women in a given political body and the prevailing gender norms on women leaders' efficacy.
2. *Short, medium, long-term:* Invest in opportunities to move women up the "value chain" of leadership, including grassroots women leaders such as those heading community self-help savings groups, community volunteer structures, Village Health Support Group (VHSG) volunteers, CC's CCWC, and other female commune councilors. Provide basic skill building as needed, including functional literacy, financial literacy, networking, political skills development, fundraising skills, and public speaking. As part of this effort, actively engage male and female youth on governance, human rights, and democracy issues and enhance their leadership skills as part of building this "value chain." Engage with and intensively train the CCWC, which also impacts DO2 and DO3.
3. *Medium-term*: Highlight women in all walks of life who are playing leadership roles and can serve as role models to other women, and highlight men who embrace positive gender norms: use multimedia campaigns, including video, radio, and TV, to highlight their lives and partnerships.
4. *Short-term:* Work more on the "demand side" of enhancing political institutions' openness to women leaders, including regular outreach by IPs and USAID staff to engage men in positions of authority to change their views about women leaders being less effective, and to encourage institutions to be more open to women's voice and influence and challenge patriarchal structures and ossified gender roles and responsibilities. MOWA has expressed interest in working on strengthening women's decision-making roles. *Medium-term:* Conduct systematic research to assess the overall benefits and costs realized by grassroots activist women, and identify strategies to support them more effectively and/or to limit the risks they face in terms of economic costs and various types of violence, including IPV. Engage activist women's extended families, especially intimate partners and authority figures like elder males in the family, to enhance their support for these women leaders, as research respondents confirmed across DOs the value of having supportive families/husbands to facilitate women embracing new leadership roles.
5. *Medium-term:* Enhance transparency and citizen oversight and engagement with the CC by launching or expanding gender-responsive budgeting initiatives. Strengthen the CC, and in particular female members of the council whose capacity and understanding of budgetary processes is reportedly limited, to actively engage with villages on the CC budget, particularly in reporting back on final priorities for funding and seeking further feedback. The CCWC should be actively engaged as a key part of the feedback and oversight loop between villages and the CC budget. This is a potential area of MOWA cooperation, which is working to encourage gender-responsive budgeting at the national level, with budget analysis from the Ministry of Finance expected by year end that will provide the percentage of each line ministry's budget that is gender-responsive.

Resource Spotlight: Gender-Responsive Budgeting

Gender-responsive budgeting initiatives involve men and women in the community identifying gender-responsive community priorities, advocating for their inclusion in local budgets, and monitoring expenditures and reporting processes to ensure that the needs and interests of different groups of men, women, boys and girls are addressed as advocated and agreed upon. These initiatives also demand for good governance at the local level. UNFPA and UNIFEM created a useful training manual for grassroots programming.

6. *Medium-term:* Engage with local authorities (CC and village committee) to reduce reliance on mediation as a strategy for resolving DV. If offered as a means of resolving DV cases, mediation must allow women's agency and voice to inform the discussion and outcomes, and local village and commune authorities should, before offering mediation, offer clear alternatives for women to seek justice through police and the courts, and receive appropriate services and support, including financial, health, and shelter services. Expand gender sensitization trainings to officials involved in mediation that include discussion of unequal gender relations/power imbalances and strategies on how to counter these to ensure that female disputants can voice their concerns and share their views on preferred outcomes, both in the private interviews and during the family mediation group session. Generate learnings from GIZ, which is working on mediation for civil cases (excluding DV) in two provinces, and UN Women, which is working with government partners to standardize guidelines on mediation to improve how it is implemented at the local level, while working within the formal justice system to improve GBV case handling and outcomes. Respond comprehensively to reduce economic dependency, which reportedly keeps many women in abusive relationships (see DO 3 for further discussion).[22]

Project Spotlight: Gender-sensitive community-based mediation

The Asia Foundation's advanced five-day training for community-based mediators in Nepal includes female and male mediators to promote collaborative and respectful relationships while building their capacity to understand gender inequalities within laws, and power imbalances between women and men disputants. Community mediators are trained in strategies to ensure equal participation of parties in the mediation process. Post-training participatory action research found that female mediators consistently reported significant increases in their capacity to actively participate in community processes and group decisions, and to provide facilitation and leadership to resolve local conflicts. Sensitizing male mediators to gender issues and the importance of increasing women's agency led to an improved enabling environment for women's decision-making power within their communities. Although the majority of GBV-related cases are not appropriate to be resolved through mediation, TAF found community mediation can be instrumental in pre-screening cases that need to be referred to formal justice system, preventing escalation of violence, and referring survivors to services.

7. *Short-term*: Build on Flagship's successful efforts with KP to reduce stigma, network vulnerable populations together, and provide enhanced access to health and legal services, as well as livelihoods/skills training to create future options (working across DOs). *Medium/long-term*: Raise awareness in the community and among authorities, such as police and local government, about sexual violence against men and boys in order to increase understanding of the crime and reduce the stigma and discrimination that male survivors experience. Improve access to legal services for survivors by identifying and linking to available service providers, and refer survivors to health services.

2.4.2 DO 2: IMPROVED HEALTH AND EDUCATION STATUS OF VULNERABLE POPULATIONS – HEALTH ISSUES

2.4.2.1 DO 2 - HEALTH: MAJOR CHANGES AND ACHIEVEMENTS

DO 2's health IRs include a focus on improving quality and availability of maternal and child health services; improving health care systems; and improved infectious disease control programs. Maternal and child health outcomes have improved significantly in recent years, as assessed through the Cambodia Demographic and Health Survey (CDHS). The maternal mortality ratio has fallen from 206 in 2010 to 170 per 100,000 live births in 2014. The proportion of pregnant women visiting a health professional at least once for antenatal care has increased from 89 percent in 2010 to 95 percent in 2014. The percentage of babies delivered by a skilled health professional has increased substantially from 71 percent in 2010 to 89 percent in 2014. The total fertility rate decreased from 3.0 in 2010 to 2.7 in 2014. However, the use of modern family planning methods remains relatively low: only 56.3 percent of married women and adolescent girls ages 15 to 49 were using any modern contraceptive methods in

2014, a slight increase from 50.5 percent in 2010.[23] Moreover, higher access to maternal health care is still associated with the education level of the mother.[24]

The infant mortality and under-five mortality rates have decreased significantly, from 45 and 54 respectively per 1,000 in 2010 to 28 and 35 per 1,000 in 2014. The under-five mortality rate remains higher for boys than girls.[25] Significant improvements are also seen in priority health issues: for example, the HIV prevalence rate has decreased significantly from 1.7 percent in 1998 to 0.8 percent in 2010, and to 0.7 percent in 2014,[26] and stunting has declined in children under five to 32 percent in 2014 (from 39.9 percent in 2010), although it remains a serious concern.

2.4.2.2 DO 2 - HEALTH: GENDER-BASED CONSTRAINTS

Service providers and clients perceive improvements in the quality of health care services, which is fueling demand, but gender-related challenges associated with health provider preferences and access persist. FGDs with non-key populations and KIIs with health professionals in areas targeted by either ECH or QHS found that respondents generally perceived that quality of health care available through health centers (HCs) and other public service settings has improved in recent years. However, the research team noted that there are still client complaints about poor services or unwelcoming provider attitudes, such as being dismissive or judgmental of clients, which have been cited as deterrents for both men and women to seek health services, and are noted as considerable barriers for key populations and youth in particular (see below for further details). For sensitive issues such as sexually transmitted infections, HIV, and reproductive health needs, FGD respondents and some health care professionals indicated that clients have a preference for same-sex service providers that the system is unable to meet. For example, at the HC the majority of health professionals are female, and the vast majority of doctors in Cambodia, who are more likely to be based in provincial hospitals, are male.[27] Research found people with disabilities still face mobility barriers in accessing health centers, although service should be free to them if they are able to reach HCs.

Women's limited decision-making and bargaining power can affect health choices. In general, FGDs in all three provinces indicated that women do not need to consult male household members before seeking health services (with HIV testing/services an exception) unless they wish to seek their input. This is consistent with the CDHS 2014, which noted that 92 percent of currently married women/girls aged 15-49 say they make decisions about their own health care either by themselves or jointly with their husbands.[28] Yet family planning counseling is provided jointly to males and females, and field research indicated that women's limited bargaining power and decision-making authority may create challenges with respect to selecting family planning methods that women prefer. In addition, respondents indicated that while most men and women come to mutual agreement over methods to use, males are generally resistant to long-term family planning methods such as tubal ligation and vasectomy, and may ultimately hold the decision-making power on preferred methods. This would be of particular concern in abusive relationships, and may be a factor in low condom use among the general population. Condom use among married couples is only 16.5 percent, and 36.1 percent among unmarried partners.[29]

> *One woman told her husband that the HC said vasectomies are safe, but he said, "Even if God told me it was true I wouldn't believe it." - FGD respondent*

Village Health Support Groups (VHSGs) are a critical element of the health service delivery system at the community level, but require additional investment. VHSGs are majority female despite a stated goal of having one male and one female VHSG per village, highlighting an increasing challenge in recruiting males in general and youth in particular for this unpaid volunteer position. Female VHSGs engaged during field research described a stronger sense of empowerment and perceptions of being more valued within their families and communities because of their roles as VHSG.

Yet KIIs noted this potentially reinforces the view that they are performing women's work that is of less value. Moreover, as VHSG's roles are expanding, such as distributing anti-dengue water treatments in summer, female VHSG experience additional burdens as they still generally perform most housework in their family homes. The ECH effort to institutionalize the VHSGs under the CC is a good practice and offers new opportunities to strengthen them as community leaders.

Gender norms, roles, and responsibilities shape men's access to health information and create significant limitations in how to effectively reach them. Most VHSGs are women, and research respondents in FGDs and KIIs indicated that men are reluctant to raise sensitive issues with the VHSGs, although they are likely to access VHSGs for support on non-sensitive issues such as tuberculosis (TB) response. FGDs and KIIs also showed that men rarely attend VHSG-organized information sessions in large numbers, but are more likely to join if the CCWC or other council members are participating. In addition, a majority of respondents across KII and FGD stated that men's health-seeking behavior is more limited than women's, with men less likely to access care and delay seeking care unless they are experiencing significant health problems, although this varied somewhat by locale. Lower health-seeking behavior, which has also been noted in the literature, is likely linked to perceptions of masculinity, i.e. the expectation that men need to be tough and withstand illness, and as the primary breadwinner whose important responsibilities mean he cannot afford to take time from work.

FGDs suggested that wives are the primary source of health information for husbands, which creates challenges as female respondents indicated that their partners do not always believe the information they share. In general this dynamic creates an additional burden for women, whom respondents confirmed are also still primarily responsible for the health of any children in the home. Researchers noted signs of change in terms of fathers taking on increased responsibilities for child health issues in some communities visited, particularly where projects such as NOURISH and Rice Fields Fisheries II explicitly included fathers' involvement as a topic of discussion. Health sector respondents also noted that first-time pregnancies create a window of opportunity to engage fathers, such as during antenatal care checkups, and that there appears to be more flexibility for both women and men during first-time pregnancy to consider new gender roles, responsibilities, and decision-making strategies within the family. The NOURISH project is actively engaging fathers during this opportune time to enhance father involvement.

Migration creates significant additional health risks for both men and women, particularly those with existing health conditions. For example, HIV-positive persons and TB patients face challenges staying on the medication regime as regular hospital visits are required. Migration often impacts men's access to health services and information, particularly in locales where men tend to migrate without family members. In addition, male and female migrants, or those left behind, may suffer from lack of access to health services while migrating because the IDPoor benefit, a national government system to identify the poorest households for targeted services/benefits, is linked to the household (with the designated head of household often male), and its designation is only reviewed every few years. Finally, as noted earlier, when both parents migrate without their children, additional burdens accrue to caregivers, generally female members of the extended family. Health issues for left-behind children, such as lack of hygiene from less modern practices and increased malnutrition, were cited as potential concerns, as well as limited breastfeeding duration when mothers migrate not long after birth. See DO 3 for further discussion.

Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) individuals face severe constraints to accessing quality health care. The public services health sector has shown limited commitment to serve the LGBTI population. KIIs and FGDs confirmed both perceived and actual discrimination within Health Centers, referral hospitals, and provincial hospitals, which echoes the

pervasive discrimination faced at home, school, and the workplace. Quality health services for LGBTI persons are not widely available, but rather are concentrated in a few urban centers, further limiting access to health care that meets their needs.[30] In addition, LGBTI (specifically MSM and transgender) have a stated preference, confirmed in field research and described in the literature, for specialized services in highly welcoming environments (including having MSM doctors and counselors), which underscores, at least in the short-term, the importance of supporting private clinics that offer free, specialized services. KPs are at high risk of GBV, including DV and sexual assault, and are sometimes physically or emotionally abused by police.[31] All these factors drive those who can to access private clinics, which provide an important set of services in a system that otherwise remains poorly responsive and generally unwelcoming. Respondents also noted that many KP are impoverished, and that migration is common, particularly among transgender persons, who tend to move frequently, including to Thailand, to seek specialized medical services.

HIV-positive persons appear to face an improved community and health services environment with regards to discrimination, but women's limited bargaining power remains a constraint. FGDs with communities in Siem Reap indicated that discrimination against people living with HIV/AIDS has markedly improved due to concerted outreach regarding how HIV is transmitted. Both men and women living with HIV/AIDS benefit from this improvement. However, one FGD suggested that women living with HIV face significant challenges with respect to bargaining power and their ability to seek services and/or testing independently of their partner's consent. Males do not face constraints in terms of ability to seek services and testing, but respondents indicated they may be reluctant to learn their status because it can create problems in marital relationships. Researchers also heard concerns regarding access to provincial hospitals for women living with HIV. Provincial hospitals distribute the anti-retroviral medicines, but are far from rural homes and operate by appointment, which can be difficult for women traveling long distances or with their children. One good practice noted in Flagship is that the provincial hospital had recognized this issue and made accommodations to fast track these patients' scheduling, and NGO representatives were also present at the hospital to provide personalized support.

Resource Spotlight: Engaging men to improve health

The USAID ASSIST Project documented a success story of engaging men in their Six Step Approach to Identify and Close Gender-Related Gaps. The Ivukula Health Center in Uganda observed low retention of mothers and babies in services to prevent mother-to-child transmission of HIV, and project staff learned that fear of disclosure of HIV status to partners deterred women from remaining in care. Competing priorities in their families and households, and male partners' lack of understanding of the importance of care were additional barriers women faced. The facility identified several successful strategies to facilitate male partner involvement in order to improve retention rates of mother-baby pairs, including: 1) a community awareness campaign encouraging men to accompany their female partners to the facility, whether the partner was positive or negative; 2) involving community leaders to invite men to come to the facility; 3) counseling women at the facility about the benefits of involving male partners; and 4) inviting male partners to attend clinic visits. No negative consequences were identified.

Entertainment workers (EWs) are at high risk of sexual and domestic violence, as well as health risks, due to weak bargaining power. EWs are subject to harassment and violence in the workplace and work long hours at night that create additional safety risks. They face challenges in seeking health services, including cost of services and time off from work to obtain services. EWs also tend to be less educated and low skilled and lack access to skills training that could create new livelihood opportunities. In addition, EW "sweethearts," defined as unpaid individuals in unmarried intimate partner relationships with EWs, can be a source of DV or infections such as HIV. Condoms are infrequently used within these relationships, in part due to women's lack of bargaining power, and in part as an expression of trust. These intimate partners are reportedly difficult for health workers to reach for assessment or referral.[32]

Young men and women face specific constraints to accessing health information and services, and early marriage poses particular problems. Concerns over confidentiality and cultural inhibitions can prevent male and female youth from obtaining information on family planning and accessing services. For example, in a recent nationwide survey of youth, only 3 percent of respondents reported discussing sexual and reproductive health issues with a health professional.[33] Knowledge about HIV prevention among young people ages 15-24 remains low. Only 37.6 percent of female youth and 45.9 percent of male youth have a basic understanding of HIV and prevention practices, and for the lowest wealth quintile, the rates are a mere 26.6 percent for female youth and 28.2 percent for male youth.[34]

Early marriage remains a concern, particularly in rural Cambodia, and is associated with lower levels of female education. Article 948 of the Cambodian Civil Code[35] sets the legal age for marriage at 18, but provisions within the law allow for marriage if one party is at least 18 and the minor is at least 16 years old and has parental consent. According to the 2014 CDHS, of women respondents from ages 20 to 24, 2 percent said they were married at 15 years old, and 18.5 percent said they were married by 18 years old. Although the median age of birth was 22.9 in 2014, 12 percent of female youth aged 15-19 are mothers.[36] Among other negative consequences, girls who give birth before the age of 18 are at risk of health complications during pregnancy and childbirth, as well as poor health outcomes for mother and baby pairs.

GBV is not adequately addressed through health facilities, or by VHSGs. Medical professionals who participated in KIIs perceived that GBV response is not the responsibility of the medical community beyond ameliorating physical symptoms of abuse. While local authorities such as the CC do play a lead role in responding to DV, failure to screen for or discuss GBV within the health system represents a missed opportunity. Health care providers are well positioned to engage health service clients in a discussion of GBV prevention, to identify those at risk and victims of GBV, and to encourage more proactive help-seeking within a confidential environment. Similarly, VHSGs hold a trusted position as part of the health care network within the community and could be better leveraged to identify suspected GBV cases and make referrals. For example, the ECH program is promoting VHSG discussing of DV in some project locations and sees positive outcomes in terms of greater awareness.

Sexual assault victims appear particularly poorly served by the health care system and face stigma and access issues. Men and boys are generally not considered as potential victims of sexual violence and may not get appropriate responses from local authorities, including police and health workers. Victims may be reluctant to report because of such barriers. For example, few female doctors are available to perform a forensic examination, despite reported victim preferences to work with a same-sex physician, due to a general dearth of female physicians in Cambodia and because additional certifications are required to conduct examinations. Efforts are underway to improve health systems responses to GBV. The RGC, with Ministry of Health (MOH) as lead and MOWA supporting with development partners, has drafted guidelines and a clinical handbook on screening and service provision for GBV victims, which will be rolled out in the coming months.[37] Finally, women with disabilities are at greater risk of GBV, including from family members, suggesting a need for tailored strategies that address their needs.[38]

2.4.2.3 DO 2 – HEALTH: RECOMMENDATIONS

1. *Short-term:* Continue investing in specialized services that cater to KPs. KPs perceive these specialized services as offering better prospects for confidentiality, and more personalized and responsive services that meet KP client needs. Continue fostering linkages between NGOs and the government health services, as is being done in Flagship as a good practice. This is particularly important as NGOs have demonstrated strong capability to foster trusting relationships, and their provision of intensive follow-up appears to be playing a key role in increasing KP compliance with medicinal regimens and

enhancing access for KPs. *Medium-term*: Develop linkages to legal service providers to refer KPs for legal services, especially when they face violence.

2. *Short, medium and long-term:* Work with relevant government institutions (Ministry of Interior, Ministry of Information, MOWA, MOH, Ministry of Justice, and NCDD) and entertainment establishment owners to identify strategies to prevent workplace violence/harassment of EWs and provide quality services to victims. *Medium-term*: Through SmartGirl, expand EW programs to include livelihood training and financial literacy, either through direct provision or by linking to ongoing vocational training programs in the target areas. Provide trainings, including of non-traditional skills, at appropriate times of day in consideration of EW's late night work schedules, and/or provide training stipends. Training should include nontraditional but market-oriented skills beyond gendered preferences for tailoring, salon work, and hospitality in order to enhance remunerative potential. The Ministry of Labor and Vocational Training manages public and private training institutions, offering an area for RGC collaboration. *Medium-term*: Increase strategies for direct engagement with EWs on preventing and responding to IPV and health risks posed by and to intimate partners.
3. *Short-term*: Include gender sensitization and GBV screening, prevention, and response as a basic part of training curricula for health providers in ongoing projects. Sensitizing health care providers to gender issues and their own gender biases is a critical component to addressing discriminatory attitudes among staff that may affect the quality of care for female and male GBV survivors. *Medium-term:* Link USAID-funded health projects to the UNFPA–MOH/MOWA partnership rollout of national GBV referral guidelines and minimum standards on primary counseling in HCs. USAID is already actively engaged in promoting improved quality of health delivery on the supply side (QHS) and demand side (ECH), and should proactively link ongoing projects to this NAPVAW strategy toward better risk assessment and support to GBV survivors (men, women, boys, girls). For example, the rollout will not extend below the health center level, so USAID's partners' direct engagement at the community level through the VHSGs in a number of projects provides an important opportunity to deepen the RGC's impact. Provincial coverage is also limited at present. A good reference is "The Crucial Role of Health Services in Responding to Gender-Based Violence," which provides simple guidelines for health care providers to identify abuse, provide medical and emotional support, documentation, information, and referral. This should include sensitizing health care workers to harmful gender norms and GBV, including ensuring they understand that women, men, boys, and girls can all be subjected to GBV, and how to respond to the specific needs of each group. The gendered Health System Strengthening E-Learning course, developed in 2014, is a good resource on this topic.
4. *Medium- and long-term*: Invest directly to combat GBV and specifically, IPV. DFAT-funded programming is currently set to end in mid-June 2017, presenting an opportunity to systematically review promising approaches that merit further investment, in line with the existing CDCS mandate.
5. *Short-term:* Within existing USAID-funded projects, make discussion of more equitable gender norms, roles, and responsibilities within the household (e.g. housework, childcare, nutrition), and male participation in pregnancy, delivery, and antenatal care a basic component of health care engagement, both with health service providers and with all VHSGs. All health center staff and community health workers should be trained on gender equality principles in health service delivery. USAID should also engage directly with RGC partners to promote this good practice, in partnership with MOWA.
6. *Short-term*: At the community level, expand communication strategies that highlight men and women as role models in the

Project Spotlight: Engaging Men and Women in Regular Discussion on Positive Gender Norms

Researchers noted that projects (e.g. QHS, Nourish, SFB, Rice Field Fisheries II) that incorporate messages on positive gender norms and roles in community outreach (for example, as a regular topic of conversation during monthly meetings by VHSGs) and/or in engagement with health service providers and community leaders showed promising results in terms of more male engagement in traditional female housework activities, as well as stronger engagement of fathers with children and on childcare and child health.

community who share responsibilities, or male engagement in childcare, and include grandparents in high migration areas. NOURISH offers potential role models and good practice strategies for replication. *Medium- and long-term*: Target men and youth to change gender norms, roles, and responsibilities, perhaps patterning from "Good Men" campaigns[39] to reach sub-national levels, using a variety of media outlets.

7. *Short and medium-term*: Strengthen the position, education, and capacity of VHSGs by expanding efforts to link VHSG to the CC (which is a matter of policy, but not yet a common practice throughout Cambodia) through the CCWC, who are frequently mandated by the CC to support the VHSGs and can provide additional capacity building and support their work. Provide more incentives for VHSGs' work, such as individual recognition or awards, and offer specific education and training opportunities, which VHSGs have explicitly said they value. This will improve VHSGs' sense of confidence and self-efficacy, promoting broader GEFE impact and improving the quality of VHSG programs. *Medium and long-term*: Work with various levels of government and IPs to compensate the VHSGs for their work, either in cash or in-kind, to increase their status in the community and reflect the value of their contributions.
8. *Short and medium-term*: Continue to engage men as part of reproductive health outreach, which is a good practice, but projects should also include strategies that promote women's ability to make educated and autonomous family planning decisions. For example, a woman should always be asked whether she would like her male partner or other family members to participate in family planning counseling or be involved and aware of her decision to select a family planning method. Separate education sessions should be tailored to men about the health benefits of pregnancy spacing and family planning methods, and the importance of seeking health services when ill.
9. *Medium-term:* Identify or extend strategies to proactively reach youth on HIV prevention, health, and family planning. For example, UNFPA is working with MOEYS on the Comprehensive Sexuality Program curriculum, which will be compulsory for grades 7 to 12, and may present opportunities for USAID future collaboration.
10. *Long-term*: Integrate measures and activities to address, prevent, and respond to early and child marriage within health sector activities and interventions. The USAID/Child, Early, and Forced Marriage Resource Guide provides targeted guidance, including key considerations, examples of promising approaches, and M&E indicators.

2.4.3 DO 2: IMPROVED HEALTH AND EDUCATION STATUS OF VULNERABLE POPULATIONS - EDUCATION

2.4.3.1 DO 2: MAJOR CHANGES AND ACHIEVEMENTS - EDUCATION

DO 2 includes a focus on improving the protection and education of children and youth. Cambodia has made significant strides in improving gender equitable access to education at the primary level, in line with achieving the Millennium Development Goals. Primary and lower secondary enrollment rates for boys and girls are now equal,[40] although school enrollment itself is not compulsory. Improvements at the primary school level in terms of access to toilets (86 percent in 2015-16), handwashing facilities (47 percent in 2015-16) and safe water (58 percent in 2015-16) have helped more children, especially girls, to attend and stay in school, but large gaps in availability of WASH facilities remain.[41] However, although primary completion rates have improved for boys and girls since 2010, they have worsened for lower and upper secondary school.[42]

There is a growing trend toward greater participation of girls in school as compared to boys until the tertiary level of schooling. Tertiary education enrollment rates for boys and girls continue to show a gap for girls, though rates are improving.[43] However, serious gaps in participation for both boys and girls emerge in lower secondary school. A close examination of gross enrollment for upper secondary school shows a steadily decreasing rate from 2010-11 (26.4 percent) through 2014-15 (24.6 percent). In 2014, 13 percent of women and 6 percent of men aged 15-49 had no education at all.[44] Cambodia's 2016

graduation to lower-middle income status is threatened by extremely weak educational attainment, which limits youth in obtaining remunerative employment and contributing to Cambodia's development trajectory.

2.4.3.2 DO 2: GENDER-BASED CONSTRAINTS - EDUCATION

Dropout is a looming issue that increasingly affects boys more than girls. School dropout rates increase at higher levels of education, particularly for students in rural areas, are fueled by a number of factors. For boys, these factors include pressure to earn money for themselves and their families, poor performance in school, grade repetition, peer pressure, and the opportunity cost of low quality schooling.[45] A review of the latest transition rates for girls and boys (2014 – 2015) demonstrates the gender gap: 85 percent of girls who completed 5th grade transitioned to lower secondary school, as compared to only 79.2 percent of boys, with a nationwide dropout rate of 6.2 percent for girls and 7.2 percent for boys (with rural dropout rates higher for both).[46] Moreover, the dropout rate at the upper secondary level is skyrocketing. In 2013-14, the dropout rate for girls in upper secondary grade 12 was 51 percent, and for boys was 58.6 percent, compared to 2011 dropout rates of 11.4 percent for girls, and 18.4 percent for boys.[47] Despite the growing gender gap in dropouts, MOEYs notes that 60 percent of scholarships are reserved for girls, and is tracking male dropout as a concerning trend given the widening gender gap.

> *"In Cambodia, girls are doing good at school and have better job opportunities. Eventually, girls will become leaders, managers, and entrepreneurs. School dropout among boy is high. They don't have good job opportunity compare to women. Most of them behave very bad. Gender intervention may focus on these issues." – Online survey respondent*

Some groups of boys and girls experience marginalization in the education sector. MOEYS' 2008 Child Friendly School Policy envisions an integrated approach to inclusive and gender-responsive education, but large class sizes persist, and migrant children are falling outside of the service net. Children from families affected by domestic violence, girls with disabilities, and LGBTI persons face additional disadvantages, as reflected by higher dropout rates and/or more school absences.[48] FGDs with LGBTI persons in multiple locations confirmed that discrimination occurs regularly at home, school,[49] and in the workplace. Many have been expelled from the family due to their identity. In addition, girls living in rural areas, particularly those from ethnic minority groups, are less likely to remain in school.[50] There is also a link between child/early marriage and the late entry and early dropout of girls. Educational attainment has a direct relationship with teenage pregnancy: 37 percent of adolescents who have never been to school have at least one baby, compared to only 8 percent of adolescents with a secondary or greater education.[51] Finally, traditional gender roles that promote girls' responsibilities to help with housework after school while boys are expected to play outside the home puts a heavy burden on girls that is often exacerbated in households of left-behind children whose parents have migrated.

Skills training offerings are often gender-biased. Skills-focused education, such as English as a second language and technical and vocational training, offer ways to prepare youth to meet new workforce requirements and obtain employment. Yet according to MOWA, while female participation in public offerings has increased, the training is often gender stereotyped, such as offering training in handicrafts or weaving to girls.[52] Few young women are entering science, technology, engineering, math (STEM) or information technology (IT) fields. The failure to provide meaningful opportunities and/or gender-stereotyped trainings results in Cambodian women's continued dominance in lower paid, low-skilled work sectors, which sends a message to impoverished families that the cost-benefit of educating girls is weak.

Illiteracy and lack of education/skills represents a fundamental challenge to achieving gender equality in Cambodia, and is particularly a gap for adult women. Across the three provinces visited, female-only focus groups expressed that lack of education and skills were one of the top challenges facing women across sectors. This is also a challenge for current and potential female VHSG, according to KIIs, which the research team perceived saw as a potential stepping stone to greater community leadership opportunities for women. Low education and skills undermine women's confidence, limit their decision-making power within communities and on leadership structures, and risk reinforcing problematic gender norms and biased views of women's leadership capacity.

Female professionals continue to lag far behind men in educational leadership positions at national and subnational levels. MOEYS has identified the advancement of women into more management and leadership positions as a priority given the significant gaps. For example, as of 2015 only 16 percent of university deans and 13.4 percent of vice deans were female; and women comprise just 5 percent of lower secondary school directors at the subnational level, and less than 5 percent of upper secondary school directors. However, the numbers of female teachers have been steadily increasing since 2010, and in 2015 almost half of the MOEYS teaching staff were female (although of total staff, only 43.5 percent were female).[53]

2.4.3.3 DO 2: RECOMMENDATIONS – EDUCATION

1. *Short-term:* Proactively link female beneficiaries of various USAID-funded programs, to the extent possible, to ongoing community-level literacy and skills-training programs funded by other donors and/or the RGC. *Long-term*: Provide accessible, practical functional literacy and skills training, with a particular focus on making such opportunities accessible to adolescent girls and women, and at times that reflect their mobility and work burdens.
2. *Short-term*: Grandparents and extended family members are rightly included in a recent USAID education gender analysis as a means of promoting better reading and learning habits in the home. However, programming must address the specific challenges facing older men and women, particularly high rates of female illiteracy,[54] and the additional time burdens both older males and females experience when young people have migrated. Promote positive gender norms and target the differences in boys' and girls' responsibilities in the home to encourage more equitable responsibilities and greater focus on education achievement for both boys and girls.
3. *Short-term*: Consistent with the recent USAID-commissioned gender analysis for education, actively include discussions of equitable gender norms and anti-violence messages in education settings and activities. MOEYS' 2016 – 2020 Gender Mainstreaming Strategic Plan has identified mainstreaming of gender awareness and anti-violence messaging as a priority strategy both institutionally and as delivered through the education system. Anti-violence messaging should include gender sensitization and preventing violence against children. Include messages of anti-discrimination related to vulnerable groups such as LGBTI and people with disabilities. In line with the recent Violence Against Children study that found teachers are the top source of violence outside the home, directly engage teachers in anti-violence messages to increase their knowledge and influence their behavior.
4. *Medium- and long-term*: Invest in new opportunities to promote girls' advancement in STEM. For example, the DI project includes a successful international program called "technovation" that targets young women and girls to encourage coding and IT entrepreneurship, and builds confidence and skills.
5. *Long-term:* Broaden USAID's commitment to promoting more equitable educational attainment for boys and girls beyond early primary school, with a focus on two gender gaps: dropouts and young women in tertiary education. When available, review the forthcoming 2016 Cambodia case study publication from MOEYS, UNICEF, and UNESCO, which is part of the Global Initiative on Out-of-

> *In one focus group, when asked if women would like to take a leadership role in a community committee as another women in the group was doing, most women raised their hands, but then said they could not do it because they were illiterate. – FGD*

School Children, for detailed analysis of statistical risk factors, gender, and identity dimensions of school drop out in Cambodia, and directly target the reasons that boys are dropping out of school. Address the ongoing gap in tertiary education for young women, including encouraging more young women to consider medical and IT careers, with linkages to DO 3 on promoting women's economic empowerment.

2.4.4 DO 3: SUSTAINABLE AND RESILIENT PATHWAYS OUT OF POVERTY STRENGTHENED

2.4.4.1 DO 3: MAJOR CHANGES AND ACHIEVEMENTS

This DO focuses on creating pathways out of poverty through improved food security, equitable and rational management of natural resources, and improving the economic enabling environment. There have been a number of changes in terms of men's and women's employment in the past few years. Women continue to have a high rate of participation in Cambodia's formal labor force, at 82 percent, albeit somewhat lower than men's participation at 88 percent.[55] The vulnerable employment rate (which includes unpaid family workers and those working on their own account) remains quite high but fell significantly between 2009 and 2014 for both men and women, from 76.9 to 60.9 percent for women and from 68.7 to 50.6 percent for men.[56] However, the persistent gender gap in labor force participation rates, combined with the increasingly disproportionate representation of women in vulnerable employment (currently more than 10 percentage points higher than for males), indicates ongoing gaps in fully utilizing women's skills and talents in Cambodia's economy.

The rate of employment in agriculture has been steadily declining for both men and women, falling from 55.4 percent to 46.7 percent for women from 2010 to 2014, and from 52.9 percent to 43.9 percent for men.[57] This reflects transitions into industry and services as the economy develops toward lower-middle income status. However, the agriculture sector continues to be critical to Cambodian livelihoods, particularly in rural areas where the bulk of the population is located. Moreover, climate change and risk of natural disasters, such as devastating floods in 2011 and 2013, create ongoing concerns in terms of the negative impact on food security and livelihoods for both men and women, with women at increased risk given their traditional gender roles and responsibilities.

2.4.4.2 DO 3: GENDER-BASED CONSTRAINTS

Incidence of malnutrition continues to be shaped by gender norms. Gender norms contribute to female malnutrition in times of food insecurity, as women will eat lower quality or less food and save the best portions for men and children. As a result, malnutrition and anemia are higher among women than men. Research in 2014 found a positive correlation risk of maternal anemia and household food security status, where women living in moderate or severe food-insecure environments are more likely to be anemic. Anemia is also a significant problem among children, and more than half of children ages 6 to 59 months old are anemic (of whom 54.2 percent are female).[58] Malnutrition due to poor feeding practices and food insecurity, poor hygiene, and lack of access to clean water are also issues for boys and girls, with one-third of rural Cambodian children affected by stunting. Stunting is also closely linked to poverty, with women in the lowest poverty quintile more than twice as likely to have a child who is stunted.[59]

Housework, childcare, and decision-making around the household budget remain highly gendered, limiting women's opportunities. As noted earlier, Cambodian women are generally still responsible for all the housework, childcare, and nutrition within family structures; they spend an estimated 3.5 hours per day on unpaid and care work.[60] Limited mobility is linked to these gendered responsibilities, as women must stay closer to home and experience multiple burdens on their time and energy. This limits women's income generation and leadership opportunities. A recent baseline study of the women's empowerment in agriculture index (WEAI) in Cambodia, which focused on areas where a

Feed the Future program was operational, found that time constraints are the largest source of women's disempowerment.[61] Finally, as noted earlier, migration may create both additional burdens (in terms of additional work in the home and fields) and opportunities (in terms of expanded leadership, autonomy, and agency) for women who become de facto heads of household.

Women are primarily responsible for managing the household budget, and field research indicated that even participating in self-help savings groups is seen as "women's work" in many communities. Savings groups are predominately made up of, and often led by, women, and tend to be among the most remunerative of livelihood generating activities promoted by development programs. Participation in these groups appears to be a strong source of confidence-building and leadership development for female participants. However, men's lack of participation disadvantages male community members, whom FGD respondents said tend to gravitate toward more traditional male livelihood activity offerings such as chicken raising. The WEAI baseline study cited two of the largest sources of male disempowerment in agriculture as access to/decisions on credit, and control over income use.[62] However, field research confirmed that men still make the decisions around large household purchases, and FGDs suggested they sometimes have significant influence over the use of loans obtained through these self-help groups. Even when women work for wages, they may not have decision-making power over how those earnings are spent. Factors including level of education, marital status, and age influence the likelihood that a woman makes decisions regarding how her income is utilized.[63] In the 2015 survey on "Women's Health and Life Experiences," one in ten women reported that their "partner had prohibited them from getting a job or earning money."[64]

Access to clean water is improving, as well as water, sanitation, and hygiene (WASH), but additional investments are needed. Women are disproportionately affected by poor water access in Cambodia, given their responsibilities in the home to provide nutrition and maintain the health of children and family members. Many FGDs raised lack of water, particularly in the dry season, as a major constraint to livelihood and nutrition activities, and as a driver of migration in some communities visited. For example, without access to water, women cannot raise vegetables in small plots near their homes, thereby losing an important potential source of added nutrition for the family. In Kampong Cham and Kompong Thom, research respondents indicated that at least 30 percent of all the households in their villages had no access to toilet facilities.

Women-headed households are more vulnerable to shocks, have fewer income generation opportunities, and have smaller land holdings. Gender is a main determinant of land ownership for agricultural use, with the Cambodia Socioeconomic Survey (CSES) 2014 noting that men own 88 percent of land.[65] Few women hold individual land titles, although some do hold joint titles. Some respondents and research note that joint registration risks constraining women's decision-making power on land use, sale, and transfer of land and that women who divorce may struggle to gain claim to the land. Women-headed households, which make up 22 percent of households in Cambodia, face even greater constraints. On average, women-headed households own 55 percent less land than a male-headed household, which is just slightly more than one-tenth of agricultural land.[66] A recent CDRI report noted that during recent droughts, some female headed households could not collect water due to lack of access to an irrigation system and rice crops were damaged.[67]

Gender differences affect agricultural activities, access to agricultural inputs, and usage. Compared to male farmers, whose labor tends to be concentrated in activities such as rice field production or large animal husbandry, female farmers are more likely to be in charge of subsistence crops such as vegetable growing/horticulture. This reduces women's access to income generation that cash crops would provide. The growing trend of mechanization in agricultural activities, such as hiring (male) drivers to operate harvesting machines, also tends to displace work that women traditionally did by hand.[68] Women, on average, have less education, receive less training, and have lower literacy rates.

Consequently, they have less knowledge about how to use technical inputs and increase crop production. This is exacerbated by the fact that women have less access to agricultural extension services, which are primarily provided by male extension workers and focus on agricultural activities dominated by males.[69] Limited use of extension services may also be due in part to lack of access to male-dominated community networks that share information on these resources, as well as women's limited mobility and time. Finally, women faced additional constraints in marketing agricultural products, with limited time due to family responsibilities, limited mobility due to social concerns over women traveling, and low financial literacy.[70]

Women are likely to be disproportionately affected by climate change due to traditional gender norms, roles, and responsibilities. The recent MOWA "Women and Climate Change" report noted that rural women remain highly dependent on local natural resources for their livelihood and to fulfill their primary domestic responsibilities such as getting water, food, and cooking fuel. Climate change impacts, particularly those related to water like drought or unpredictable rainy seasons, create additional risks for women such as spending even more time obtaining water and fuel to perform daily tasks.[71] As climate change prompts temperature rises, malaria incidence is expected to increase, and in Cambodia rural men currently experience higher risk given their extensive time spent outdoors in livelihood activities. The MOWA report also notes that indigenous persons are particularly vulnerable given their reliance on natural resources.

Project Spotlight: Engaging Men and Women in Collaborative Planning

The Rice Field Fisheries project has found that women have different priorities than men in terms of community development and fisheries management. Women tend to prioritize shorter-term investments with benefits closer to home (like home fish ponds and vegetable plots), whereas male community members tend to prioritize more intensive infrastructure projects that result in longer-term benefits to the community. As a result, the project has made a concentrated effort to engage both men and women at the community level in collaborative planning so that their priorities are reflected in community plans and investments. This reportedly resulted in improved nutritional outcomes at the family level as available food sources diversified.

Women are increasingly part of the labor force but obtain lower pay and have fewer leadership and management opportunities. More women (60.3 percent) than men (50.6 percent) work as unpaid laborers, often as unpaid family workers.[72] Women with disabilities are significantly disadvantaged, participating at 19.4 percentage points less than the general population's economic activity rate of 82.2 percent.[73] Moreover, the ILO estimates that women's wages are approximately 23 percent lower than men's wages in Cambodia.[74] These disadvantages contribute to women's lower status and limited bargaining power. As noted earlier in the report, economic dependency was highlighted by many research respondents as a factor for women to remain in abusive relationships. Evidence from across countries suggests a complex and contextual relationship between a woman's economic autonomy, or lack thereof, and her risk of experiencing GBV, which is highly contingent on the prevailing gender norms and other individual, household, and socio-cultural characteristics.[75]

Women-owned businesses tend to be smaller and grow more slowly. Women owned 65 percent of MSMEs in 2013, but the majority of women-owned businesses fall in the microenterprise category, with virtually all of them employing four or fewer people. Formal and informal fees may also impact women more than men given the small scope of their businesses. Women business owners face greater barriers to accessing credit and other resources and have more limited financial literacy and networks, which are key factors in growing businesses.[76] Finally, gender norms that discourage women's leadership and vocal participation have the effect of limiting women's roles in business associations and policy-making groups such as chambers of commerce, which continue to be male-dominated. This makes it more difficult for female business owners to shape the business environment in ways that meet their specific needs.[77]

Limited skills present challenges for both men and women, confounding employment opportunities and posing threats to youth prosperity. The labor force participation rate for youth aged 15-24 is 73 percent, but this includes those who are self-employed and working for family without wages. Over two-thirds of employed youth are self-employed, with more than half as unpaid family workers. In addition, young women are less likely to have any kind of employment; 11.5 percent of adolescent girls and young women (15-24) are neither in school, employment or training opportunities, as compared to 3.5 percent of male youth.[78] In addition, the research team heard some anecdotal reports of age-based employment discrimination in favor of young people under age 30 being hired in factories, and of families spending significant sums to support their children's job searches. This includes travel and possibly illicit incentive payments to employers or their representatives, which could serve as barriers to obtaining meaningful employment and improved livelihoods for many households.

2.4.4.3 DO 3: RECOMMENDATIONS

1. *Short and medium-term:* Create new community-based opportunities to promote women's leadership and decision-making, with a focus on de facto women-headed households, while taking care not to increase the time burdens on women. For example, the NOURISH project uses the good practice of letting men and women in the target communities set their own meeting times so that both are able to participate. Practitioners can refer to the USAID/Women's Empowerment in Agriculture Index Practitioner's Guide for guidance on a range of promising approaches to promote women's leadership, decision-making, and empowerment within agriculture and food-security.
2. *Short-term:* Engage more men in self-help community savings groups while continuing to foster women's leadership opportunities within such groups. For example, the groups can set internal goals of at least 40 percent male membership, and in high male migration areas efforts to achieve this could include reaching out to older males and male youth in the community through family engagement strategies. Use communication strategies to counter community perceptions that community savings groups are women's work, and highlight the remunerative potential of such groups by sharing success stories when possible. Through messaging in community savings groups, encourage more equitable decision-making around household budgets, particularly for large purchases. The USAID/Leveraging Opportunities Project is finalizing a September 2016 instructional brief on engaging men in women's economic empowerment and can be consulted for how-to guidance and promising approaches for engaging and working with men in related sectors.

Resource Spotlight: Fostering Women's Leadership in Self-help Groups

Professional Assistance for Development Action, a rural livelihoods development NGO in India, has worked to organize over 80,000 women in self-help groups, resulted in a series of recommendations to foster women's leadership in self-help groups, including: 1) Set quotas to ensure women are in leadership positions; 2) Target specific resources and opportunities at the poorest women; 3) Share information to make sure women know about rights and opportunities; 4) Build leadership capacity of women; and, 5) Begin working with women in small groups to develop self-confidence and self-esteem.

We can compare communities that are more gender-sensitive, and look at some other communities where we didn't really [focus on] distinct issues of gender. The gender-sensitive one is more effective." – field-based project staff

3. *Short-term:* In current and future programs in the natural resource management sector, address women's perceived (e.g. lack of experience) and actual (e.g. public speaking and literacy) limitations as leaders/managers to meet project goals of more equitable leadership structures. Make concerted efforts to expand women's leadership and agency by engaging both men and women at the community level to increase acceptance of women in leadership and increase women's capacity to lead. Set quotas requiring women's active participation in these leadership groups, and create specific leadership opportunities

for women within the groups that include but go beyond traditional women's roles such as accountant or secretary for the group. Actively monitor and assess the quality of engagement of men and women within those groups as part of targeted efforts to promote more equitable decision-making. Projects are making promising efforts in this regard, such as the good practice utilized by SFB and Rice Field Fisheries II to encourage flexible patrolling strategies that enable female participation in community patrol groups (forest and fisheries respectively). A useful tool for practitioners is the "Gender Box," a framework with overarching questions to identify key gender dynamics that influence men's and women's participation in participatory forestry management programs, with consideration focused on 11 gender issues of concern at the macro, meso, and micro scales.

4. *Short and medium-term:* Build on USAID experience and strategies developed through HARVEST, SFB, and Rice Field Fisheries I to expand women's economic participation in non-traditional income generation sectors, such as resin, a higher value forest product traditionally gathered and sold by men, and horticulture, an activity traditionally done by women that could be made more remunerative by expanding home vegetable gardens. Put a particular focus on female-headed households (de facto and de jure) given their myriad vulnerabilities, including access to life skills, like improved farming techniques.
5. *Medium-term:* Increase networking opportunities for women entrepreneurs, and provide new avenues for women to influence policy-making to improve the business environment by linking to existing resources such as the Phnom Penh-based Women's Entrepreneurial Centers of Resources, Education, Access, and Training for Economic Empowerment (WECREATE) center that offers programs to enhance women business owners' access to information and skills, with a particular focus on small women-owned businesses. Actively promote women business owners' linkages to regional trade as a means of growing women's businesses, and strengthen women's business associations such as the Cambodian Women Entrepreneurs Association to ensure that women business owners have greater influence over policymaking. As part of all economic empowerment programming, conduct robust gender analysis to identify any potentially problematic linkages with GBV and women's economic empowerment, and ensure that program plans enhance protective factors of women's economic empowerment and mitigate risk. USAID's Toolkit for Integrating GBV Prevention and Response into Economic Growth Projects provides guidance linked to USAID's program cycle as well as specific economic growth subsectors.

3. GENDER INTEGRATION FINDINGS AND RECOMMENDATIONS

3.1 SUMMARY OF FINDINGS

Effective gender integration strategies in USAID-funded programs are fundamental to meeting USAID's commitments to advancing gender equality in Cambodia, as emphasized by the GEFE Policy and the ADS 205. Since the last Cambodia gender assessment was conducted, USAID-funded programs have made significant strides in integrating gender across development sectors, as well as promoting stronger gender integration practices within development organizations, but more remains to be done. The assessment confirmed widespread interest in and understanding among USAID staff and IPs of the importance of gender equality in development programming, but revealed significant gaps in gender integration practices within both. The assessment also found that development practitioners perceive that they lack appropriate tools and training that could strengthen gender integration outcomes.

Resource Spotlight: Strengthening Women Entrepreneurs and Women-owned Businesses

The USAID/Southern Africa Trade Hub promoted women's entrepreneurship, skill-developing, and networking through targeted persuasive communications and negotiations training for women entrepreneurs, with trainings that integrated networking opportunities and strategies to increase women's self-confidence.

The research team utilized two strategies to identify findings related to gender integration. First, the research team conducted an online quantitative survey in English (with Khmer translation provided) of USAID staff and the staff and partners of USAID-funded projects, garnering 203 responses (119 male, 83 female, 1 other). The research team also conducted extensive interviews with multiple project stakeholders, including USAID staff, and performed site visits with eight USAID-funded projects (see introduction for details) to better understand how gender issues are identified and addressed within the programs, and to identify good practices for potential replication. These data were utilized to triangulate findings between the online survey, KIIs and FGDs, and researcher site visits to better understand actual gender integration practices. Two survey structural issues were noted: first, USAID staff with a broad range of responsibilities participated in the survey, so some confusion was observed among some non-AOR/COR respondents regarding some questions; data for that category of respondent data was interpreted with caution as a result. Second, an open-ended question on GBV revealed that some respondents misinterpreted the question to be about GBV in the workplace, not GBV issues present in the project issue. The GBV questions were therefore not included in the analysis.

Staff commitment to and understanding of gender integration and gender equality: The large majority of online survey respondents across all staff categories indicated that gender-related knowledge and skills, including understanding gender, national and international gender equality commitments, gender integration strategies, and gender-responsive M&E, are very important to their work. However, they indicated varying degrees of understanding about these key topics. According to the weighted averages (scale of 1=no knowledge, to 5=understand fully), the respondent rankings of their understanding of the following topics (from highest to lowest) were: the meaning of "gender" (4); national and international efforts to promote women's empowerment and gender equality (3.6); how to integrate gender throughout the project cycle (3); how to make sure that M&E is gender sensitive (2.9); and how to conduct a gender analysis (2.7). This suggests that while many respondents feel they had a reasonable baseline of knowledge regarding the meaning of gender and national/international efforts to promote gender equality, they are less confident in gender integration in project cycles, gender-sensitive M&E, and gender analysis. A subsequent section of the online survey invited respondents to indicate their degree of interest in learning more about these topics, and many indicated very strong interest in learning more, even about foundational topics like understanding gender. This represents an opportunity to invest further in baseline understanding of gender to create a stronger foundation for high impact tools and practices.

> *"It would be good to have a good training for key staff on gender issue because not many staff understand this topic very well." – Online survey*

When asked if gender equality goals and objectives are included in project activity designs that survey respondents implement, almost half indicated that they are included to the fullest or a great extent. However, when asked if implementation plan(s) for the project that respondents oversee/implement include activities that strengthen women/girls' skills, only approximately one-third of respondents said "to the fullest" or "to a great" extent, suggesting that there might be gaps in ensuring whether gender equality goals in project activity designs are subsequently included in project work plans, as promoted through the USAID GEFE policy. Since women remain disadvantaged across the development sectors targeted by USAID, this suggests programmatic gaps.

Marginalized groups also require additional focus. Significant proportions of respondents were neutral when asked if they know enough to help others promote inclusion of LGBTI or disability issues. Field research confirmed this gap, with widely varying degrees of understanding or recognition on the part of project staff, NGO partners, and key stakeholders (such as local authorities) about the challenges that LGBTI individuals or persons with disabilities face in daily life. Indeed, a number of KIIs with USAID staff and IPs suggested personal discomfort or unease about these aspects of gender identity and integration,

particularly with respect to LGBTI issues. Researchers found limited or no strategies in place within USAID-funded projects to respond to these gender issues *unless* the project focused specifically on these groups. The latter projects and staff can be a resource for other projects as they deepen their understanding and responsiveness on these issues per the USAID mandate as described in the LGBT Vision for Action.

Project Spotlight: Supporting Forestry Biodiversity

The SFB project demonstrates robust systems to integrate gender across its program activities. Commitment to and understanding of key gender issues and constraints within the project were demonstrated by staff at all levels, including senior leadership. Project staff benefit from active gender specialist support and a host of tools that have been developed by the gender specialist to facilitate gender integration and identify key gender learnings throughout the project life cycle. These learnings are applied in ongoing project course corrections and adaptations, an excellent practice not observed in many projects. Strong local partners with long-term institutional commitments to gender equality contribute to observed changes at the community level in terms of more positive gender relations and changing gender norms at the family level. Trainings are regularly provided to support staff in strengthening their gendered understanding and approaches, and gender sensitivity is included as a topic in performance evaluation.

Capacity to integrate gender issues: Although it is clear from both the survey and interviews that USAID staff and IPs perceive the importance of gender issues, and a majority of respondents agreed or strongly agreed that they can promote gender equality, there are skill gaps. Most survey respondents feel they can contribute some ideas on gender issues in their projects when asked, but only gender focal points/specialists feel "very confident" in their understanding of the gender issues in their work. Interestingly, one in ten survey respondents who are staff members of a USAID-project (based in a province) had never been asked about any gender issues in their project.

Very few respondents had any personal experience utilizing gender analysis tools, and field research suggested that few USAID-funded projects had conducted a formal gender analysis for the project either prior to or after award. The NOURISH project was a notable exception, with a post-award gender analysis built into the project as a deliverable. The process NOURISH followed should be considered a good practice for potential replication, as it involved proactively engaging staff in both gender reflection and in actually conducting the gender analysis with project beneficiaries, a process which results in stronger staff buy-in, a shared sense of commitment to and understanding of the gendered approaches to be used as a result of the analytical findings, and to stronger outcomes.

Organizational commitment and staff access to support on gender integration: Field research showed that most projects include some efforts to consider and respond to gender differences within programs, but very few are systematically analyzing the main gender issues and challenges that affect the project and its beneficiaries, such as through conducting gender analyses, or by striving for a shared understanding among staff and implementing sub-partners of the project's key gender issues and challenges that must be addressed to achieve successful, equitable outcomes. As a result, the research team observed very mixed results, with some projects achieving better gender integration practices due to quixotic factors such as a given sub-partners' pre-existing gender understanding and institutional commitments, but not as a result of any systematic, project-wide commitment.

Investing in knowledge and practice: Almost three-quarters of respondents had taken at least one gender training, and most had participated in a training that lasted at least one day. However, trainings provided through the projects themselves were limited. In the online survey, 43 percent of respondents stated that project staff in projects that they oversee or implement received gender sensitization training; 26 percent of respondents stated that project staff members had opportunities to train on specialized gender integration related to the sector, or on gender-responsive M&E (23 percent) through the project. The lowest percentage in the type of training received in the project, at only 16 percent, was gender analysis tools in program design. Indeed, the research team noted that gender integration gaps existed in USAID-funded projects particularly where no gender trainings had been provided by the IPs,

including on issues specific to the project. Moreover, KIIs revealed that few projects visited were providing gender trainings to staff in any robust way, with gender sensitization generally included as part of broader trainings on a variety of issues. Lack of training may reflect myriad factors, including: weak understanding of the importance of strengthening staff capacity as a whole to integrate gender; failure to appropriately budget for training and/or to receive resources toward that end; poor awareness of or lack of access to appropriate tools and training; and failure to ensure that GEFE policies and commitments vigorously translate into USAID-funded projects.

Access to gender specialists: A majority of survey respondents (55 percent) indicated they had access to either a gender focal person, dedicated gender specialist, or department providing gender-related technical support, but the majority of these respondents (52 percent) are in contact with this person(s) less than once a month. A number of KIIs revealed that technical departments are often situated at the headquarter level, and interviews suggested these units generally provide the bulk of their support prior to program award, during project conceptualization. Since successful gender integration requires that all staff are equipped with the knowledge and understanding of relevant gender issues in their projects, and have the tools and organizational commitment to robustly respond, this is insufficient. It is important to note that the survey revealed that almost one-quarter of non-USAID respondents working for USAID-funded projects (excluding COP/DCOP) did not know if a gender focal point/specialist was available to support them. This suggests that gender experts, to the extent that they are available to IP project staff, are not being effectively utilized as resource persons and technical experts within projects.

> *"Every project should have a Gender Specialist to technically support all staff and the project beneficiaries on all gender related issues. Gender strategy and approach should be also developed for effective and sustainable implementation." – Online respondent*

The research team noted during site visits and interviews that projects with a gender specialist who had been empowered by senior management to proactively engage with staff to improve gender integration practices had much stronger gendered outcomes. The existence of a gender specialist on staff, full-time, sends a powerful message to USAID and IP staff of a project's commitment to gendered outcomes, which trickles down to beneficiaries. Gender specialists must be empowered to set high implementation expectations and to ensure that projects meet gender goals, providing tools to staff that improve understanding of gender issues and monitoring and evaluating progress and remediating gaps to respond to the different needs and interests of men, women, boys, and girls. If no gender specialist is on staff, a less optimal strategy is appointing one or more gender focal points to provide support. This mandate must be written into focal points' job description, with significant time allocated on a weekly basis to this work. Gender focal points also must have decision-making power to ensure that gender integration is taking place, and they must have clear support of senior leadership. While gender specialists can be powerful leaders and catalysts toward better outcomes, ultimately gender integration must be everyone's job.

Senior leadership commitment: The commitment of both senior leadership and USAID officers is another key ingredient in the success or failure of gender integration outcomes, indicating to staff that these efforts are important. Moreover, senior leadership's commitment is crucial for projects to allocate the necessary time and resources to ensure that gender is adequately integrated and addressed across the program cycle. Field research and KIIs confirmed that USAID and IPs' senior leadership are highly influential in both supporting and advancing gender equality efforts. In interviews, IPs across sectors highlighted that USAID's own interest and commitment to

> *"The managers in an organization are really important to promoting better gender outcomes. The manager has to push on it as a priority, and be gender-sensitive. In Khmer culture normally people follow the leader. And the individuals [staff] must be gender-sensitive or their work will not achieve the desired results." – KII respondent*

gender integration within the projects was a support and/or driver of their own efforts. However, as noted earlier, several projects appeared to be getting little engagement from USAID AOR/COR on gender issues, suggesting an area of opportunity to increase engagement. Finally, gender balance among staff, particularly with respect to leadership and management positions, sends a strong message about organizational gender equality commitments. Setting quotas or instituting strong internal hiring systems requiring males and females be placed on hiring shortlists are often needed to ensure sufficient gender balance. NOURISH and SFB both offer strong examples of encouraging gender-sensitive staff and hiring practices, including promoting substantive roles for female staff in non-traditional areas.

USAID/Cambodia has put some important building blocks in place internally to strengthen its own gender integration practices, as well as that of its IPs. The existence of the USAID Gender Working Group, which comprises staff from across DOs, offers an opportunity for internal exchange and dialogue on good practices and gaps. The relatively recent addition of mission-organized Gender and Development Dialogue sessions that bring together USAID-funded partners to share gender integration strategies and good practice within specific sectors, which includes opportunities for IPs to promote good practices, will also amplify the sense among IPs that USAID's gender equality commitments are deep and far-reaching. In this context, it is important to note that a significant proportion of online survey respondents (almost 40%) were neutral regarding the statement that "USAID's Gender Equality and Female Empowerment Policy influences my daily work and the choices and decisions I have to make." This suggests an opportunity for USAID to further publicize, among the development community and its own IPs, how the policy should shape development programming and the activities and outcomes of USAID-funded projects to 1) reduce gender disparities; 2) reduce GBV and mitigate its impact; and 3) increase female empowerment in terms of rights, opportunities, and agency.

Barriers to effective gender integration: Respondents indicated that the top four obstacles, in rank order, preventing them from integrating gender in their project planning, implementation, and evaluation in their office are staff capacity (55%), lack of staff training on gender (48%), limited staff time (38%), and lack of gender integration tools (37%). Interestingly, female respondents ranked "lack of staff training" as the biggest obstacle to better gender integration at the project level. Almost 40 percent of respondents indicated that the project(s) that they oversee and implement have funds dedicated to supporting gender integration, but just over half of respondents (52%) were neutral in terms of whether the funds allocated to gender integration were sufficient. Overall, these findings suggest that a number of barriers related to capacity, time, and resources are preventing effective and comprehensive gender integration within USAID projects.

Utilizing gender-responsive M&E strategies and applying gender-related learning: The field assessment confirmed that projects are collecting sex-disaggregated data as part of the M&E strategy, but only some projects could describe ongoing strategies to actively feed gender-related learning and knowledge management into project strategy revisions and discussions. Few projects appeared to be collecting data and reporting on gender transformative indicators (researchers identified two project examples, but did not review all M&E frameworks in detail). Less than 20 percent of respondents have taken a gender-responsive M&E course.

Requests for additional support and training: Overall, the quantitative survey and KIIs across the DOs identified a strong desire for additional training and support to deepen gender integration knowledge and practices. In general, survey respondents put a high priority on learning more about all types of gender-related topics listed in the survey. Across respondents, 43 percent were very interested in learning more about the meaning of "gender;" 41 percent were very interested in gaining better familiarity with national and international efforts to promote women's empowerment and gender equality; 43 percent were very interested in learning how to conduct a gender analysis, and in learning how to integrate gender throughout the project cycle; and 46 percent were very interested in learning

how to make sure M&E is gender-responsive. Please see the table in Annex H for a detailed grid of training priorities per type of respondent.

Interest in learning more about the topics: Scale 1 to 5 (1 - not interested; 5 - very interested)	Meaning of Gender	National and International efforts on Women's Empowerment and Gender Equality	Gender Analysis	Gender Integration in the project cycle	Gender-Responsive Monitoring and Evaluation
I am an AOR/COR at USAID	4.0	4.0	4.5	4.1	4.3
I work for USAID/Cambodia but not as an AOR/COR	3.8	3.6	3.6	3.8	3.8
Senior Management of a USAID-funded project [COP or DCOP level]	3.4	3.4	3.6	4.0	3.9
Gender Specialist/ Gender Focal Point of a USAID-funded project	2.8	3.8	4.0	4.3	4.0
Other project staff member of a USAID-funded project, based in Phnom Penh	3.8	3.9	3.7	3.7	3.8
Other project staff member of a USAID-funded project, based in a province	4.3	4.2	4.3	4.3	4.3

Green = highest weighted priority per training type

3.2 RECOMMENDATIONS TO ADVANCE GENDER INTEGRATION

1. *Short-term*: Enhance accountability and address gaps by requiring that USAID staff, especially AOR/CORs, complete Gender 102 and 103 trainings. Identify or provide additional intensive training opportunities to staff with program management responsibilities, particularly in terms of providing tools for gender integration in specific sectors being managed. Improve performance accountability, such as including efforts to advance gender equality within USAID's work into performance evaluations for AOR/COR. Ensure gender focal points are empowered to integrate gender priorities into solicitations, have an influential voice and decision-making power during proposal review, and are empowered by senior leadership to directly engage with IPs to provide technical support and ensure that follow-up and necessary changes are implemented. For example, ensure that the Gender Specialist and Gender Team Lead(s) have clearly-articulated job responsibilities per the above mandates, and are appropriately certified, such as having AOR/COR certification, to achieve their mandates.
2. *Short-term:* Introduce standard provisions to new awardees that activities and outreach include two key issues per the GEFE policy: integrating GBV prevention and response, and promoting positive gender norms and transformation. When reviewing proposals, this mandate will ensure that reviewers provide higher ratings to those proposals in which gender sensitization and other key topics related to gender integration are a central part of the program approach and built on good practice strategies. Other key questions to consider when assessing proposals include whether staff recruitment plans comprise both male and female staff in leadership/management positions; whether the sub-partner recruitment plans screen for efforts to ensure gender-responsive policies and approaches (a CTIP good practice); and budgeting for gender-targeted activities and processes (see below).
3. *Short-term*: Assess whether proposals have adequately identified migration and other cross-cutting issues in the target areas, clearly stipulate the gender dimensions of those issues, and have specific strategies to respond and mitigate. Key considerations include strategies to engage men effectively, if they are not regularly present in communities due to migration, and concerted efforts not to over-burden women when designing and implementing development activities.

4. *Short-term:* Review M&E frameworks to confirm whether gender-transformative outcomes are being measured, as envisioned in ADS 205. Recommend or require their inclusion if they are not. For example, the research team reviewed several projects that had activities with potentially gender-transformative outcomes, such as seeking to transform gender norms and relations within families or transforming male attitudes toward women leaders, but had not yet included M&E strategies to measure those changes within the project. CARE USA recently released a useful resource on measuring gender-transformative change that includes clear guidance on types of gender-transformational changes, a literature review, and good practice examples.
5. *Short-term:* For all new awards, require that implementing partners conduct some form of gender analysis with project staff, sub-partners, and target beneficiaries within the first four months of project award. Require that the strategy for conducting this analysis be stipulated in detail in the proposal, and that a critical assessment of the strategy be included as part of the points awarded for each proposal. Conducting a strong gender analysis allows implementing partners to gain information on relevant gender issues, constraints, opportunities, and dynamics; ensure the project is appropriately targeting male and female beneficiaries; mitigate against risks of unintended negative consequences; and obtain buy-in around a common gender integration strategy. Good practice in gender integration includes strong participation of project staff, sub-partners, and target beneficiaries in gathering the relevant gendered information; identifying appropriate project strategies to respond to the different needs of men, women, boys and girls; and identifying appropriate gender-responsive M&E tools to assess those differentiated activities. Gender analyses should collect and analyze information on the five domains specified in ADS 205 and should involve participatory data collection techniques. The gender analysis findings can then be utilized in developing Gender Action Plans (GAPs). For example, ACDI/VOCA developed a comprehensive manual and toolkit on gender analysis that can help IPs design and conduct gender analyses.
6. *Short-term:* Ensure that IPs budget for gender-responsive activities to support the engagement of males and females (e.g., offering childcare during community meetings, or hosting additional meetings after work hours to accommodate working men and women); and for gender-sensitive M&E processes. Prioritize budgetary support for full-time gender specialists on staff.
7. *Medium-term:* Make GAPs a required submission from all IPs and incorporate this requirement into the contract/grant agreement, to be completed post-award within a stipulated period of time as negotiated during award. Link the requirement to the GEFE policy, which is already listed as a requirement in all contracts/grants. GAPs must include strategies and mechanisms to mitigate against and address potential risks and unintended consequences of project activities. USAID AOR/CORs should then be mandated to use the GAP as a standard tool for assessing progress and impact in gender integration of USAID-funded projects during regular monitoring and reporting activities. The SFB project offers an example, and a GAP template is included on page 41 of the ACDI/VOCA toolkit described above.
8. *Short-term:* USAID staff should actively engage with IPs during every site visit and have in-person meetings to review gender integration strategies and outcomes. Ensure that gender integration processes and results are a robust part of the performance review for grants and contracts and mission achievements, as stipulated in ADS 205. DFAT's new Gender Equality and Women's Empowerment policy sets the target that 80 percent of its aid investments will effectively address gender issues.
9. *Short- and medium-term:* Improve access to or directly provide gender training to development partners, either by ensuring that such trainings are budgeted within USAID-funded projects or through the existing Capacity Building of Cambodia's Local Organizations (CBCLO) mechanism, or by developing a new training provision mechanism. The online survey and numerous interviews with partners and key stakeholders revealed keen interest in obtaining more gender tools (see table for online survey results). USAID Forward provides a strong framework for ensuring that local partners

> *"USAID should create trainings that really strengthen civil society capacity to analyze gender and create gender transformative programs." – Key Informant Interview*

build their capacity, and can ensure that any increased requirements from USAID for gender-responsive programming do not serve as a barrier to local partners' robust participation. As part of receiving training, IPs must commit to conducting follow-on trainings among their staff and sub-contractors/sub-grantees, as well as sending influential staff, including projects' senior leaders and key staff with program implementation and/or management responsibilities, to such trainings to increase the likelihood for impact. Gender balanced participation in these trainings is very important so that males have access to gender trainings (KIIs indicated that a number of organizations still tend to send female staff to learn about gender), or, if the gathering is of leaders/managers (where women are underrepresented), female participation must be promoted.

10. *Short-term:* Create an open platform for gender learning – A Gender Learning Group –that brings together stakeholders around specific development issues to learn practical, effective strategies to integrate gender and/or respond to gender issues in programs. For example, DFAT has created regular implementing partner meetings for its EVAW implementers as an important step toward better coordination, program learning, and holistic interventions that leverage the strengths and knowledge of the wide variety of partners.
11. *Short-term:* Continue to implement and/or expand the quarterly mission-organized Gender and Development Dialogue sessions that bring together USAID-funded partners to share gender integration strategies and good practice within specific sectors.
12. *Short-term:* Support whole-of-government gender integration efforts by promoting peer-to-peer collaboration through Cambodia joining the Equal Futures Partnership (EFP), a White House initiative.[79] EFP members, which include a solid Asia contingent including Thailand, Timor-Leste, Indonesia, Japan, Australia, and New Zealand, make specific and measurable commitments to promote gender equality based on their national policies and plans. Areas of focus include women's economic empowerment and GBV. Members meet on the sidelines of major international fora such as the G7 and regular World Bank meetings. Membership will strengthen the government's connection to other nations with gender equality commitments by providing a forum to share best practice, an opportunity for person-to-person sharing, and offering the potential for country-level pairings on issues of mutual concern. This recommendation directly responds to government respondents who expressed interest in improving their networks and gaining learning opportunities from other governments, and is a strong area for RGC-USAID collaboration, particularly as MOWA takes on more of a coordinating function over time among line ministries. Investing in MOWA's oversight and coordinating capacities will be important for overall success.

4. CONCLUSIONS

Cambodia has made progress in addressing gender-related constraints that prevent men and women, and boys and girls, from fully contributing to society and exercising their rights and opportunities. USAID-funded projects have made important contributions toward the progress that has been achieved. Yet much more work is still required to achieve gender equality in Cambodia. Cross-cutting issues, including migration, high levels of debt, and GBV keep men and women from reaching their full potential, while the potential for youth to transform gender norms, roles, and responsibilities presents a new opportunity toward achieving gender equality. All of these factors should be fully accounted for in ongoing and future programming.

USAID programs are targeting many key gender-based constraints identified in the report, and additional constraints have been identified for consideration in the mid-term CDCS review. The current CDCS also offers a mandate to respond to GBV that is not currently being addressed by USAID programming. There is an important opportunity and need, both within current programming and when considering new programming under the existing CDCS, to expand USAID's engagement on preventing and

responding to GBV. Current programs have scope to do more on primary prevention, and some projects can build in GBV responses, as noted in the recommendations. In addition, USAID should assess the gaps and opportunities in existing work to combat GBV in Cambodia, and to address high impact areas within the government's NAPVAW that can be addressed through USAID's strategic mandate.

USAID has an opportunity and the mandate, by virtue of its strong Gender Equality and Female Empowerment policy and practices, and USAID Forward, to be a leader in Cambodia in promoting gender equality and supporting the improvements of gender integration practices among development partners. There is great interest among the development community for greater support and engagement on gender integration, including identifying and sharing best practices, promoting the use of effective gender integration tools in development programs, and raising awareness about the importance of gender equality in development outcomes.

ANNEX A: ENDNOTES

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[2] Ministry of Women's Affairs (MoWA), 2014, "Leading the Way Executive Summary - Cambodia Gender Assessment," Phnom Penh: MoWA. Page 15. This document is a major source for the paragraph, unless otherwise noted in text.
[3] Ministry of Planning (MOP). 2012. Report of the Cambodian Rural Urban Migration Project. Phnom Penh: Ministry of Planning. August 2012. Page 94.
[4] Nuppun Institute for Economic Research, March 2015, "Report for the Study 'Social Protection and Migration in Cambodia,'" Phnom Penh: UN Women, page 21.
[5] *See also* Nuppun Institute for Economic Research, March 2015, "Report for the Study 'Social Protection and Migration in Cambodia,'" Phnom Penh: UN Women. The report documents challenges with nutritional status for left-behind children under age 3.
[6] Asian Development Bank (ADB), 2014, "Cambodia: Country Poverty Analysis 2014," Philippines: ADB.
[7] Asian Development Bank (ADB), 2015, "Promoting Women's Economic Empowerment in Cambodia," Philippines: ADB. Page 24.
[8] UNFPA Cambodia Youth Data Sheet 2015. One in five Cambodians were aged 15-24 in the CDHS 2014.
[9] WHO, UN Women Cambodia, Royal Government of Cambodia, 2015. National Survey on Women's Health and Life Experiences in Cambodia. This study focused on women and their lifetime experiences.
[10] Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J. 2013. Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV. This study focused on male experiences of violence and perpetration of violence.
[11] National Institute of Statistics, Directorate General for Health, and ICF International, 2015. Cambodia Demographic and Health Survey 2014. Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
[12] Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention, 2014, "Findings from Cambodia's Violence Against Children Survey 2013: Summary. Cambodia: Ministry of Women's Affairs." *Note these data points are from youths aged 18 to 24, reporting experiences of violence that occurred prior to age 18.*
[13] Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention. 2014. Findings from Cambodia's Violence Against Children Survey 2013: Summary. Cambodia: Ministry of Women's Affairs.
[14] These include 1) at least one of three village committee members; 2) at least one woman among provincial and district deputy governors; 3) women to make up 20-50% of new civil service recruits; and 4) retirement age extended to 60 for female civil service – MOWA Women in Public decision-making p. 13
[15] Ministry of Women's Affairs (MOWA), 2014, "Leaders - Women in Public Decision-making and Politics Cambodia Gender Assessment," Phnom Penh: MOWA. Page 12.
[16] The Asia Foundation's 2014 "Democracy in Cambodia" survey pp 39-41. More female than male respondents expressed preference for a national-level female representative (33% versus 12%).
[17] See, for example, Retka, Janelle and Naren, Kuch, "Opposition Balances Desire for Votes, Female Representation," Cambodia Daily, (https://www.cambodiadaily.com/news/opposition-balances-desire-votes-female-representation-116534/).
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"Good Wives: Women Land Campaigners and the Impact of Human Rights Activism," Phnom Penh, Cambodia: LICADHO.
[19] Cambodian League for the Promotion and Defense of Human Rights (LICADHO), Nov. 2014, "Good Wives: Women Land Campaigners and the Impact of Human Rights Activism," Phnom Penh, Cambodia: LICADHO.
[20] Brickell, K., Prak, B., and Poch, B., 2014, "Domestic Violence Law: The gap between legislation and practice in Cambodia and what can be done," London: Royal Holloway, University of London. Page 18. The report also notes large majorities who see women's role as staying home to take care of husband/children, and role of males as breadwinners (page 20).
[21] Detailed recommendations for all DOs are included in the annex.
[22] Ministry of Women's Affairs (MOWA), 2014, "Violence against Women and Girls - Cambodia Gender Assessment," Phnom Penh: MOWA. Page 21. "The Ministry of Interior and Ministry of Justice are recommended to adopt a framework for mediation or alternative dispute resolution that best serves the needs, and respects the integrity, of survivors of VAW/G; and MOWA to provide training to judicial and law enforcement officers to ensure that cases of violence against women and girls, including domestic and sexual violence, are effectively prosecuted and not systematically diverted to mediation."
[23] National Institute of Statistics (NIS), Directorate General for Health, and ICF International, 2015, "Cambodia Demographic and Health Survey 2014," Phnom Penh, Cambodia and Rockville, Maryland, USA: NIS, DGH, and ICF International; and CDHS 2010.

[24] See CDHS 2014 for a variety of statistics demonstrating this point, including that almost all pregnant women with at least a secondary education received antenatal care from a skilled provider, compared to only 86.3 percent of pregnant women with no education.
[25] CDHS 2014.
[26] Ministry of Health and National Center for HIV/AIDS Dermatology and STDs, October 201, "Estimations and Projections of HIV/AIDS in Cambodia 2010 – 2015."
[27] CDHS 2010. Females were 16% of doctors, and only 8% of specialist doctors, according to the 2010 CDHS. However, low numbers of female doctors should be put in the context of a recent WHO report noting that Cambodia had the lowest number of physicians per capita compared to neighbors (Lao PDR, Thailand, Vietnam), indicating a dearth of doctors in general and a potential opportunity to invest in young women in STEM as part of a strategy to increase doctor availability (WHO "Cambodia Health Systems Review").
[28] This is in contrast to the 2015 study on IPV prevalence, which found that almost one-third (30%) of ever-partnered women aged 15-64 had "experienced one or more form of controlling behaviour by an intimate partner (almost 25% had experienced having to ask for permission for health care in the last 12 months), indicating the need to assess whether specific risk factors for women experiencing IPV exist.
[29] Behavioral Sentinel Surveillance 2013, National Center for HIV/AIDS Dermatology and STD-NCHADS
[30] This is particularly a problem for KP living in rural areas, who in many cases seek help only when they are seriously ill.
[31] Respondents noted that the implementation of Village/Commune Safe Policy by local authorities creates another challenge when the existence of condoms in a place of business is used as evidence that sex is being sold.
[32] Sopheab, Heng; Tuot, Sovannary; Chhea, Chhorvann; and Gorbach, Pamina, "Characteristics, risk behaviors and factors associated with abortion among female entertainment workers in Cambodia," Reproductive Health (2015) 12:82.
[33] BBC Media Action Research and Learning, April 2016, "Love for Love9: Audience, engagement, and impact of SRH programming on TV, radio, and online in Cambodia," Phnom Penh: UNFPA, page 7.
[34] CDHS 2014.
[35] Article 17 of the Civil Code of Cambodia defines a "minor" as those under the age of 18. Article 948, Civil Code of Cambodia, stated that a minor cannot enter marriage but that "[h]owever, if one of the parties has attained the age of majority and the other party is a minor at least 16 years of age, the parties may marry with the consent of the parental power holders or guardian of the minor."
[36] CDHS 2014. Of the women respondents aged 20 to 24, 2% said they were married at 15 years old, and 18.5% said they were married by 18 years old. Of respondents ages 20 to 24, 0.4% gave birth by 15 years old, 7% by 18 years old, and 24% by 20 years old.
[37] The Clinical Handbook for health professionals on violence against women was drafted by the MOH with support from MOWA, WHO, UNFPA. GIZ, CARE and other development partners. Pilot testing in Phnom Penh and Kampong Thom is complete, and CARE is currently drafting TOT manuals for health professionals. Next step: CARE will implement the manual in Phnom Penh and UNFPA will implement in another nine provinces. The clinical handbook for violence against children, supported by UNICEF, is reportedly under development.
[38] Astbury, Jill and Fareen Walji (2013). Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia. Phnom Penh: AusAID
[39] See http://www.pydcambodia.org/good-men-campaign/
[40] MOEYS Education Statistics and Indicator, 2015/2016.
[41] MOEYS Education Congress 2014 - 2015 p. 29.
[42] MOEYS EMIS database.
[43] At the higher education level, the number of female students doing bachelor degrees in public institutions has steadily increased from 21% in 2000-2001 to 38.81% in 2012-2013. Similarly, female students doing bachelor degrees in private institution has also steadily increased from 23.53% in 2000-2001 to 40.79% in 2012-2013. *See*, Royal Government of Cambodia, National Education for all Committee, "The National Education For All 2015 Review Report," 2015, p. 37, (http://unesdoc.unesco.org/images/0022/002297/229713e.pdf).
[44] CDHS 2014.
[45] See, for example, a forthcoming study on dropouts and out-of-school children by MOEYS, UNICEF, and UNESCO, or two small studies on lower secondary school dropout in Cambodia, published in 2014 and 2011 by Creative Associates International. United States Agency for International Development (USAID), 2014, "School Dropout Prevention Pilot Program, Cambodia Situation Analysis: Factors and Conditions that Affect Dropout," Prepared for USAID by Lorie Brush, Nick Hoekstra, and Karen Tietjen of Creative Associates International.
[46] MOEYS EMIS, all data 2014-2015.
[47] *See* http://www.moeys.gov.kh/images/moeys/indicator-and-statistic/185/emis-2011-2012-en.pdf pages 50 and 54.
[48] Ministry of Women's Affairs, 2014, "Leading the Way Executive Summary- Cambodia Gender Assessment," Phnom Penh: MOWA. Page 21.

[49] Cambodian Centre for Human Rights, December 2015, "LGBT Bullying in Cambodia's Schools." 42 percent of respondents said they are bullied at school often or every day and 84 percent are have been verbally bullied.
[50] Ministry of Women's Affairs, 2014, "Gender in Education and Vocational Training- Cambodia Gender Assessment," Phnom Penh: MOWA. Page 3
[51] UNFPA Cambodia Youth Data Sheet 2015
[52] Ministry of Women's Affairs, 2014, "Gender in Education and Vocational Training - Cambodia Gender Assessment," Phnom Penh: MOWA.
[53] Ministry of Education, Youth and Sports (MOEYS), 2016, Gender Mainstreaming Strategic Plan in Education Sector 2016 – 2020.
[54] Ministry of Women's Affairs, 2014, "Rights of Vulnerable Groups of Women and Girls - Cambodia Gender Assessment," Phnom Penh: MOWA.
[55] World Economic Forum, 2015, "The Global Gender Gap Report 2015 – Cambodia."
[56] CSES 2009 and 2014.
[57] CSES 2010 and 2014.
[58] CDHS 2010 and 2014. Statistics show that the prevalence of anemia is unchanged compared to 2010.
[59] CDHS 2014.
[60] Ministry of Women's Affairs, 2014, "Women's Economic Empowerment- Cambodia Gender Assessment," Phnom Penh: MOWA, from a 2004 time use survey through the CSES.
[61] Malapit, et al, 2014, "Measuring Progress Toward Empowerment: Women's Empowerment in Agriculture Index: Baseline Report," International Food Policy Research Institute. Pages 10-11. The second largest source of disempowerment was community leadership (which was also a source of disempowerment for males). It is important to note that the baseline found that most women in the target zone had achieved "adequate empowerment," although for those women still disempowered, the gap between them and the males in the household was relatively large.
[62] Malapit et al, 2014, "Measuring Progress Toward Empowerment: Women's Empowerment in Agriculture Index: Baseline Report," International Food Policy Research Institute. Pages 10-11.
[63] ADB, 2013, "Gender Equality in the Labor Market in Cambodia," p.10
[64] National Survey on Women's Health and Life Experiences in Cambodia Report, 2015
[65] CSES 2014.
[66]Ministry of Women's Affairs, 2014, "Rights of Vulnerable Groups of Women and Girls - Cambodia Gender Assessment," Phnom Penh: MOWA page 8, 13
[67] CDRI, 2014, "Vulnerability and Adaptive Capacity to Climate Change: Gender and Inclusive Growth," p. 13
[68] World Bank Cambodian Agriculture in Transition p. 31
[69] World Bank Cambodian Agriculture in Transition p. 136-137
[70] Asian Development Bank, 2015, "Promoting Women's Economic Empowerment in Cambodia," Philippines: ADB, pages 21-23. FGDs and KIIs confirmed these challenges, particularly in terms of gendered agricultural activities and the impact of low literacy, time burdens, and limited mobility.
[71] Ministry of Women's Affairs, 2014, "Gender and Climate Change, Green Growth, and Disaster Risk Management - Cambodia Gender Assessment," Phnom Penh: MOWA.
[72] CSES 2014, p. 70.
[73] Ministry of Women's Affairs, 2014, "Rights of Vulnerable Groups of Women and Girls - Cambodia Gender Assessment," Phnom Penh: MOWA, page 12.
[74] ILO (December 2014), "Global Wage Report 2014/15: Asia and the Pacific Supplement," Thailand: Regional Economic and Social Analysis Unit, page 5.
[75] The Asia Foundation, Beyond Fragility and Inequity: Women's Experiences of the Economic Dimensions of Domestic Violence in Timor-Leste, 2015, page 32.
[76] Asian Development Bank, 2014, "Cambodia: Country Poverty Analysis 2014," Philippines: ADB.
[77] Asian Development Bank, 2015, "Promoting Women's Economic Empowerment in Cambodia," Philippines: ADB, page 15.
[78] UNFPA youth fact sheet
[79] *Please see* http://www.equal-futures.org/asia-pacific for further information.

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ANNEX C: SCOPE OF WORK

SECTION C – DESCRIPTION / SPECIFICATIONS/STATEMENT OF WORK

C.1 INTRODUCTION

USAID/Cambodia is currently implementing its Country Development Cooperation Strategy (CDCS) 2014-2018 with three development objectives (DO) as listed below:

- DO1: Strengthened democracy and government accountability, and enhanced respect for human rights
- DO2: Improved health and education status of vulnerable populations
- DO3: Sustainable and resilient pathways out of poverty strengthened (formerly known as "Poverty reduced in selected geographical areas and targeted populations")

Promoting gender equality and advancing the status of all women and girls around the world is vital to achieving U.S. foreign policy and development objectives (ADS 205). The
Agency's Gender Equality and Female Empowerment Policy recognizes that "gender equality and female empowerment are core development objectives, fundamental for the realization of human rights and key to effective and sustainable development outcomes." To achieve this, the Agency's policy put forward three overarching goals:

1. Reduce gender disparities in access to, control over and benefit from resources, wealth, opportunities and services economic, social, political, and cultural;
2. Reduce gender-based violence and mitigate its harmful effects on individuals and communities; and
3. Increase capability of women and girls to realize their rights, determine their life outcomes, and influence decision-making in households, communities, and societies.

These goals have been adapted and translated into specific results with associated targets and indicators in all strategic designs, including the development of CDCS and the Project Appraisal Developments (PADs). For example, gender is a mandatory consideration in the CDCS process and an analysis providing country and sector-level quantitative and qualitative information on key gender gaps must be undertaken for the CDCS. In addition, USAID Missions must hold implementing partners responsible for integrating gender into programming, developing indicators that measure specific gender equality goals for each activity, and consistently reporting to USAID on results related to gender equality and female empowerment.

C.2 SCOPE OF WORK

C.2.1 Purpose

The primary task of this activity is to conduct a Mission-wide gender assessment in order to inform USAID/Cambodia's programming and shape its approach toward improving gender equality and female empowerment across its portfolios as the mid-term CDCS review is being planned.

C.2.2 Assessment Questions

The assessment will answer the following questions:

1. What are the key gender-based constraints within the USAID/Cambodia Development Objectives?
2. What has changed and what are the emerging trends in the Cambodia context in relations to gender equality and female empowerment in the last five years?
3. Based on the findings of above questions, and potential impacts of various approaches, what are practical, incremental recommendations to address key gender equality and female empowerment challenges and constraints, including gender-based violence, for both on-going and future programing?
    - 3.1 Of those recommendations, which ones would provide opportunities for increased collaboration with the Royal Government of Cambodia (RGC)?

C.2.3 Assessment Design and Methodology

The gender assessment will be of a qualitative design and will utilize the approaches detailed below:

- Comprehensive literature review of pertinent documents including, but not limited to:
    1. USAID CDCS 2014-2018
    2. USAID Cambodia Gender Assessment 2010
    3. ADS 201 and ADS 205
    4. Approved Operation Plan and Annual Performance Report
    5. RGC Cambodian Gender Assessment 2014
    6. USAID DRG Assessment
    7. USAID Women in Power Case Study 2014
    8. USAID Gender Equality and Female Empowerment Policy
    9. Being LGBT in Asia 2015: Cambodia Country Report
    10. Evaluation reports of USAID-funded evaluations
    11. Approved Concept Papers and Project Appraisal Documents
    12. Other studies and assessments concerning gender issues conducted by donors, NGOs, regional organizations, and the academic community
    13. Recent literature that addresses gender issues in specific sectors and areas of development objectives for the Mission (e.g., democracy and governance, food security, agriculture, natural resource management, maternal and child care, HIV/AIDs, etc.)

- Discussions and interviews with USAID/Cambodia staff from technical offices, Mission Gender Working Group and other USG inter-agencies (if needed).
- Interviews with different USAID implementing partners, donors, UN-Women, CSOs, and communities, as well as with the Ministry of Women's Affairs and other stakeholders working on gender issues, as appropriate.
- Site visits to project activities.

C.2.4 Expertise Required

The assessment team will include a Team Leader and two local consultants. Two members of the USAID staff will accompany the team on consultations, interviews, and field work. These two USAID staff will not be responsible for writing the report findings or arranging logistics, but rather they would help the assessment team to understand USAID's portfolio. All logistics, including making appointments and scheduling field work activities, will be arranged by the Contractor.

Team Leader qualifications *(IDIQ labor category 1003 Gender Analysis Technical Advisor)*: A senior-level development practitioner with at least a Master's degree in gender studies, social science, development studies or similar degree, and at least twelve (12) years of work experience in gender equality and female empowerment. The Team Leader must have significant experience in addressing gender issues in South East Asia. The Team Leader must also be an excellent writer. Familiarity with USAID policy guidance and program design is required. The Team Leader will be responsible for development of the assessment design and methodology and communicating with USAID/Cambodia during the process. The Team Leader will also oversee overall team coordination, including ensuring that team members adequately understand their roles and responsibilities, and for assigning individual data/information collection, and reporting responsibilities.

Gender Specialist qualifications *(local consultant)*: this consultant must hold a Bachelor's degree in gender studies, development studies, social science, or similar degree, with eight (8) years of work experience in development, or a Master's degree with six (6) years of work experience. S/he must have expertise in gender and development issues in Cambodia. S/he must have a solid understanding about the challenges of development in the Cambodian context, is gender-aware and be well versed in the Cambodian governance and political context. S/he must have strong English language skills in writing and speaking, the ability to conduct interviews in English and Khmer.

Researcher qualifications *(local consultant)*: this consultant must hold a Bachelor's degree in development studies, social science, or similar degree, with eight (8) years of work experience in development, or a Master's degree with six (6) years of work experience. Significant experience conducting assessments or research studies in development field is preferred. S/he must have expertise in research methodologies and fieldwork preparations. S/he must have a solid understanding about the challenges of development in the Cambodian context and be well versed in the Cambodian governance and political context. S/he must have strong English language skills in writing and speaking, and have the ability to conduct interviews in English and Khmer.

ANNEX D: FIELDWORK TOOLS

Standard informed consent speech used prior to each interview:

Hello. My name is _____. I am a member of an assessment team from Banyan Global. USAID has commissioned us to conduct a mission-wide gender assessment in order to inform USAID/Cambodia's programming and shape its approach toward improving gender equality and female empowerment across its portfolios as part of its mid-term Country Development Corporation Strategy (CDCS) review. The information we collect will help us to identify key gender based constraints, and changes and emerging trends on gender equality and female empowerment, which will help us to offer practical recommendations for USAID's ongoing and future programming.

The interview will take 60 to 90 minutes. The information you share will not be directly attributed to you. The information will be utilized in shaping our findings and recommendations and will be shared in generalizable terms. We hope you will agree to answer the questions since your views are very important. If you do not feel comfortable answering any question, just let me know and I will go on to the next question or you can stop the interview/discussion at any time.

Do you have any questions? May I begin the interview/discussion now? May I record our discussion to ensure the accuracy of my notes/recall?

Key Stakeholders: (These questions are general, and will be targeted as needed to reflect the position and expertise of the respondent. Key stakeholders include members of an international organization or national NGO working on one or more of the target sectors and/or gender equality; donors; USAID colleagues)

1. What do you perceive as the most significant gender-related constraint(s) specifically affecting women and girls in your development sector that need to be addressed?
    a. To what extent do household or community level ideas about how men and women should behave (i.e. gender norms) contribute to this constraint, and in what ways?
    b. Are there any particular differences for women/girls with different sexual identities or other identities (age, religion, etc)?
2. What do you perceive as the most significant constraint(s) specifically affecting men and boys in your development sector that need to be addressed?
    a. To what extent do household or community level ideas about how men and women should behave (i.e. gender norms) contribute to this constraint, and in what ways?
    b. Are there any particular differences for men/boys with different sexual identities or other identities (age, religion, etc)?
3. What are the roles and opportunities for men, women, girls and boys in Cambodia as it relates to the sector?
    a. How do these roles and opportunities differ between various ethnic and religious and geographical groups?
    b. How do these roles and opportunities vary according to other differences, such as socioeconomic status, sexual orientation, and disability?
    c. How have these roles and opportunities changed over time (i.e. over the past 5-10 years) in Cambodia?
4. How do these roles and opportunities change throughout an individual's life cycle (i.e. child, youth, adult, older adult)?Can you share one or more major change(s) in the sector you work in that has affected men and women/boys and girls, or the relationships between them in the past five years?

    a. What do you think caused this/these changes?
    b. How have the changes affected your approach to this sector?
5. What are you learning about how to effectively address the different issues affecting women, and men (or boys and girls) in your development sector?
    a. Are there any projects or project strategies you think are particularly effective?
6. With respect to the major policies, laws, and regulations that affect the sector, do you see any specific challenges related to whether the law (as written or in practice) effectively addresses the different needs of men/women/girls/boys, as written or in practice?
    a. If so, what are these?
7. Do you think gender-based violence is a factor in the development issue?
    a. If so, how is it a factor?
    b. Do you have any strategies in place to try to respond to the ways in which GBV affects the issue?
8. Are there any ongoing programs or activities - funded by any donor and/or implementer - that you think are effective at addressing the gender inequalities you have identified within the sector?
    a. If yes, what do you think makes them effective?
9. (if applicable) Have you encountered or worked with USAID programs or staff in the past 12 months on these gender-related issues?
10. Are you familiar with USAID's Gender Equality and Female Empowerment Policy?
    a. If yes, can you briefly describe the main points of this policy and how it is being implemented? Are there any gaps in implementation that you are aware of?
    b. If no, do you have any recommendations about how USAID can create better understanding about the policy?
11. Do you see any opportunities for USAID to engage more in Cambodia on gender equality or women's empowerment programming?
    a. If yes, in what sectors, and how?
    b. Do you have any recommendations on particular kinds of assistance USAID can provide to improve gender integration in the sector?
12. Have you identified any unintended negative consequences related to efforts to advance gender equality and/or female empowerment in this sector? Do you have any recommendations on how to mitigate them?
13. Is there anything else you'd like to say about this topic? Do you have any questions for me?

<u>RGC respondents</u>: (These questions will be tailored to each government official, based on their mandate and/or roles)

1. What do you perceive as the most significant constraint(s) affecting women in your development sector? How is it different for different groups of women (i.e. LGBTI, age, religion)? How is the government addressing these different constraints?
2. What do you perceive as the most significant constraint(s) affecting men in your development sector? How is it different for different groups of women (i.e. LGBTI, age, religion)? How is the government addressing this constraint?
3. Can you share one or more major gender-related change you have seen in the past five years, related to your sector?
    a. How has it affected your approach to this sector?
    b. Can you share any significant changes you have seen more broadly on gender dynamics in Cambodia, beyond your sector?

4. Could you please describe your ministry's top priorities to advance gender equality and female empowerment in this sector? OR Questions specific to the particular GEFE plan they have in place (i.e. NAPVAW).
5. Can you briefly share with us some of the major successes you have seen in terms of promoting gender equality in your sector?
6. What is the greatest challenge or set of challenges your ministry faces in achieving its gender-related goals?
7. What are you learning about how to effectively address the different issues affecting women, and men (or boys and girls) in your development sector? Are there any projects or project strategies you think are particularly effective? How about effective strategies for supporting specific needs/disadvantages faced by LGBTI or other groups?
8. Do you think gender-based violence is a factor in the development issue?
    a. If so, how is it a factor?
    b. Do you have any strategies in place to try to respond to the ways in which GBV affects the issue?
9. In the past few years Cambodia has made a number of advances in terms of reducing the gender gap, such as [specific to the sector]. Do you see any new opportunities to advance gender equality, based on these changes?
10. Do you see any role for donors in addressing these opportunities? If so, what?
11. Have you identified any negative consequences related to efforts to advance gender equality and/or female empowerment in this sector? Do you have any recommendations on how to mitigate them?
12. Have you encountered or worked with USAID programs or staff in the past 12 months on issues related to the sector/gender?
13. Do you see any opportunities for USAID to engage more closely with the RGC on gender equality or women's empowerment programming?
    a. If yes, in what sectors, and how?
14. Is there anything else you'd like to say about this topic? Do you have any questions for me?

Project staff: These questions will be asked of project leaders and implementing staff, with questions tailored to reflect the position and expertise of the respondent.

1. What process did you use to identify the gender dimensions of the problem being addressed? How did you go about integrating that gender information into the project design at the start of the project? How has this affected the project to date?
2. In implementing the project, can you share some of the differences that have been identified that affect women and men in the project? For example, do you see any differences in terms of women and men's needs, interests, or opportunities that you have identified?
3. Do men and women (or/or different groups of men and women) face different barriers related to participation in project activities?
    a. If so, please describe. How are you working to address these differences?
4. Do men and women (or/or different groups of men and women) face different barriers related to benefiting from project outcomes?
    a. If so, please describe. How are you working to address these differences?
5. Does the project have any activities that are specifically designed to respond to gender differences?
6. Are you encountering any challenges when responding to these differences?
    a. If so, what challenges have you encountered?

    b. Are there any gender issues you have identified that are affecting project implementation, but that you are unable to respond to?
7. What do you perceive as the greatest constraint affecting women in your project's sector (i.e. health, agriculture, etc)?
8. What do you perceive as the greatest constraint affecting men in your project's sector (i.e. health, agriculture, etc)?
9. In the course of implementing your project, have you encountered any changes in gender norms, or roles and responsibilities of men, women, girls and boys?
    a. Have these changes presented new opportunities to address the development issues the project is focused on?
10. Please think of the activities you are implementing that are designed to target both men and women (and/or boys and girls). Can you give an example of when the project team saw that either men or women were not equally benefitting from and/or participating in the project, and the actions you or your team took to correct this?
    a. Are there any examples of when either women or men or other groups were disadvantaged through their participation in the project, and if so, what actions did you or your team take to correct this?
11. Do you think gender-based violence is a factor in the development issue your project is addressing?
    a. If so, how?
    b. Do you have any strategies in place to try to respond to the ways in which GBV affects the issue?
12. Do you think that gender-based violence affects your project staff or beneficiaries?
    a. If so, do you have any strategies in place to try to respond to gender-based violence among your project staff or beneficiaries?
13. What are you learning about the different issues affecting women, and men (or boys and girls) through your project and what works to respond to the challenges identified?
    a. What needs to happen in the future in order to continue responding to these challenges?
14. Have you identified any negative consequences related to efforts to advance gender equality and/or female empowerment in this sector? Do you have any recommendations on how to mitigate them?
15. For COP and provincial leads:
    a. How supportive have national/provincial government counterparts been to the overall project agenda?
    b. How receptive are they to considering the gender dimensions of this work?
    c. Can you share any specific examples of strong collaboration on gender issues with your RGC counterparts?
16. Is there anything else you'd like to say about this topic? Do you have any questions for us?

<u>Questions for local authorities: Semi-structured key informant interviews; questions tailored to each government official, based on their mandate and/or roles, and sectoral expertise.</u>

If the authority has been directly involved with the project:

1. Can you please describe how you have been involved in the project? What activities/topics were discussed?

2. Do you think the project activities are meeting your community's needs? To what extent do you think they are meeting women's needs? Men's needs? (in what ways?)
3. Are there any challenges for women's/girls' active participation with the project, and if so, what? Men/boys?
4. Have you noticed any changes/progress that has been made for the community through the project activities, and specifically for women/girls? To boys/men?

Next, I would like to ask you some questions about the locality you work in.

5. What do you perceive as the most significant constraint(s) affecting women in your development sector? How is the government addressing these different constraints?
6. What do you perceive as the most significant constraint(s) affecting men in your development sector? How is the [authority] addressing this constraint?
7. Are you aware of any differences for different groups of men or women (such as LGBTI, age, religion)? How is the [authority] addressing these constraints?
8. Can you share one or more major gender-related change you have seen in the past five years, related to your sector/area?
    a. How has it affected your approach to this sector?
    b. Can you share any significant changes you have seen more broadly on gender dynamics in Cambodia, beyond your sector?
9. Could you please describe your [government authority's] priorities to advance gender equality and female empowerment in this sector?
10. Does [your authority] face any challenges in achieving its gender-related goals?
11. IF COMMUNE COUNCIL – Can you share more information about your annual process to discuss priorities with the local villages, in terms of experiences you have had with the community and the interests men/women express? Whose priorities are you able to respond to, and how do you decide? Do you track the types of projects you support based on the different impact on men and women?
12. What are you learning about how to effectively address the different issues affecting women, and men (or boys and girls) in your development sector? Are there any projects or strategies you think are particularly effective? How about effective strategies for supporting specific needs/disadvantages faced by LGBTI or other groups?
13. Do you think gender-based violence is a factor in [your area]?
    c. If so, how is it a factor?
    d. Do you have any strategies in place to try to respond to the ways in which GBV affects your area? The development issue?
14. Is migration a factor in your area? [Debt?]
    e. If so, how is it a factor?
    f. Do you have any strategies in place to respond?
15. Have you identified any negative consequences related to efforts to advance gender equality and/or female empowerment in this sector? Do you have any recommendations on how to mitigate them?
16. Do you see any opportunities or challenges to work on gender equality or women's empowerment programming in your area?
    g. If yes, in what sectors, and how?
17. Is there anything else you'd like to say about this topic? Do you have any questions for me?

Beneficiary focus group questions – semi-structured and tailored to the type of group and sectoral issues to be discussed. Issues related to constraints and opportunities often explored through the use of participatory methods.

1. Are you aware of/have you been involved in the specific project/activities that [implementer] is currently doing in your community? Which ones have you been involved with? How did you learn about it?
2. What made you decide to join the activities? How do you hope to benefit?
3. Are there any activities that you heard about that you would have liked to join, but were not able to? If so, why were you not able to join/take advantage of the activities? (for example, inconvenient time or location) Other men? Other women?
4. Do you think the project activities are meeting your community's needs? To what extent do you think they are meeting women's needs? Men's needs? (In what ways?)
5. Were you or other community members involved during the project design stage?
    a. Who was involved?
    b. Were there groups of persons who were not involved? If so, why do you think they chose not to be involved?
6. What are the benefits the project has brought to your community, and specifically to women/girls? To boys/men?
7. Have you noticed any changes/progress that has been made for the community through the project activities, and specifically for women/girls? To boys/men?
8. Are there any challenges for women's/girls' active participation with the project, and if so, what? Men/boys?

Now I would like to ask you some general questions about the community.

9. What do you perceive as the most significant constraint(s) affecting women/men in your development sector?
10. Do you think violence (at home, or elsewhere) is limiting women's or men's (or girls'/boys) participation in the project?
    a. Is violence a major issue in your community?
    b. How are different forms of violence (domestic violence, rape, gang violence) addressed in the community?
    c. What could be done to address violence?
11. Do you know any people in your community that have migrated in or out of the community in the past six months?
    a. For what reasons?
    b. Do you think the people you are aware of who migrated had sufficient information about migrating before they migrated?
    c. Are there any differences between men and women with regards to migration?
    d. What kinds of effects has it had on your community? On families?
12. What are the remaining issues/challenges in your community related to gender equality that need to be addressed? [for example, is indebtedness an issue in your community?]
    a. How should these issues be addressed?
13. Have you identified any negative consequences or effects related to efforts to advance gender equality and/or female empowerment in your community? Have development efforts had any

negative consequences or effects related to gender equality or female empowerment within your community?

14. Do you have any other observations or suggestions to in order to expand opportunities/benefits for women and girls in your community (for example, to the project implementers; local authorities; USAID)?
15. Is there anything else you would like to share? Do you have any questions for us?

Participatory methods:

The primary participatory method used for beneficiary focus groups was Problem and Preference Ranking, in which participants brainstormed the main constraints men and women in the community face with respect to the development challenge. Then participants collaboratively identified the top six constraints for women and for men, and then analyzed the constraints in pairs, identifying for each pair which constraint is more significant. By working through all the possible combinations of pairs and recording the preference for each pair, facilitators determined the overall ranking of constraints. These rankings can then be compared to arrive at a gendered understanding of the key constraints facing men and those facing women. Further facilitated centered around the degree to which these identified key constraints might differ depending on other identities (such as LGBTI, persons with disability, and so on).

Gender integration assessment tool:

During project site visits, the research team utilized a custom tool to assess the degree to which gender integration good practices are being utilized in USAID-funded project design and implementation, and to consider the overall impact of strong gender integration practices or the lack thereof on project activities. The tool was also be used to triangulate data that emerged through the online survey, as noted in the report. Researchers drew upon their knowledge of project practices to assess project documents, evaluations, and other written reports to which they were given access, and identified gender integration practices being used. Project staff members were then asked tailored questions during KIIs to follow up on that information and gain a better understanding of how project-level gender integration is occurring, and where potential process gaps may exist.

The integration assessment tool draws from various tested tools, including the WHO's "Gender mainstreaming for health managers: a practical approach" Gender Analysis Tool, which is a self-assessment checklist project implementers may utilize to determine the degree to which the project is gender-responsive. The research team also referenced USAID's Health Care Improvement Project's "Integrating Gender Throughout HCI Project Phases" checklist, and the ADS 201 "Tips for Conducting a Gender Analysis at the Activity or Project Level" report.

ANNEX E: LIST OF KEY INFORMANTS AND FGDS

USAID/CAMBODIA Gender Assessment Key Informant Interviews		
Royal Government of Cambodia		
Organization/Location	**Type of Organization**	**Contact Person and Information**
Ministry of Women's Affairs (MoWA)	Government Ministry	Deputy Director General Gender Equality and Economic Development
Cambodia National Council for Women (CNCW)	Government Body	Representative
Ministry of Education, Youth and Sports	Government Ministry	Secretary of State and Chair of Gender Working Group
Ministry of Health	Government Ministry	Secretary of State and Chair of Gender Working Group
Ministry of Environment	Government Ministry	Under Secretary of State and Chair of Gender Working Group
Ministry of Social Affairs Veterans and Youth Rehabilitation	Government Ministry	Chair of Gender Working Group Director of Social Welfare Department and colleagues
Operational District of Tuol Kork, Phnom Penh	Sub-national Government	Deputy Chief of Operational District, Tuol Kork Health Center
Sra Ngae Commune, Prey Chhor District, Kampong Cham	Sub-national Government	• Commune Chief • Commune Councilors • Commune Police • Deputy Village Chief
Sandann District, Kampong Thom Province	Sub-national Government	• District Chief, Deputy CC, 2 officers • Director of District Office of Women's Affairs
Sankor Commune, Kampong Svay District, Kampong Thom	Sub-national Government	• Commune Councilor • Commune Councilor in Charge of Women's and Children's Affairs (CCWC)
Pouk District, Siem Reap	Sub-national Government	• Commune Chief • Health Center Chief
Prasat Bakong District, Siem Reap	Sub-national Government	• Commune Chief • First deputy • Second deputy • CCWC • Commune Councilor
Provincial Hospital, Siem Reap	Sub-national Government	• Provincial Hospital Representative • Provincial Hospital, Maternity and Child Health Section
Operational District, Siem Reap	Sub-national Government	• OD Representative • Director of Operational District
Health Center, Banteay Srey District, Siem Reap	Sub-national Government	• Head of a Health Center • Midwife, a Health Center
Bilateral and multilateral donors		
USAID/Cambodia	Bilateral donor	USAID Gender Working Group AOR/CORs
UN Women	Multilateral Organization	Deputy Representative

UNDP	UN Body	Program Analysts
GIZ	Bilateral Donor	Program Manager, Advisor Access to Justice for Women
DFAT	Bilateral Donor	Representative
UNFPA	UN Body	Deputy Representative Gender Analyst
International and National NGOs		
Heinrich Boll Stiftung	International Foundation	Gender Program Coordinator
ActionAid	International Organization	Interim Head of Program, Communication and Campaign Coordinator
Oxfam International	International NGO	Country Director
National Democratic Institute	International NGO	Senior Program Officers
Cambodian Center for Human Rights (CCHR)	Cambodian NGO	Project Coordinators, Protecting Fundamental Freedom Project
Gender and Development for Cambodia (GADC)	Cambodian NGO	Executive Director
Committee to Promote Women in Politics	Cambodian NGO	Coordinator
The Cambodian NGO Committee on CEDAW (NGO-CEDAW)	Cambodian NGO	President Coordinator
FHI 360	International Organization	Linkages program leadership
The Asia Foundation	International Organization	Program Advisor Preventing Intimate Partner Violence Against Women
Save The Children	International Organization	Gender Specialist, NOURISH
LICADHO	Cambodian NGO	Consultant
Cambodia Women's Crisis Center (CWCC)	Cambodian NGO	Executive Director
USAID-funded projects		
Development Alternatives Inc.	Global Development Company	Deputy Chief of Party
KHANA	Cambodian NGO	Chief of Party Deputy Chief of Party (HIV/AIDS Flagship)
Winrock International	International NGO	Deputy Chief of Party

(CTIP)		Gender Specialist Community Development Specialist
Winrock International (Supporting Forest Diversity)	International NGO	Senior Project Advisor Gender Specialist Regional Coordinator/Team Leader
ADHOC	Cambodia NGO	Project Manager Provincial Coordinator
Racha	Cambodia NGO	Executive Director Chief of Party Provincial Coordinator
World Fish	International NGO	Chief of Party Project Manager Provincial Coordinator in Siem Reap
URC University Research Co., LLC	Aid Organization	Chief of Party Regional Director
Sub-grantees of USAID-Funded Projects		
Sovann Phoum Organization	Cambodian NGO	Project Manager
Action For Development	Cambodian NGO	Program Officer Program Assistant
RECOFTC	Cambodian NGO	Community Forestry Coordinator
Trailblazer Cambodia Organization	Cambodian NGO	Executive Director
Salvation Centre Cambodia	Cambodian NGO	Brand Manager
Men's Health Cambodia	Cambodian NGO	Brand Manager

Cambodian Women for Peace and Development	Cambodian NGO	M&E Officer Case Manager
Marie Stopes International Cambodia	International Organization	Quality Improvement Mid-wife (Siem Reap)
Focus Group Discussions (FGD)		
Phnom Penh		• FGD with female Entertainment Workers (EWs), 6 women • FGD with men who have sex with men (MSM), 7 members (19-34)
Prey Chhor District, Kampong Cham		• FGD with saving group (mixed sex), 9 members (4 women) • FGD with saving group (all female), 3 women • FGD with saving group (mixed sex), 2 women, 3 men
Sandann District, Kampong Thom		• FGD with saving group (all female) • FGD with livelihoods group (mixed) – 6 men, 3 women (35-54) • FGD with patrol group (mixed) – 6 men, 2 women (33-45) • FGD with eco-tourist group (mixed sex)
Kampong Svay District, Kampong Thom		• FGD with community representatives (all female) • FGD with community representatives (all male), 8 men (25-46)
Saut Nikum District, Siem Reap		• FGD with community fish refuge committee (all male), 10 men • FGD with community fish refuge committee (all female)
Puok District, Siem Reap		• FGD with community fish refuge committee (all male), 7 men (44-73) • FGD with community fish refuge committee (all female)
Krong Siem Reap, Siem Reap		• FGD with People living with HIV (all male), 7 males (38-49) • FGD with People living with HIV (all female) • FGD with MSM (all male), 10 (19-38) • FGD with 11 transgender people • FGD with EWs (all female), 11 women (17-36)
Prasat Bakong District, Siem Reap		• FGD with VHSG (all female), 6 women (29-41)

		• FGD with women who receive maternal care service (all female), 16 women • FGD with VHSG (all female), 4 women (30-60)

ANNEX F: MAP OF RESEARCH SITES

Note: red marks denote sites visited during research.

ANNEX G: INDICATORS OVER TIME

DO 1 Overview of Key Indicators:

Key Indicators	How Indicators are changing over time		
Political Empowerment Global Gender Gap Sub-Index Score	2007 **0.053** (World Economic Forum)	2009 **0.079** (World Economic Forum)	2015 **0.098** (World Economic Forum)
Female Representation in Commune Councils	2002 **Commune Councilor: 9.4%** (MoWA 2014)	2007 **Commune Councilor: 15%** (MoWA 2014)	2012 **Commune Councilor: 17.78%** (MoWA 2014)
Female Representation in the National Assembly	1998 **11%** (MoWA 2014)	2008 **21.1%** (MoWA 2014)	2013 **20.33%** (MoWA 2014)
Female Representation in the Senior Public Administration Positions	1998 **Minister: 7.4%** **Secretary of State: 6%** **Under Secretary of State: 3.93%** (UNDP 2012)	2008 **Minister: 7.4%** **Secretary of State: 8.08%** **Under Secretary of State: 16%** (MoWA 2014)	2013 **Minister: 10.7%** **Secretary of State: 20.54%** **Under Secretary of State: 17.6%** (MOWA 2014)
Female Representation in Judicial System		2010 **Judges: 13.2%** **Lawyers: 18%** **Prosecutors: 2.1%** (MoWA 2014)	2013 **Judges: 13.9%** **Lawyers: 17.6%** **Prosecutors:10.2%** (MoWA 2014)
Female Representation at Provincial Level	2003 **Provincial Governor: 0%** **Provincial Deputy Governor: 1%** (UNDP 2012)	2008-2009 **Provincial Governor: 0%** **Provincial Deputy Governor: 16.5%** (UNDP 2012)	2014 **Provincial Governor: 0%** **Provincial Deputy Governor: 20%** (MoWA 2014)
Female Representation in Civil Service	2007 **32%** (MoWA 2014)	2010 **34%** (UNDP 2012)	2013 **37%** (MoWA 2014)

Sources:

MoWA, Policy Brief 8, "Cambodia Gender Assessment: Leaders, Women in Public Decision-Making and Politics," 2014.

UNDP, "Gender Equality and Women's Empowerment in Public Administration, Cambodia Case Study," 2012.

DO2 Health Indicators Over Time

Key Indicators	How DO 2 Health Indicators are changing over time

Maternal Mortality Rate per 100,000 live births	2005 472 (CDHS 2005)	2010 **206** (CDHS 2010)	2014 **170** (CDHS 2014)
Stunting in children under 5	2000 49.8% (CDHS 2000)	2010 39.9% (CDHS 2010)	2014 32% (CDHS 2014)

Figure 3.4 **Trends in maternal health care, 2000-2014**

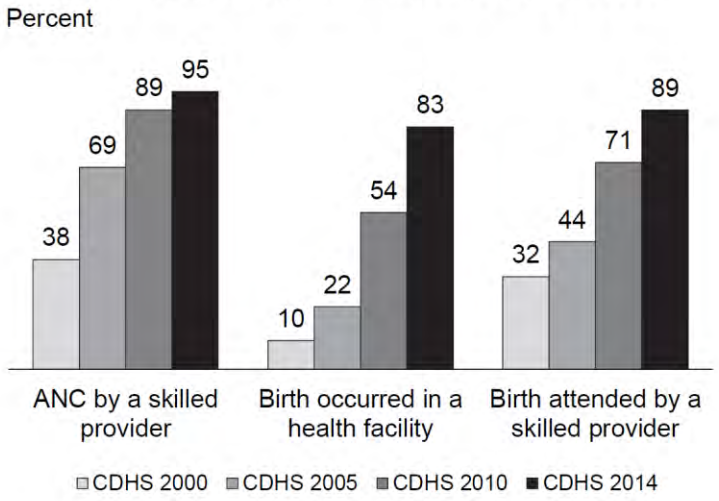
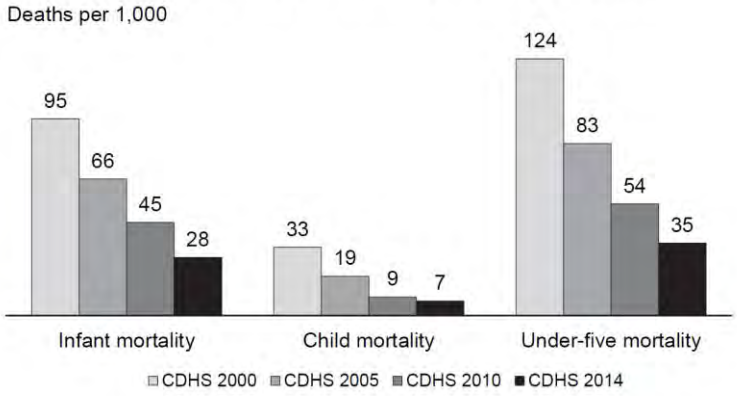
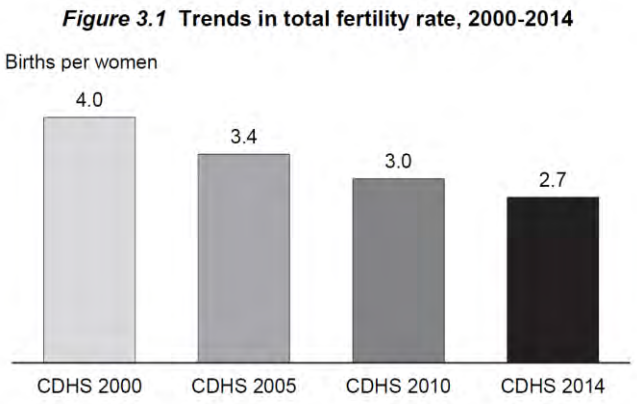


Figure 3.3 **Trends in childhood mortality, 2000-2014**





Sources: CDHS 2000, 2005, 2010, 2014, as noted

DO2 Education Indicators Over Time

Key Indicators	How DO 2 Education Indicators are changing over time		
Literacy Rates (15-24 years old)	**women= 76.8%, men= 84.1%** (CSES 2004)	**women= 85.8%, men= 88.3%** (CSES 2009)	**women= 90.4%, men= 89.9%** (CSES 2014)
Completion Rate (Primary)		**girls=87.82%, boys=86.9%** (MoEYS 2012-2013)	**girls=86.6%, boys=81.8%** (MoEYS 2014-2015)
Completion Rate (Lower Secondary)		**girls=40.35%, boys=42.23%** (MoEYS 2012-2013)	**girls=41.8%, boys=38.9%** (MoEYS 2014-2015)
Completion Rate (Upper Secondary)		**girls=25.25%, boys=28.65%** (MoEYS 2012-2013)	**girls=20.1%, boys=20%** (MoEYS 2014-2015)
Higher Education in Private Institutions	2000-2001 **female=23.53%, male=76.47%** (RGC/UNESCO 2015)	2005-2006 **female=31.51%, male=68.49%** (RGC/UNESCO 2015)	2012-2013 **female=40.79%, male=59.21%** (RGC/UNESCO 2015)

DO3 Indicators Over Time

Key Indicators	How DO 3 indicators are changing over time		
Agricultural land ownership (by head of household)	**women=13.2%, men=86.8%** (CSES 2009)	**women=13%, men=87%** (CSES 2013)	**women=12.2%, men=87.8%** (CSES 2014)
Women land ownership	**women alone=17.8%, jointly=46.2%** (CDHS 2000) *73.7% of sole landowners can sell w/o permission	**women alone=13.6%, jointly=46.5%** (CDHS 2005) *64.7% of sole landowners can sell w/o permission	**women alone=10.2%, jointly=35.4%** (CDHS 2014)
Employment rates in agriculture	**women=61%, men=60%** (CSES 2007)	**women=55.4%, men=52.9%** (CSES 2010)	**women=46.7%, men=43.9%** (CSES 2014)
Participation rates in fisheries (by head of households)	**women=46.8%, men= 58.7%** (CSES 2009)	**women=42%, men= 59%** (CSES 2010)	**women=27.7%, men=46.1%** (CSES 2014)
Participation rates in forestry/hunting (by head of households)	**women=74.2%, men= 77.8%** (CSES 2009)	**women=68%, men= 76%** (CSES 2010)	**women=64.3%, men= 67.4%** (CSES 2014)
Rural Population		**women=80.25%, men=80.73%** (GPCC 2008)	**women=78.57%, men=78.55%** (GPCC 2013)
Wage Gap Ratio		**0.68** (UNDP 2009)	2012 **0.71** (ADB 2013)
Access to improved drinking water	**urban=67.3%, rural=53.7%** (CDHS 2005)	**urban=87%, rural=53.1%** (CDHS 2010)	**urban=95%, rural=60.1%** (CDHS 2014)
Vulnerable employment rate (sum of unpaid family worker and own account workers)	**women=83.4%, men=76.6%** (CSES 2004)	**women=76.9%, men=68.7%** (CSES 2009)	**women=60.3%, men=50.6%** (CSES 2014)

Sources: as noted above

ANNEX H: SURVEY RESULTS

Online Survey: Question #11: ***Indicate your degree of interest in learning more about the following topics from 1 to 5, with '1' being not at all interested and'5' being extremely interested.***
Respondents: 176 Skipped: 27

		Degree of Interest in Learning More About the Topics					
Topics	Position	1	2	3	4	5	Not interested in learning more about the topics
Understanding the meaning of "gender"	I am an AOR/COR at USAID	0%	0%	36%	27%	36%	0%
	I work for USAID/Cambodia but not as an AOR/COR	4%	0%	24%	40%	28%	4%
	Senior Management of a USAID-funded project [COP or DCOP level]	8%	8%	12%	23%	38%	12%
	Gender Specialist/ Gender Focal Point of a USAID-funded project	0%	0%	25%	50%	0%	25%
	Other project staff member of a USAID-funded project, based in Phnom Penh	1%	6%	15%	28%	42%	3%
	Other project staff member of a USAID-funded project, based in a province	5%	0%	5%	21%	66%	3%
Familiarity with national and international efforts to promote women's empowerment and gender equality	I am an AOR/COR at USAID	0%	0%	36%	27%	36%	0%
	I work for USAID/Cambodia but not as an AOR/COR	4%	8%	32%	36%	20%	0%
	Senior Management of a USAID-funded project [COP or DCOP level]	4%	12%	15%	23%	35%	12%
	Gender Specialist/ Gender Focal Point of a USAID-funded project	0%	0%	25%	75%	0%	0%
	Other project staff member of a USAID-funded project, based in Phnom Penh	6%	4%	15%	26%	46%	3%
	Other project staff member of a USAID-funded project, based in a province	0%	0%	16%	24%	55%	5%
Knowing how to conduct a gender analysis	I am an AOR/COR at USAID	0%	9%	9%	9%	73%	0%
	I work for USAID/Cambodia but not as an AOR/COR	0%	16%	36%	16%	32%	0%
	Senior Management of a USAID-funded project [COP or DCOP level]	0%	12%	19%	27%	35%	8%
	Gender Specialist/ Gender Focal Point of a USAID-funded project	0%	0%	0%	100%	0%	0%
	Other project staff member of a USAID-funded project, based in Phnom Penh	10%	4%	19%	24%	40%	3%

	Other project staff member of a USAID-funded project, based in a province	0%	0%	21%	24%	55%	0%
Knowing how to integrate gender throughout the project cycle	I am an AOR/COR at USAID	0%	9%	18%	18%	55%	0%
	I work for USAID/Cambodia but not as an AOR/COR	0%	12%	32%	24%	32%	0%
	Senior Management of a USAID-funded project [COP or DCOP level]	0%	12%	8%	35%	42%	4%
	Gender Specialist/ Gender Focal Point of a USAID-funded project	0%	0%	0%	75%	25%	0%
	Other project staff member of a USAID-funded project, based in Phnom Penh	8%	8%	15%	25%	40%	3%
	Other project staff member of a USAID-funded project, based in a province	0%	0%	11%	34%	53%	3%
Knowing how to make sure that monitoring and evaluation is gender-responsive	I am an AOR/COR at USAID	0%	9%	9%	27%	55%	0%
	I work for USAID/Cambodia but not as an AOR/COR	0%	12%	36%	12%	40%	0%
	Senior Management of a USAID-funded project [COP or DCOP level]	0%	8%	23%	19%	46%	4%
	Gender Specialist/ Gender Focal Point of a USAID-funded project	0%	0%	0%	100%	0%	0%
	Other project staff member of a USAID-funded project, based in Phnom Penh	8%	7%	17%	21%	44%	3%
	Other project staff member of a USAID-funded project, based in a province	0%	0%	18%	24%	55%	3%