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Gender Assessment USAID/Cambodia



September 2010

This publication was produced for review by the United States Agency for International Development. It was prepared by DevTech Systems, Inc., for the Short-Term Technical Assistance & Training Task Order, under Contract No. GEW-I-01-02-00019.

GENDER ASSESSMENT USAID/CAMBODIA

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Cover photo caption: “USAID’s health equity funds are expanding access to health services for the poor while also upgrading the quality of those health services for all Cambodians. As a result, more than 700,000 poor people have access to care that didn’t have it before.” (Provided by USAID/Cambodia.)

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ACKNOWLEDGEMENTS

The Gender Assessment team – Charlotte Johnson-Welch, Veasna Chea and Samkol Lay – would like to thank all who took time from their busy work schedules to meet with us, and share their thoughts and experiences. USAID staff members led by the Acting Director, Laurie de Freese, were particularly helpful and their input put us on the right paths. We would like to make special mention of Irene Sokha, Project Development Assistant, in the Program Office. Irene was diligent in keeping us moving forward, scheduling appointments, resolving operational issues, and being a sounding board. We hope she was able to benefit from the time she spent with us. We are grateful for the support we received from Ed Lijewski in the Office of Women in Development, USAID/Washington.

We would like to give a special “thank you” to Carol A. Rodley, US Ambassador, and to the Secretary of State (Ministry of Interior), Her Excellency Chou Bun Eng.

We also extend our gratitude to community members, staff members of implementing partners, and other key informants who contributed to our understanding of gender as it affects the daily lives of Cambodians.

Finally, we would like to thank DevTech staff members Nicholas Griffin, Leah Carey, and Erin Helfert. Their assistance and flexibility were greatly appreciated, as was the editing support we received.

ACRONYMS

ADB	Asian Development Bank
AMTSL	Active Management of Third Stage of Labor
BEE	Business Enabling Environment
CAMIP	Cambodia Agriculture Market Information Project
CARD	Council for Agricultural and Rural Development
CAS	Cambodia Anthropometric Survey
CBO	Community-Based Organization
CCA	Cadastral Commission Administration
CCD	Community Capacities for Development
CDA	Community Development Association
CDCS	Country Development Cooperation Strategy
CDHS	Cambodia Demographic and Health Survey
CDRI	Cambodia Development Resource Institute
CEA	Cambodian Economic Association
CEDAC	Center for Study and Development in Agriculture
CHRD	Cambodian Human Rights Defender Project
CIA	Central Intelligence Agency
CRS	Catholic Relief Services
CSES	Cambodia Socioeconomic Survey
CWMO	Cambodia Women Movement Organization
D&D	Decentralization and Deconcentration
DAI	Development Alternatives, Inc
DGH	Directorate General for Health
DOTS	Directly-Observed Treatment, Short Course
ECE	Early Childhood Education
EIC	Economic Institute of Cambodia
ESCUP	Education Support to Children in Underserved Populations
EWMI	East-West Management Institute
FHH	Female-Headed Households
FHI	Family Health International
GDP	Gross domestic product
HEF	Health Equity Funds
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
ICRW	International Center for Research on Women
IFC	International Finance Corporation
IFES	International Foundation for Electoral Systems
IJM	International Justice Mission
IP	Implementing Partner
IRI	International Republic Institute
IRL	Indochina Research Limited
IUD	Intra-Uterine Device
JICA	Japanese International Cooperation Agency
KHANA	Khmer HIV/AIDS NGO Alliance
KYA	Khmer Youth Association

MFI	Micro-Finance Institution
MHH	Male-Headed Households
MIME	Ministry of Industry, Mines and Energy
MLVT	Ministry of Labor and Vocational Training
MMR	Maternal Mortality Rate
MAFF	Ministry of Agriculture, Forestry and Fisheries
MoEYS	Ministry of Education, Youth and Sports
MoJ	Ministry of Justice
MoP	Ministry of Planning
MoWA	Ministry of Women's Affairs
MSM	Men Who Have Sex with Men
MSME	Micro/Small/Medium Enterprise
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NDI	National Democratic Institute
NFTP	Non-Timber Forest Products
NGO	Non-Governmental Organization
NIPH	National Institute of Public Health
NIS	National Institute of Statistics
NMCHC	National Maternal and Child Health Center
NP-SNDD	National Program for Sub-National Democratic Development
NSDP	National Strategic Development Plan
PEPFAR	President's Emergency Plan for AIDS Relief (United States)
PRB	Population Reference Bureau
PSI	Population Services International
RACHA	Reproductive and Child Health Alliance
RDA	Rural Development Association
RGC	Royal Government of Cambodia
RHAC	Reproductive Health Association of Cambodia
SFFSN	Strategic Framework for Food Security and Nutrition in Cambodia
SME	Small and Medium Enterprise
TAF	The Asia Foundation
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCAP	Economic and Social Commission for Asia and the Pacific
URC	University Research Corporation
USAID	United States Agency for International Development
YSC	Youth Star Cambodia

EXECUTIVE SUMMARY

“Gender equality is more than a goal in itself. It is a precondition for meeting the challenge of reducing poverty, promoting sustainable development and building good governance.”

–Kofi Annan, former United Nations Secretary-General

Life has changed in Cambodia since the 2006 Gender Analysis and Assessment – in some ways, for the better; in some ways, not; and not always for everyone. Since then, the Royal Government of Cambodia (RGC) has developed its National Strategic Development Plan (NSDP) which includes a framework for integrating gender into national planning; governance reforms have taken place including decentralization and deconcentration (D&D); and there are new laws including Suppression of Trafficking and Anti-Corruption.

There is greater awareness of women’s rights, especially among young, urban women. More girls are attending school, nearly reach gender parity at the primary level. Women are living longer and healthier lives. More women were elected as commune councilors. There has been a significant decline in HIV prevalence overall. And, more children, especially girls, are surviving into adulthood.

Projects funded by the United States Agency for International Development (USAID) have contributed to these gains. Such improvements include strengthening the role of civil society and the private sector in advocating for policy, legal, and regulatory change; supporting partnerships between local governments and constituents; and improving the quality of justice system. Likewise, the productivity of small and medium-sized enterprises has increased. More women are using contraceptives, and more community-based workers are providing remote communities access to health education and treatment of diarrhea, malaria, and pneumonia.

But, many of the issues that were identified in the 2006 USAID/Cambodia Gender Analysis and Assessment remain. There are still too few qualified women at all levels, in all sectors and institutions. Although more women were elected to political offices, the rates are nowhere near parity. There are far fewer women at all points in the justice system. This creates an environment that may seem unreceptive to women who, for example, intend to file a complaint against their husbands for physical abuse or against powerful land grabbers. There are more men than women in educational institutions, providing few academic role models for young women. Women make up only less than one-quarter of all public sector employees. There are far fewer women than men in technical line ministries, and on land registration teams. Traditional belief systems that suggest the “proper” roles for men and women have a strong influence on this capacity gap and other dimensions of women’s and men’s daily lives and opportunities.

Human trafficking remains a problem. Some success has been achieved in terms of prosecution of cases, although the number of prosecuted cases remains quite low. In part, this is because victims do not press charges. While some fear retribution, others cannot afford the economic costs. Many are intimidated by the lack of sensitivity of officers of the court and criminal justice system. There are also a limited number of lawyers who will take these cases. In addition, less

attention has been given to prevention strategies. There is limited comprehensive support for victims including repatriation among men and boys.¹

While much is known about women's health, the opposite applies to men's health status and health-seeking behaviors. Also lacking is information about the relation between men's health-seeking behaviors and productivity levels, women's tasks, and family wellbeing. Men are often overlooked as agents of positive change.

Maternal mortality rates continue to be alarmingly high. The quality of care varies widely: there are limited numbers of service providers and care facilities; and economic costs continue to be a barrier, despite the relatively successful introduction of "Health Equity Funds" for poor women. Anemia rates among pregnant women and children are unacceptably high. A low adoption of modern contraceptives and an increase in abortions suggest a continued and un-met need for acceptable and effective family planning methods. While HIV/AIDS rates have declined, more than half of all new cases of HIV are among married women. There is appallingly low use of bed nets and anti-malarials by pregnant women and young children, and the tuberculosis case detection rate seems stalled at 60 percent.

In education, there are limited early childhood education providers, and even fewer childcare services for working parents. While there is near gender parity in primary school enrollment, this falls off significantly at the upper secondary and tertiary levels. The drop-out rate for both boys and girls is high. However, girls are more likely than boys to drop out of school. More men than women are literate. Efforts have been made to support women's entry into vocational training schools; however, the number of schools and program quality are not sufficient to meet the needs of young people who are entering the workforce.

More men than women work in the formal sector due to gender differences in educational attainment, and beliefs concerning suitable employment for women (and men). It is more difficult for women to rise to entrepreneurial leadership positions. Women earn less money than men for the same work. They make up the majority of the agricultural workforce and own nearly two-thirds of micro/small/medium enterprises. Yet, women have less access to inputs including credit, technologies, and market information. They also are less able to secure their land tenure rights, and less likely to participate in capacity building opportunities if held in locations away from their homes. Overall, there are few business development services that support women's enterprises.

Limited attention is given to the needs of the youth population – 62 percent of Cambodians are less than 25 years old. Girls in female-headed households with no adult male are more likely to work. These girls earn less money than their same-age, male cohorts, and are more likely to drop out of school sooner than boys. On the other hand, far more young men than young women reported engaging in high-risk sexual practices. There is no systematic effort to draw young people into politics and public office. In the same manner, since few girls graduate from the university level, they are less likely than boys to get jobs in the formal sector.

¹ The term "victim" rather than "survivor" is used in this context throughout the report as it reflects the significant gaps that exist in creating an environment and support system that turns powerless "victims" into "survivors" with power to act.

Non-governmental and community-based organizations (NGOs and CBOs) are critical in filling gaps in services and providing access to resources. However, these organizations have their limits in terms of long-term sustainable development. Finally, many of USAID's standard and custom indicators are not gender-sensitive or sex-disaggregated. The definition of gender varies from one implementing partner (IP) to another, and none feel competent to use gender analysis.

Recommendations

There are two sets of recommendations the Mission should consider in developing the 2011-2015 Country Development Cooperation Strategy (CDCS): recommendations that are overarching, that is, are not specific to a particular sector; and those that are sector specific.

Recommendations for strengthening gender capacity, including the use of gender indicators and a process for measuring gender impact are included in the first set. Recommendations are based on currently available data and key informants. The 2010 Cambodia Demographic and Health Survey (CDHS) will provide valuable updates on many of the issues identified in this Assessment. Its findings should be carefully reviewed in terms of their impact on the following recommendations.

A. Overarching Recommendations

Some of these recommendations are discrete and stand on their own. While other recommendations overlap and contribute to the same outcomes of increasing the pool of qualified women and increasing women's livelihood options and income.

1. Invest in strengthening women's capacities to enter the labor market and public service by:
 - Exploring opportunities to expand access to early childhood development. Priority should be given to those who need to overcome significant constraints to access education.
 - Exploring options for providing childcare services, especially for rural households. This benefits young children in providing some learning opportunities, socialization skills, and dietary intake. Likewise, their older siblings will not have to drop out of school to care for their young brothers and sisters. This will aid their parents by removing a major constraint that prevents some women from entering the labor market.
 - Providing counseling and services for young women enrolled in lower secondary levels, along with their parents, to reduce drop-out and increase completion rates.
 - Encouraging young women to take courses in political science, public policy and administration, and criminology, in their preparation for public service.
 - Establishing or strengthening mentorship programs for young women in secondary schools and universities.
 - Improving access to vocational training schools with curriculum that is linked to the marketplace.

2. Invest in strengthening poor rural households, including female-headed households' abilities to meet their household needs by:
 - Conducting a gender and livelihood analysis to identify entry points to provide support in diversifying and expanding options.
 - Exploring the possibilities for establishing community-based structures that provide childcare, early childhood development, health and nutrition education, and literacy. Ideally, these services will be run and managed by local women.
 - Locating training programs in places that are closer to women's homes.
 - Supporting the extension of business development services to rural communities, particularly those that have experience working with women.
 - Improving women's access to formal lending institutions. Also, ensuring the terms and conditions of loans respond to women's needs including reasonable interest rates; provision of loans for working capital; and reducing risks by, for example, ensuring that loans are co-signed by husbands and wives.
 - Linking women producers and entrepreneurs to technology developers (private businesses and research institutions), markets, and business development services.
3. Invest in associations that support women in politics, education, health, and business by:
 - Supporting women in political office to establish or strengthen networks to build a political base of action.
 - Engaging like-minded men to explore how to form a work environment that is less hostile to women.
 - Supporting the establishment or strengthening of existing organizations that can provide guidance and support to women in the education profession.
 - Strengthening women's leadership and membership in professional health and medical associations.
 - Identifying and providing support to Women's Business Associations.
 - Encouraging other business associations to expand their membership by including more women and industries in which women work.
4. Invest in issues related to men and boys by:
 - Collecting information about men's health status, health-seeking behaviors, and impacts on their families and on women's responsibilities.
 - Conducting a large-scale study on men and boys' risks of being trafficked, means of repatriation, and availability of support services.
 - Improving educational rates of boys and young men, without losing track of reducing inequities that are disadvantageous to girls and young women.
 - Evaluating culture change models including an extensive review of the literature.
 - Engaging men and women from key audiences and IP in developing public education campaigns to change traditional norms and create constructive partnerships between women and men in politics, education, health, in communities, and at home; as well as, possibly identifying male opinion leaders or men admired by other men who will take a lead role or serve as high-profile positive change role models.

5. Engage public sector agencies, other donors, youth organizations, and other NGO/CBOs in considering options to fill human resource gaps in rural areas, such as:
 - Creating gender-sensitive incentive structures to encourage teachers and health care professionals to work in rural areas for a fixed amount of time, e.g., paying cash incentives or salary rates that are higher than those paid in urban centers.
 - Supporting the finalization of the national youth development policy that might include establishing a national civic service institution, or building links to youth associations to draw on the huge potential of young people in filling human resource gaps. This promotes the gaining of experience and development of skills by young people, while improving adult literacy, providing health education information, or supporting activities like building wells or sanitation facilities.
6. Continue to invest in strengthening current IPs, and require implementing partners for all new contracts or cooperative agreements to:
 - Conduct a gender assessment to identify gender factors that need to be addressed in project interventions using methodologies such as gender and livelihoods analysis, and gender and value chain analysis within the first four months of their projects.
 - Develop a conceptual framework that shows relationships between gender (and other) variables and outcomes.
 - Adjust or develop new objectives and activities that are based on the findings.
 - Develop a set of gender indicators to track change over time.
 - Use gender analysis to measure the contributions that gender makes to outcomes, and to interpret results.
7. Improve USAID's capacity to measure gender changes by having technical program staff, perhaps with some external technical input, discuss:
 - Strategies for meeting the inter-related needs of its target populations. One might be co-locating projects from different sectors, e.g., selecting provinces and districts for the new agriculture and environment project (and others) where there is an on-going presence of USAID-supported projects; or expanding the coverage areas of existing projects into areas where new projects will be operating.
 - Current indicators to determine the extent to which they are gender-sensitive or can be sex-disaggregated. Identify those that could be modified to make them more appropriate for measuring gender impact. Develop new indicators where necessary, for example, the number of men who are doing something, e.g., attending a health education session, that would typically be done by women; men's knowledge of the nutritional needs of their wives and children; or dietary diversity score to measure impact of a food security project that aims to improve women's earnings and decision-making power.
8. Maintain effective gender capacity among USAID and implementing partners staff by:
 - Ensuring gender training and re-training is done on a regular basis for all key USAID and IP staff.
 - Ensuring that all IPs have gender policies to improve gender balance in recruitment, hiring, and promotion. Also, that they hire sufficient numbers of women in leadership positions and for field positions.

- Ensuring that each IP has actual gender capacity by either having a staff position dedicated full-time to gender integration, or having a senior member of the project's technical team with appropriate gender experience who will ensure gender integration as part of her/his responsibilities.
- Requiring all IPs to submit a Gender Plan of Action in their first Progress Report, and report on gender capacity building in all progress and final reports.

B. Sector-Specific Recommendations

The following sets of recommendations are specific to individual sectors.

Gender, Governance, and the Justice System:

1. Continue to support efforts to build judicial independence, e.g., “Scales of Justice,” debates on legal issues on the television, and sub-grants to human rights and legal NGOs. Support the expansion into the following areas:
 - Extend the capacity building of judges and lawyer trainees program to include clerks who potentially will handle social issues cases, and include sessions on gender sensitivity and the social-emotional needs of vulnerable people in the training curriculum.
 - Build the capacity of human rights and legal NGOs in: advocacy strategies, complaints writing, legal options for people to seek redress, and legal proceedings and representation skills especially in the areas of land, natural resources, rape, trafficking, and domestic violence.
 - Engage members of the Cambodian Bar Association in discussions about how to encourage practicing lawyers to provide legal aid services to the poor.
 - Engage implementing partners and legal professionals in discussions about out-of-court settlements and what can be done to change this practice.
 - Evaluate men's and women's use of alternative conflict resolution options in terms of effectiveness in resolving complaints, and use the findings to strengthen capacity or extend coverage.
 - Conduct legal literacy campaigns that reach out to women and educate them about land and other laws that protect and promote their human rights, availability of legal services, and conflict resolution options.
2. As gender equality begins to take root at the sub-national level, shift emphasis on strengthening decentralization and deconcentration to the following:
 - Ensure that topics related to women's concerns are included in the agenda for constituency consultations.
 - Support actions to include topics that are relevant to youth in candidate debates.
 - Evaluate approaches used to build capacity and provide support to women commune/*sangkat* councilors to determine if they could be expanded to district- and provincial-level councilors.
3. Engage key partners and NGOs working with youth in discussions on how to encourage and build capacity of young people to enter politics, civil service, the police, and other public sector institutions.

4. Encourage programs that provide support to victims of abuse and trafficking to prioritize prevention while continuing to provide legal protections by doing the following:
 - Engage implementing partners, human rights, and legal organizations in a discussion about developing an advocacy campaign to reduce rape and set a maximum punishment of up to 20 years in prison.
 - Ensure that legal protection programs address the social and psychological needs of both men and women victims at all parts of the legal process — from the arrest of the perpetrator to cross-examination.
 - Document and evaluate strategies and guidelines that provide 360° support to victims of abuse, and re-entry of trafficked persons, including men and boys. This should include an extensive review of the literature to identify strategies used elsewhere.

Gender and Health:

1. Engage IPs in discussing how to use a gender approach to address health and nutrition problems. The discussions should focus on the particularly hard-to-solve problems such as maternal mortality and anemia; and problems that need an additional “push,” such as how to increase use of bed nets and anti-malarials by pregnant women and young children, or improving TB case detection rates. This can be done by bringing in knowledgeable persons who can provide evidence and lead discussions. The output of these discussions should include steps each IP will take to expand the way they do business to include, for example, strengthening women’s economic opportunities.
2. Evaluate community-based volunteer systems, e.g., malaria, TB directly-observed treatment short-course (DOTS), child health workers, in terms of quality of care, costs, and use by women and men, boys and girls; and based on the findings strengthen their capacities to provide services in remote, rural communities.
3. Continue to invest in strengthening capacity of health care professionals to follow standards of care including but, not limited to, pregnancy and delivery.
4. Commission a study on infertility to determine if further investments are needed.
5. Engage the Ministry of Health in discussions about the status of establishing regional health training facilities; expanding the capacity of existing centers to train more midwives; and promoting more qualified women to all levels of the health sector, including as administrators and managers.

Gender, Education and Literacy:

The major recommendations for this sector are included in the first set of recommendations, with the following exceptions. USAID should consider:

1. Taking steps to improve literacy and numeracy rates for all women beneficiaries in USAID-supported projects given the gender disparity between women and men. There are examples in the development literature including USAID-funded projects that have integrated literacy training into, for example, reproductive health and nutrition programs by

building literacy and numeracy skills of project staff, or training community members/students in secondary schools or universities to be literacy volunteers.

2. Supporting a large-scale study on risks of violence, including sexual violence, girls and boys encounter as they go to/from schools. Prior to that study, a smaller study should be done to explore the extent to which violence and sexual coercion in school settings are problems. If they are, they should be included in the larger population-based study. Many studies of this nature have been done in Sub-Saharan Africa, which could provide useful guidance on design and analysis.

Gender and Economic Opportunities:

Similarly, many recommendations for this sector are included in the first set. There are others that are more specific in nature including:

1. Engage the Royal Government of Cambodia (RGC), other donors, NGOs, and CBOs in discussing how to ensure land registration and titling system operates as intended, particularly for the land-poor and most vulnerable.
2. Engage private-sector technology development firms and research institutions in discussions on value added by identifying women's technology needs and capacities to buy technologies.
3. Conduct an assessment of women-owned, women-managed enterprises to describe their operations, determine their resource needs, and opportunities to expand and grow their businesses. This should begin with a review of the 2009 IFC/TAF study, "The Provincial Business Environment Scorecard in Cambodia: A Measure of Economic Governance and Regulatory Policy."
4. Evaluate community-based support to farmers associations, women's producer, and savings groups to determine potential lessons for replication and scaling up.
5. Meet with the Ministry of Agriculture, Forestry and Fisheries (MAFF) and staff of the Cambodia Agriculture Market Information Project (CAMIP) project to explore possibilities for expanding the mobile phone/text messaging system into other value chains and promoting its use by women (and other) entrepreneurs.
6. Support outreach to increase participation of women and men in community-based committees and networks, including community forestry management committees and water-user groups.

PURPOSE AND METHODOLOGY

The purpose of this assessment is to contribute to the development of USAID/Cambodia's Country Development Cooperation Strategy (CDCS) for 2011-2015. It identifies gender issues that need to be taken into account and suggests steps for strengthening capacity to show gender results.

This assessment was conducted by a team of three consultants – two Cambodians and one American all of whom in Phnom Penh (Annex 1, Scope of Work.) It aims to address two questions:

- (a) How do the different roles and status of men and women affect sectors in which USAID/Cambodia works – specifically, governance, health, education, and economic growth?
- (b) How will USAID's support affect men and women?

To answer these questions, the team conducted a desktop review of key documents, including USAID's 2005-2010 Strategic Plan, FY 2009 Full Performance Plan and Report, the FY 2010 Operational Plan Summary Report, and relevant project profiles; 2006 Gender Analysis and Assessment; A Fair Share: Gender Assessment; and reports prepared by the National Institute of Statistics, the Cambodia Development Resource Institute, the World Bank and others (Annex 2, References).

In addition, one-on-one and group interviews were conducted with key informants including The Secretary of State, Ministry of Interior; Acting Director and other USAID staff; the US Ambassador and the Political Officer at the Embassy; USAID implementing partners, development professionals in other organizations, community members, and youth (Annex 3, Key Informant Interviews).

No field trips to rural communities were made due to scheduling conflicts and limited availability of key informants. To ensure the team had a full set of information from urban and rural areas, and all levels of Cambodian society, the team conducted telephone interviews with persons in provinces outside Phnom Penh, met with rural community members who happened to be in Phnom Penh, and talked with university students from rural communities around the country.

BACKGROUND

Of Cambodia's total population of 14 million people, 55 percent of those over 25 years old are women.² Seventy-one (71) percent of women over 15 years of age are part of the general workforce, and more women than men (83 percent and 76 percent, respectively) are self-employed.³ The population imbalance between young and old is striking. Sixty-two (62) percent of the Cambodian population is less than 25 years old. This demographic overview provides a framework within which gender gaps and opportunities exist.

Gender Inequity Gaps

Three indices have been developed to measure women's status and gender gaps. The closer the value is to one, the closer the country is to total equality between men and women. All three indices point to persistent gender inequalities in Cambodia. Cambodia's Gender-related Development Index score (which measures inequalities between men and women in terms of capacities) was 0.594 in 2005, ranking 113th out of 157 countries. It is one of the lowest ranking countries in the region – only Laos is lower. The value of Cambodia's Gender Empowerment Measure (shows progress in women's political and economic participation) is only 0.377 (ranking 83rd out of 93 countries) putting Cambodia in the lowest position among countries in the region.⁴ The Global Gender Gap Report gives Cambodia a total gender gap score of 0.6410 in 2009, a slight improvement from 0.6291 in 2006, but it fell from 94th in 2008 to 104th in 2009 largely due to the widening gap in labor force participation and a smaller percentage of women in parliament.⁵ These indicators reflect the economic, social, and political gender realities.

Poverty and Development

Cambodia is one of the poorest countries in the world, but its economy grew nearly 10 percent annually between 1997 and 2007 driven largely by expansions in the garment sector, tourism, and construction.⁶ Poverty rates, measured as the percentage of the population living on less than \$1.25/day, fell from 40 percent in 2005 to an estimated 30 percent in 2007.⁷ However, poverty in Cambodia is about more than low income and consumption. It also is "characterized by poor nutritional status; low educational attainment; limited access to public services including schools and health; less access to economic opportunities; vulnerability to external shocks; and exclusion from economic, social and political processes."⁸ Using this broader view of poverty, Cambodia is unlikely to meet more than half of its Millennium Development Goals' targets.^{9 10}

The vast majority (81 percent) of Cambodians live in rural areas with limited opportunities to meet their families' needs. There are 350,000 food-insecure households in Cambodia, totaling about 1.5 million persons. The most food-insecure groups are those in rural households, the

² MoWA 2008

³ Ros and Kus 2009

⁴ MoWA 2008

⁵ Hausmann et al. 2009

⁶ Op cit

⁷ ADB 2010

⁸ UNESCAP website

⁹ UNESCAP 2009-2010

¹⁰ Recent analysis of eight (8) of the 60 progress indicators for the Cambodia MDG targets found that Cambodia tied with Laos and Vietnam for second in terms of progress toward achieving their MDG targets (Leo and Barmier 2010 as reported in the "Phnom Penh Post," 9/6/2010). This differs from the picture presented in the UNESCAP source because this analysis used only some of the indicators and, in some cases, different data sources than those used by UNESCAP.

land-less (20 percent of rural households) and the land-poor (25 percent of rural households).¹¹ Since food is the largest expense (75 percent) for poor families, little is left for anything else. This is particularly true for female-headed households that represent up to a quarter of households (23 percent in rural areas and 26 percent in urban), and 69 percent of the rural poor.¹²

Due to poverty, landlessness, and limited employment options, many men and women migrate to find work. Migrants may earn significantly more than they could at home. For example, women migrant workers in Thailand can earn between \$100 and \$150 per month, and men construction workers earn between \$3 and \$5 per day.¹³ According to the UN Economic and Social Commission for Asia and the Pacific (UNESCAP), remittances total \$325 million dollars per year contributing four (4) percent to gross domestic product (GDP), and are important for household economies.

Any event that leads to the loss of a job and income can have catastrophic consequences on the poor. The food and energy crisis followed by the international financial crisis in 2008-2009 created a cascade of impacts on Cambodia and its working poor. Gross domestic product dropped as low as -0.9 percent to -1.5 percent in 2009.¹⁴ The consumer price index jumped dramatically in 2008, from 14 percent in January to 26 percent in May. This was due largely to increases in food and oil prices. While the consumer price index fell to 13 percent in December, the volatility of the market made it difficult for families to live on extremely tight budgets.¹⁵

The garment factories were particularly hit hard during the crisis. More than 51,000 workers lost their jobs or had their contracts suspended. Sixty-one (61) percent of the urban poor and fifteen (15) percent of rural poor experienced income losses.¹⁶ Seventy-five (75) percent of rural households purchased less expensive food and more than half had to reduce the amount that they ate.¹⁷ Moreover, the economic slowdown compounded an already difficult problem: the need to generate between 250,000 and 275,000 new jobs every year to absorb the number of Cambodians entering the workforce. Much of the workforce is comprised of young people with limited education and skills.¹⁸

Legal Framework

Laws that promote and protect individual rights create a legal framework that, if fully implemented and enforced, should make a significant difference in reducing gender inequalities. Since the 2006 Gender Analysis and Assessment, new laws have been passed that aim to address such inequities. They include the Suppression of Human Trafficking and Sexual Exploitation (2008) and Anti-Corruption (2010) laws. While the substance of these laws is good, the structures are not yet in place to ensure their full implementation. Moreover, if historic practice holds true, they too will suffer from an inadequate allocation of resources including finances and trained people to implement and enforce them.

¹¹ CDRI 2008

¹² MoWA 2008, NIPH et al. 2005

¹³ MoWA 2008

¹⁴ CIA 2010, UNESCAP 2009

¹⁵ Kus 2009

¹⁶ Ros and Kus 2009

¹⁷ CEA 2010

¹⁸ MoWA 2008

Other elements of the legal framework point to systemic and on-going gender inequities. For example, Cambodia's Administrative Management Law (2008) provides for gender equality in the National Program for Sub-National Democratic Development (NP-SNDD). It stipulates that gender equality be taken into account in appointments, staffing, and budgeting at all levels; and includes provisions for agenda setting and consultation at sub-national levels. Yet, men dominate all branches and levels of the government, and men earn higher wages than women for the same jobs. Another example is the Marriage and Family Law which allows divorce on grounds of "cruelty and beatings." However, women continue to stay in abusive relationships for a number of economic and social reasons, suggesting other actions are needed before the law can have its intended effects.

Gender Relations, Women's Status and Development Outcomes

Traditional norms and expectations about the proper roles for men and women permeate Cambodian life. The traditional code of conduct for women (*Chbap Srey*) includes guidance on how Khmer women should be kind and generous in their interactions with neighbors and family members, as well as other moral principles. The *Chbap Srey* reinforces gender stereotypes that restrict the realization of women's rights, affect women's decision-making power, and contribute to gender differences in work opportunities, political power, and social relationships.¹⁹ The code and traditional norms also influence gender justice. While there is a men's code of conduct (*Chbap Pros*), the reality is that many men behave in ways that are contrary to its tenets.

¹⁹ MoWA 2008; Ros and Kus 2009

FINDINGS

This section is based on a review of the literature and key informant interviews. Gender factors and concerns that the United States Agency for International Development (USAID) should be aware of in developing its new five-year strategy are identified in four major areas – governance and justice, health, education, and economic opportunities. Both violence against women, included in the first section, and trafficking, included as a separate section, are cross-cutting issues. Issues specific to youth and the role of civil society organizations are woven into each of the major sections. The “Findings section” concludes with indicators and methods used to measure gender changes.

Gender Attitudes and Relations

Cambodia is generally viewed as being relatively gender equal, and that transformations in its economy have created opportunities where they did not exist before. On the other hand, gender indicators suggest a different reality. This is due in large part because Cambodia is a hierarchical society with strong traditional norms and expectations for men and women. Reflecting this influence, 47 percent of men and 51 percent of women believe men and women have different rights. Men are viewed as having more rights in the areas of business and decision-making, social and sexual freedom, and freedom of movement.²⁰ And despite improvements in girls’ education, only 55 percent of Cambodian women disagree with the statement that it is better to educate a son than a daughter.²¹

The expansion of the industrial sector, especially the garment industry, creates a catch-22 for many young women. In order to help their families financially, many move to Phnom Penh and other urban centers to work. Away from home and now earning money, young women may have a sense of freedom, but this also makes them vulnerable to abuse and exploitation.²² Even something as innocent as going to school puts girls in a risky position. Since secondary schools serve a wide geographic area, some girls have to go long distances to get to their schools. While they may be accompanied by friends or siblings, simply walking to school exposes them to harassment and other more serious forms of abuse including rape.²³

The traditional code of conduct for men expressly forbids them to commit adultery, drink alcohol, gamble, and behave violently toward others. It gives men higher status and autonomy both in and outside of the household. In many cases, reality matches those expectations — men still have significant power in household decision-making. This often carries over into the public domain where men’s political and social connections give them easier access to positions of power. On the other hand, male infidelity is tolerated, and increasingly, young men are carrying out violent attacks on women as they try out what they have seen on the internet and in videos.²⁴ A 2005 study on HIV and gender-based violence noted the growing incidence and wide acceptance of gang rape as a significant HIV risk factor.²⁵ This behavior results in the subordination of women and/or the minimizing of their opportunities.

²⁰ IRL 2007 quoted in MoWA 2008

²¹ NIPH et al. 2005

²² MoWA 2008 is the primary source of information for this section.

²³ Interviews with women university students; not able to find any studies or survey data about the prevalence of this problem.

²⁴ It is not clear what effect the lack of censorship of pornographic materials has on this behavior.

²⁵ Duvvury and Knoess 2005

Development professionals, governments, and donor agencies use women's decision-making power as a proxy for women's status. Almost all married women have a say in deciding to visit family or relatives (93 percent); make daily household purchases (95 percent); many have the final decision on contraceptive use (57 percent); and over half of women have the final say in managing their own health. Fifty-three (53) percent of women do not think men should make all of the important decisions; 57 percent think married women should be allowed to work outside their homes; and nearly all (91 percent) women think they have the right to express their own opinions. The association between education and decision-making is consistent – the more educated a woman is, then the more decisions and actions she thinks are hers to make.²⁶

In contrast, only 19 percent of women chose their husbands on their own or in agreement with their future husbands. Instead, the choice is often made in discussion with “someone else” (29 percent), and over half of women (52 percent) did not participate at all in choosing their husbands. Women may even hesitate to take a decision as innocuous as choosing where to build a latrine without having their husbands present.²⁷

Violence against women is a strong indicator of women's status. It limits women's economic, political and social empowerment; influences women's health and health-seeking behaviors, decisions to limit the number of children they might have, and their abilities to ensure their children's growth and development. It also has economic costs. Fifteen (15) percent of women in a recent study on domestic violence said they missed work or lost income as a result of violence.²⁸

Indeed, there is a high tolerance for violence against women in Cambodia. Nearly a quarter (22 percent) of women reported incidents of physical mistreatment at some point after they turned 15 years of age; and 10 percent of women experienced violence in the recent past. In 65 percent of these cases, the incidents were perpetrated by their husbands. Divorced or separated women, women with no education, and women employed for cash were more likely to experience violence, but 23 percent of women with primary school education and 10 percent of women with secondary or higher education also experienced incidents of violence. Forty-five (45) percent of women said a husband was justified in beating his wife if she neglected the children, even though only 11 percent of women think wives should tolerate beatings to keep the family together or that it is admissible for men to have extramarital sex.

The newly-released study on domestic violence comparing 2005 and 2009 data found that some progress was made in attitudes and practices.²⁹ Fewer people found violence acceptable, and more recognized that violent acts are illegal. On the other hand, while there was a drop in the number of respondents who said they knew a man who was physically abusive to his wife – from 64 percent in 2005 to 53 percent in 2009– it is still too high. More than half of the general population and about 45 percent of local authorities believed a husband was justified in shooting, stabbing or throwing acid at his wife if she was being disrespectful or argumentative, and both men (74 percent) and women (88 percent) thought it was reasonable for men to be angry when women spent money without consultation or did not perform their household chores. Also, more

²⁶ Much of the data in this section are from NIPH et al. 2006 (CDHS 2005).

²⁷ Interview with ADB.

²⁸ MoWA 2009b

²⁹ Ibid

than half of women thought that it is normal for men to drink, have affairs, or abuse their wives, and there was an increase in women saying that they would do nothing or keep quiet if they were abused by a spouse – from 52 percent in 2005 to an alarming 81 percent in 2009.³⁰

Gender, Governance, and Justice

This section presents the findings as they relate to gender in governance including elections and political parties, with a special focus on youth and politics, and the justice system. It is followed by a section on gender and trafficking in persons.



USAID's Maternal, Newborn and Child Health (MCH) programs are working to improve the quality and accessibility of MCH services and build the capacity of caregivers, policymakers and community volunteers.

Gender and the Political System

The Cambodian legal framework codifies women's participation at all levels of decision-making and provides for downward accountability. For instance, the Law on Administration Management of the Capital, Provinces, Municipalities, Districts and *Khan* (2008) Article 34 provides that councils are accountable to people to ensure democratic development in priority areas, and Article 42 states that councils shall manage public financial resources for the highest development priority needs and the needs of women, children, youth, and vulnerable groups. *Prakas*³¹ on the Woman and Children's Consultative committees (2009, Article 3) requires women councilors to act as the chief and women deputy governors as vice chiefs of the committees.

The reality is that the decentralization reforms at commune/*sangkat*³² level (since 2002) and at the sub-national level beginning in 2008 are works in progress. Indeed, according to the Global Gender Gap Report, Cambodia scored lowest in political empowerment (0.079) because there are so few women in minister-level and parliamentary positions, and in the executive branch.³³

Reforms brought larger numbers of women into decision-making positions although not in all positions or at all levels. The percentage of women Parliamentarians increased from 12 percent in 2003 to 22 percent in 2008; however, women as a percent of all Senators decreased from 18 percent to 15 percent.³⁴ The drop is explained, in part, by the lack of a standard system for selecting women candidates – each political party follows its own procedure. As a result, the

³⁰ MoWA 2009b

³¹ *Prakas* or a proclamation is a ministerial or inter-ministerial decision signed by the relevant minister(s), and it must conform to the constitution, law and the sub decree to which it refers (Organization of Council Minister law 1994).

³² "Commune" is the term used for the lowest sub-national administration at the Provincial level, *Sangkat* is used for the same administrative level in the Capital and municipal areas; councils are directly elected by people.

³³ Hausmann et al. 2009

³⁴ As of 2005, Senators are indirectly elected by commune councilors (MoWA 2008).

process remains random and unsystematic, and frequently bypasses the opportunity to get good women candidates.³⁵

In the Executive branch, the percentage of women who are appointed to the Secretary of State position increased from six (6) percent to eight (8) percent between 2003 and 2007; and the number of women serving as Undersecretaries of State increased from five (5) percent to 15 percent at the same points in time.³⁶ Seventeen (17) percent (24/143) of all governors and deputy governors in the national capital and provinces are women. At the municipality/district/*Khan*³⁷ levels, 23 percent (187/828) of governors are women.³⁸

There was an increase in the number of women candidates who stood for election at the commune/*sangkat* level – from 16 percent in 2002 to 21 percent in 2007; more women were elected as commune councilors – 15 percent in 2007, up from eight (8) percent in 2002; and there were fewer communes without a single woman councilor – a decline from 66 percent in 2002 to 23 percent in 2007.³⁹ Women now represent 10 percent of elected councilors at the national and provincial levels, and 13 percent at the municipal, district, and *Khan* levels. More women were elected as commune chiefs (from 47 to 67), first deputy chief (from 72 to 149), and second deputy chief (86 to 120). To some extent, this reflects changes in beliefs about women's competence and commitment to pro-poor service delivery.⁴⁰

Election at the commune level provides a good opportunity for women to gain the experience, knowledge, and self-confidence they need to function as councilors, and serves as a potential springboard to moving into higher levels of government. Women face fewer barriers at this level and are able to demonstrate that they are capable of doing their jobs.⁴¹ In an interview, a village leader and woman councilor noted that “female leaders are well regarded as they are more honest, trustworthy, and even harder working [than men].”⁴²

Despite these improvements, the percentages of women in public office are still very low. There are many reasons for this situation and some of them also impact on men, i.e., the need for financial resources to support electoral campaigns. Other factors are specific to women and include the engrained culture of male dominance, and traditional beliefs about women's capabilities and appropriateness of their serving in public decision-making roles.⁴³ Newly-elected women commune councilors reported they felt lonely and marginalized; lacked access to training opportunities; and were not respected by their male colleagues. Women felt they had to do more than men to prove their capabilities before they were accepted as competent leaders.⁴⁴ While progress was made in the 2007 election in terms of more women's names being placed higher on party lists than in previous elections, men still dominate the upper placements and, therefore, tend to be elected.⁴⁵

³⁵ Blue et al. 2008; interviews with community-based organization, village leaders, women university students.

³⁶ MoWA 2008; SILAKA 2008

³⁷ *Khan* is the equivalent of a “district” but is used at the capital and municipal sub-administrative levels.

³⁸ Minutes of NCDD third meetings 8th and 15th Sept 2009.

³⁹ MoWA 2008

⁴⁰ Empowering Female Commune Councilors' Networks (<http://www.adb.org/gender/practices/law/cam001.asp>) posted 2010.

⁴¹ Interviews with village leader and woman councilor.

⁴² MoWA 2008

⁴³ Interview with SILAKA; MoWA 2008.

⁴⁴ Interview with woman leader in Kampong Chhanang.

⁴⁵ MoWA 2008

Because there are few women at all levels of politics and government, they are not able to provide much support to each other. Moreover, there is a social distance between women who are affiliated with the ruling party and the opposition parties which can drive wedges between them. This distance from power is sometimes described as “Lexus versus motorcycle” and “support by local authority versus observed by local authority” referring to the space for political party campaigns.⁴⁶ Irrespective of level of their office, more women leave their positions than men.

Gender and Constituent Relations

While progress has been made in electing women to political office particularly at the commune level, there are issues that need to be addressed to ensure their responsiveness to their constituents. They include the lack of participation of the general population in consultative meetings; weak understanding of the new concepts by elected officials; lack of clarity and understanding of the roles and responsibilities of elected officials at each level; limited working relationships between the sub-national administrations; and institutional barriers for new women councilors.

The consultative process remains weak with minimal participation of community members, especially women. According to the Second Citizen Satisfaction survey which compared baseline data to data collected one year later, more than 50 percent of people attended at least one local governing meeting; however, they generally attended because they were invited or instructed to attend by the authorities. Of those who attended, only five (5) percent spoke up – women and the poor were less likely to speak and less likely to believe that their views were heard. While community members were generally positive about the meetings, they were skeptical about whether their participation made a difference in terms of decision-making.⁴⁷

Efforts that bring parliamentary representatives together with their constituencies are viewed as opportunities for villagers to meet their representatives, share their concerns, and experience the democratic process. However, visits are uncommon due to the fact that they are up to the discretion of the elected representatives who may not see the value in making them.

Representatives also have limited time to respond to issues that are raised during these visits leaving the impression that no action would be taken. Finally, it is more difficult for

Building Trust at the Community Level

In Kampong Chhanang, a local NGO has worked in more than forty villages in four districts for several years. They educated community members about their civic roles and responsibilities. Also, they trained local authorities on the importance of public consultation, and facilitation skills, so they would feel at ease when asking for community input during meetings. Over time, both sides came to trust each other more. Women reported speaking up more and demanding actions on issues of concern to them, such as requesting that a professional midwife be assigned to their health post, and how to get more girls into higher education. This openness also was reflected by local authorities being more flexible, even changing the meeting time to after dinner in harvesting seasons so more people including women could attend.

(Source: Interview with Community Capacity Development)

⁴⁶ Interview with NDI.

⁴⁷ EIC 2010

women representatives to travel to the countryside, so only a few women members have participated in these constituency dialogues.⁴⁸

Youth and Politics

The large number of young people – nearly half of the population between 10 and 34 years old—provide an extensive base for positive change.⁴⁹ The need for the political parties to hear their voices is critically important given the problems that young people face including constraints to higher education, access to health services, unemployment (even among university graduates), and exploitation. Yet, the national youth development policy which could serve as a framework for encouraging that process has not been finalized.⁵⁰

The involvement of youth in politics began in the early 1990s and continues to this day. Each political party has a youth wing,⁵¹ and while many are based at universities, others are located in rural areas. There are increasing numbers of non-governmental organizations that support political education and actions of young people, and international agencies provide technical assistance to strengthen these organizations. The Khmer Youth Association, one of the larger NGOs, has had a number of programs that specifically targeted young women, e.g., educating them about the importance of political participation; and the history of women in politics, democracy, human rights, and general political knowledge.

Although all citizens can vote when they are 18 years old, the age requirements for candidates—at 25 for the National Assembly and 40 for the Senate – creates an impediment for youth to stand for election. There are other barriers that limit their preparation for participating in politics including limited opportunities to attend higher education, especially for young women, and to get experience working in public offices. Moreover, age in Cambodian culture impacts on a person’s capabilities – young people, more so for women than men, have to work harder than older people to gain trust and acceptance. This holds true for youth volunteers who worked with local government authorities and were expected to show deference to their seniors even if it meant not speaking up or taking other action.

The limited voice of youth is reflected in the selection of topics for political candidate debates—all are carefully chosen and organized by adults with little to no input from youth. Joining opposition parties is increasingly viewed as highly risky by young women and men alike.⁵²

Gender and the Judicial System

The independence of the judiciary is set forth in the Cambodian constitution, but members of the judiciary are often influenced by the interests of politics, and swayed by the economic or social class of the people brought before them.

The number of women working in the justice sector is a barrier to its functioning well, especially for women who need to see a “friendly face” when they approach the court. Women represent

⁴⁸ Blue et al. 2008

⁴⁹ MoP 2009

⁵⁰ Interviews with KYA and Youth Star, Cambodia; Mysliwiec 2005

⁵¹ Yong Kim Eng undated

⁵² Interviews with IRI and KYA

only nine (9) percent of judges; 18 percent (98/551) of practicing lawyers;⁵³ less than one percent of prosecutors; 21 percent of court clerks; and there is no woman president of the court in the country.⁵⁴ There are very few lawyers who are willing to provide legal aid services to the poor and most of them work for nonprofit organizations.⁵⁵ As in other sectors, women face particular barriers in meeting their professional duties, including cultural assumptions that they are not strong enough for or not interested in challenging positions, or that the job is not suitable for women. Others include physical safety, lack of trust people have in women professionals, and unfriendly working environments.

Court clerks play important roles in assisting poor men and women in legal procedures and filing complaints. They are the first person who people meet when they go to court, yet the limited number of female court clerks makes it difficult for women who need social and psychological assistance to file complaints. Moreover, it was recently reported that clerks have taken actions either on their own initiative or have been delegated responsibility by judges and prosecutors that do not fall within their prescribed domain.⁵⁶ This may speed up the complaint process but undermines the integrity of the system. How the effects of this might differ for women and men is not clear.

Most poor women who go to court are assisted by human rights lawyers, and lawyers from non-governmental organizations. Others may go to the local administration to file civil and criminal complaints, or seek assistance from community leaders. Recently, the number of women going to the commune chief to complain about domestic violence increased from 47 to 56 percent.⁵⁷ Citizens are more likely to approach their village leaders than a commune councilor directly, although some visit the commune office to seek assistance in resolving disputes. Better educated citizens are more likely than others to contact the council directly.⁵⁸ Even then, the handling and resolution of complaints depends on the knowledge and skills of each individual as there are no guidelines and procedures governing that process.

Gender and Land Conflicts

The Land Law does not discriminate against women – they have full rights to own and sell land. However, less than 15 percent of land owners at the sub-national level have proper legal titles issued by the government, and the majority of the 85 percent that do not have titles are farm families.⁵⁹ Land cases that pit the poor against the wealthy are normally cases of seizures or expropriation– the basis of claims by the wealthy parties usually are legal land titles versus the thumb-printed contracts that poor landholders may hold.⁶⁰ Female-headed households are often more vulnerable than male-headed households to land conflict or grabbing as they have less economic, political, and social power to resist incursions. It also may be physically harder for them to demarcate their land given that, in rural areas, there are few boundary markers.

⁵³ Cambodian Bar Association's data 2010

⁵⁴ MoJ legal database on country courts' staff 2010

⁵⁵ The first public interest non-profit law firm has been organized in Phnom Penh (Phnom Penh Post, 8/24/2010). It aims to use the money it makes from private clients to provide services to the poor. How successful this model, an alternative to other law and advocacy firms that are largely dependent on external donors, is not known.

⁵⁶ *Cambodia Daily* July 28, 2010

⁵⁷ MoWA 2009

⁵⁸ EIC 2010

⁵⁹ Interview with CCA

⁶⁰ Land Conflict and Conflict Resolution through Cadastral Commission 2006

Land disputes over unregistered land fall under the jurisdiction of the Cadastral Commission Administration (CCA) at the sub-national level. Less than five (5) percent of members of the CCA are women.⁶¹ This reflects the same factors that face women in other male-dominated environments: women do not necessarily want to work in the CCA given the strong traditional views men have of women which can create a negative work setting; as well as, the perception that women may not be appropriate to resolve land conflicts so they are not appointed to the CCA.

Gender Justice

Both men and women face tremendous barriers in accessing the courts to demand justice. For example, they are less likely to get a fair hearing if they are poor; however, women face problems specific to their gender. Women have limited mobility; know less about their rights and how to advocate for themselves; and, because of the low social value of women, others may manipulate and mislead them regarding implementing procedures.⁶²

The court administration has not developed structures to provide proper services to those who need emotional support or those who have experienced abuse – be they men or women, boys or girls. Although efforts have been made to build the capacity of lawyers, judges, and prosecutors in terms of their technical and professional aspects, their skills and knowledge in dealing sensitively with the social and psychological needs of disadvantaged groups remain limited. “Local authorities need clear instructions for prevention and protection at commune and village levels. Judges and court clerks need procedures and forms to issue protection orders. Police need clear guidelines for prevention of violence especially in civil cases.”⁶³

As a result, victims’ needs are not taken seriously. Women and some men may not seek help due to shame and stigma, the lack of effective response from authorities, and fear of revenge. Women may not seek divorce despite severe physical and mental violence because of their economic dependency and concerns about the low status of divorcées. Authorities also may pay less attention to women who repeatedly seek intervention (see box “It’s Hard to Get Help”).⁶⁴

Some women who have been traumatized by rapists are interviewed by male police officers creating, at best, an uncomfortable environment. Indeed, some of these male officers may be unsympathetic to men who have been raped.⁶⁵ Most rape cases are settled out of court with financial compensation. This means that some victims are re-victimized, because in the end, the perpetrator is released on bail and is free to continue being around the victim. In other cases, the rapist agrees to marry the young victim.⁶⁶ This is done when families are concerned about their reputation and saving face given the loss of virginity. It is not surprising that many women have little faith in getting justice.⁶⁷

⁶¹ This is an estimate provided by the Ministry of Land Management staff.

⁶² MoWA 2008

⁶³ MoWA 2009a

⁶⁴ Interview with RDA and village leader.

⁶⁵ Interview with RDA.

⁶⁶ MoWA 2008

⁶⁷ Interviews with village leader, and human right defender lawyer.

Gender and Trafficking in Persons

Cambodia is a source, transit, and destination country for children and adults trafficked for commercial sexual exploitation and forced labor. Men are generally trafficked for forced labor in the agriculture, fishing, and construction industries. Women are trafficked for sexual exploitation and forced labor in factories or as domestic servants. Children are trafficked for sexual exploitation and forced labor in organized begging rings, soliciting, street vending, and flower selling.⁶⁸ The problem is well known and pervasive.⁶⁹ Two-thirds (66 percent) of women reported they were aware of trafficking of women, and 25 percent had heard mention of a law against trafficking.⁷⁰

Since the adoption of the 2008 trafficking law, legal protection and cooperation between government, local NGOs, and police is improving. In 2009, courts convicted 126 individuals – 84 men and 42 women perpetrators in 89 trafficking cases with 133 victims – 121 of them were women.⁷¹ There are many incidents that are not investigated or cannot be prosecuted due to the increase of sophisticated tactics used by traffickers, secrecy of trafficking activities, loopholes in the law, and men's attitude toward the virginity trade⁷² which encourages and permits commission of the crime.⁷³ Even if a victim were to consider filing a criminal or civil case, the lengthy legal process, fears of retribution (there is no witness protection system), and financial costs means that few do.⁷⁴ Moreover, there are only a small number of women police officers who can collect physical evidence and conduct in-depth interviews with women and girls; and male police officers have not had the same degree of training so are less able to deal with male victims.

In Cambodia, there are very few services that provide adequate social and psychological support and a safe environment, especially for male victims, and prevention interventions are lagging.⁷⁵ Some efforts are being made to reduce risks of being trafficked. For example, community-based programs have focused on training high-risk groups in confidence-building, literacy, numeracy, and advocacy skills. Some savings groups have been organized to reduce families' vulnerabilities to economic and other shocks which might otherwise push them toward handing over their children to traffickers or their representatives. Others have focused on keeping girls in school based on the assumption that the more educated the girls are, the less vulnerable they are

It's Hard to Get Help

A woman reported that in her village there is a family where the husband frequently abuses the wife especially when he is drunk. The authorities intervened several times by preaching to the husband. One day, a serious abuse occurred and the woman went to the local authority's office. Officers saw her walking toward the office so, one-by-one, they got on their motorcycles and left. When the woman returned home, the husband got angrier and, realizing no one returned with her, he began beating her again, this time until she fainted. "See! You are a worthless woman; you dare again to complain against me. I have warned you to never and ever do that again! Now no one will help you, I will beat you to death."

(Source: Interview with RDA and village leader)

⁶⁸ <http://www.humantrafficking.org/countries/cambodia>

⁶⁹ Interview with TAF; there is no large-scale study done on men who are trafficked and services for repatriation and reintegration. Information that is available is anecdotal or small case studies.

⁷⁰ NIPH et al. 2005

⁷¹ MoJ Human Trafficking 2009 legal database

⁷² This term refers to men purchasing sex from a virgin because they believe they gain strength, intelligence and beauty. The relationship usually lasts from one week to three months.

⁷³ MoWA 2008

⁷⁴ US Department of State 2010 (<http://www.state.gov/documents/organization/142979.pdf>)

⁷⁵ MoWA 2008; interview with village leaders

to being persuaded to go with traffickers and the more likely it is that they will be able to find their way home.⁷⁶ Participation of local authorities, commune councilors, and school teachers has been effective in preventing people who are at-risk from being trafficked. Informal monitoring systems have been established to record people leaving the village, and to identify potential traffickers or their surrogates from coming to the village without being noticed.

Despite efforts and programs for rehabilitation and reintegration of victims of trafficking, many are not able to resume their normal lives. The support needs to be inclusive, consistent, and long-term, including re-establishing self-esteem, psychological support, and learning skills to earn income safely, which is a demanding challenge for any organization. Care facilities also are required by law to release their “guests” after 24 hours to avoid being prosecuted for illegal detention. The unintended consequence is too many victims are forced back onto the streets or into other risky environments.⁷⁷

Gender and Health

While much progress has been made in the health sector since 2006, there are many compelling gender issues that remain un-addressed. Men and women’s health and wellbeing is greatly influenced by work load, decision-making power, education, and financial means to access health facilities and pay for other goods and services that contribute to good health including food. Traditional norms and expectations that may influence their partners’ behaviors and knowledge play important roles in health-seeking behaviors. Better health also presupposes availability of sufficient numbers of quality health services and trained health personnel. The following presents a summary of findings on gender as it relates to health.



A woman plays with her niece in Battambang. USAID, 2006. .

Maternal and Reproductive Health

Cambodia has one of the highest maternal mortality rates (MMR) in the region – 461 per 100,000 live births in 2008⁷⁸ as compared to 472 in 2005 and 437 in 2000.⁷⁹ This problem persists despite the fact that more women are having antenatal checks, 81 percent in 2008;⁸⁰ and

⁷⁶ Interviews with Rural Development Association (RDA) EWMI/TAF recipients from Battambang and Banteay Meanchey provinces.

⁷⁷ IJM 2006

⁷⁸ MoP 2009

⁷⁹ NIS et al. 2000; NIPH et al. 2005

⁸⁰ Annual Health Statistics Report 2008 by Ministry of Health reported in the NSDP Update 2009-2013, officially approved by the National Assembly May 2010.

more babies are delivered by a skilled birth attendant, an increase from 39 percent to 58 percent, and in health care facilities, from 19 to 39 percent respectively between 2006 and 2008.⁸¹ Poor women are accessing health facilities more often because financial barriers have been reduced through Health Equity Funds (see box on the next page); more clinicians have been trained in standards of care for the third stage labor, and the government has updated its National Safe Motherhood Protocols.

Fertility⁸² dropped from four (4) in 2000 to three (3) in 2008,⁸³ and the use of family planning methods rose from 24 to nearly 40 percent in the first part of this decade. Part of this improvement reflects women's autonomy in making the decision to use a modern contraceptive method. As reported in key informant interviews, women and their male partners may discuss the options and make a decision as to which method to use. When women go to the clinic for the procedure or prescription, they are counseled about the various methods and possible side-effects. At that point, women may change their minds about which method they prefer, and do not have to consult their male partners before undergoing the procedure or getting the prescription.⁸⁴

So, given the positives, why is the maternal mortality rate still so high? A major factor is there are not enough skilled, well-trained birth attendants and midwives, particularly in remote areas.⁸⁵ There is limited understanding and use of standard care practices. Evidence from an evaluation of Active Management of Third Stage of Labor (AMTSL) found that only 17 percent of public facilities with 400 or more annual deliveries practiced AMTSL properly. There was inconsistent knowledge of and confusion among midwives about AMTSL, and a lack of attention given to mothers who had just delivered.⁸⁶

There are few, if any, regional or provincial health training centers, which limits the opportunities for students to enter the health profession.⁸⁷ Women face disadvantages that men do not, including mobility constraints, parental concerns of safety and wellbeing, and lower educational attainment. As a result, there are fewer women health care professionals at all levels, including in teaching and managerial positions. For example, only one of 24 health departments is headed by a woman.

Other factors that contribute to women's poor health outcomes include high absenteeism among care providers; midwifery services that do not function 24 hours a day; and health facilities that may not have water and electricity, limiting the type of care that can be provided.⁸⁸ Overall, there are not enough facilities, which mean that women have to go long distances to get to them and financial barriers remain. Eighty-nine (89) percent of women identified at least one

⁸¹ Ibid. CDHS reported ANC from 38% in 2000 to 69% in 2005, and the percentage of deliveries by skill attendants from 32 % in 2000 to 44 % in 2005. Deliveries at health facilities increased from 10% in 2000 to 22% in 2005.

⁸² Fertility is reported as number of live births in three-year period preceding the survey.

⁸³ MoP 2009

⁸⁴ Interview with PSI

⁸⁵ MoWA 2008

⁸⁶ Liljestrand et al. 2009

⁸⁷ The Government issued a sub-decree on Management of the Regional Training Centre (RTC), which was implemented by *Prakas* May 27, 2003. The number of each and functioning is unavailable.

⁸⁸ Very little is known about how many health centers have reliable electricity and water.

constraint to accessing health care including money to pay for treatment, unavailability of service provider and drugs, and not wanting to go to a health center unaccompanied.⁸⁹

Women also have high rates of malnutrition, particularly anemia.⁹⁰ Forty-seven (47) percent of women are anemic, and more than 20 percent are thin (low Body Mass Index). Thin, short (8 percent of women), anemic women are more likely to have spontaneous abortions or premature births, obstructed labor, low birth weight babies, and post-partum hemorrhage.

Another contributing factor to continued high maternal mortality rate (MMR) is high parity.⁹¹ Although the use of family planning methods has increased, it is largely due to greater use of traditional methods that are highly unreliable; only 10 percent of couples use modern methods, such as long-acting (intra-uterine devices [IUD] and implants) and permanent methods (sterilization). The single most important obstacle to increased use of modern contraceptives and discontinuation rates is concern about the side effects of various methods.⁹²

Women still turn to abortion to deal with unwanted pregnancies.⁹³ Abortion rates among women between the ages of 15 and 49 in the “previous five years” increased from two (2) percent in 2000 to four (4) percent in 2005.⁹⁴ Yet nearly 25 percent of women 16-49 years reported they had had an abortion at some point in their lifetimes in a study conducted by Population Services International.⁹⁵ Although abortion was legalized in 1997, only a limited number of public hospitals (47 percent) and health centers (15 percent) offer safe abortion services. As a result, 25 percent of married women still have unmet family planning needs.⁹⁶

Improvements in health also are driven by access to information. Communication strategies to encourage adoption of safe sex practices, contraceptive use, and other practices that contribute to improved health have had some successes (see box, “Good Practices: Behavior Communication Change among At-Risk Populations”). Men’s need for information is reflected in calls made to a hotline set up to respond to questions on reproductive health. Between 35-40 percent of the callers are men who usually ask for information about what to do now that their girlfriends are pregnant. While men and women get information in health centers, men also seek out information, and family planning and abortion methods from health clinics and pharmacies, according to reports from “medical

**Good Practice:
Impacts of Healthy Equity Funds (HEF) on
Access to Health Service**

HEF implemented by URC and funded through USAID as part of the Health Systems Strengthening project has made a difference in improving access to health services, especially for poor households. An evaluation found that:

- More poor women delivered their babies at referral hospitals covered by HEF.
- In the health centers with HEF, women used the services more than men did; however, as utilization of health center services increased, so did the numbers of men who sought care.
- Findings from the centers without HEF showed decreased use of health care services by men.
- HEF significantly reduced household debt due to paying for health care.

(Source: Jordanwood et al. 2009)

⁸⁹ MoWA 2008

⁹⁰ This is a reflection of parity, dietary intake, health status throughout their life cycle.

⁹¹ Parity refers to the number of children “ever born” (NIPH et al. 2005).

⁹² FPS 2005 quoted in MoWA 2008.

⁹³ Yocum 2010

⁹⁴ NIS et al. 2000, NIPH et al. 2005

⁹⁵ Yocum 2010

⁹⁶ NIPH et al. 2005

detailers” (much like drug company representatives).⁹⁷ That said, while knowledge contributes to changing behaviors, it is not the only, or, perhaps, not even the most important factor.

Men’s Health

While women face many challenges in regard to their health, far less is known about men’s health and their health-seeking behaviors. Cambodian men’s life expectancy is lower than women’s, 58 years and 64 years respectively, largely due to higher rates of accidents, injuries or physical impairment.⁹⁸ There is little difference between women’s and men’s health-seeking behaviors according to the National Institute of Statistics.⁹⁹ There is, however, a difference in utilization rates of public health facilities. Men make up far fewer of the clients using health centers and referral hospitals than women; 70 percent of health center and 58 percent of referral hospital visits are made by women. This may simply be because public health services are set up to respond to women’s and children’s health needs more so than men’s.¹⁰⁰ Findings from the evaluation of the Health Equity Fund intervention indicated that more men were seeking health care at Health Centers that had HEF support than at baseline.¹⁰¹ No data are available describing problems men might have in accessing health care facilities.

The dearth of information on men’s health status and health seeking behavior is a major gap in knowledge. While both men and women contribute to household income, men’s income tends to be higher than women’s. Any situation that reduces that income could significantly impact family wellbeing. Moreover, because women are the frontline health care providers for their families, when someone falls ill, the burden falls on them, which has implications on women’s abilities to meet their other household responsibilities.

Finally, one informant reported that infertility is an overlooked health problem with social consequences. Many women who are affected by infertility face strained relations with their husbands, domestic violence, relationship breakup, and self-inflicted injuries.¹⁰² Moreover, the cause of the problem is often viewed as women’s infertility, although it could easily be a result of men’s infertility. There is very little information that would suggest the extent of the problem and its causes, limiting the ability to take action.

Gender and HIV/AIDS

There has been significant progress in reducing overall HIV prevalence rates from two (2) percent in 1998 to less than one (0.9) percent in 2006. Over 90 percent of those estimated to need anti-retroviral therapy are receiving them, and 65 percent of the estimated 60,000 adults living with HIV/AIDS are receiving care and support.¹⁰³ Rates of HIV among women are increasing. Between 1997 and 2006, the proportion of women living with HIV rose from 38 to 52 percent, and more women aged 20-24 tested positive for the virus than men, 0.6 percent and 0.2 percent respectively.¹⁰⁴ More new infections resulted from women contracting the virus

⁹⁷ Interview with PSI.

⁹⁸ MoWA 2009

⁹⁹ NIS 2009

¹⁰⁰ MoWA 2009

¹⁰¹ Jordanwood et al. 2009

¹⁰² Interview with RHAC.

¹⁰³ USAID/Cambodia website (<http://www.usaid.gov/kh>)

¹⁰⁴ NIPH et al. 2005

from their spouses and partners;¹⁰⁵ and the major modes of transmission are now husbands-to-wives (42 percent) and perinatal (35 percent).¹⁰⁶

There also is concern about the increase in HIV prevalence among at-risk population groups, including entertainment workers, men who have sex with men (MSM), injecting drug users (IDU), school drop-outs, and female partners of high-risk males and migrants. Unprotected sex among entertainment workers' "sweethearts" is still high at around 20 percent.¹⁰⁷ HIV prevalence among high-risk men is reported to be as high as 24 percent,¹⁰⁸ and up to 67 percent of young men reported engaging in high-risk sexual practices as compared to only one (1) percent of young women.¹⁰⁹ The 15-19 year age group of young men appears to have the highest level of risky behaviors. HIV-related stigma is increasingly recognized as a problem that inhibits diagnosis, care and treatment, especially for MSM and entertainment workers.¹¹⁰

Gender relations and gender attitudes influence men's views of and behaviors towards women, and affects women's decision-making power and their abilities to avoid risks and reduce their vulnerabilities. While knowledge about reproductive health, HIV/AIDS and health care among men and women has been improved, behavior change among men lags.



USAID launched a new campaign designed to educate men who have sex with men (MSM) about the dangers of sexually transmitted infections and prevention techniques. The campaign, called MStyle, aims to provide social support, confidential counseling and health information to young Cambodian MSM. Credit: USAID, 2009.

Family Health International's SMARTgirl and MStyle programs are examples of innovative outreach efforts that are making a difference (see box "Good Practices"). The "You are the Men" program also focused on changing gender stereotypes in terms of household responsibilities. However, interventions that have addressed gender-related perceptions, and practices, and stereotypes tend to be limited in scope and may miss the poorest of the poor and the most vulnerable.¹¹¹

¹⁰⁵ UNESCAP 2009-2010

¹⁰⁶ MoWA 2008

¹⁰⁷ NCHADS 2007

¹⁰⁸ NCHADS 2007

¹⁰⁹ NIPH et al. 2005

¹¹⁰ Kidd and Clay 2010

¹¹¹ RGC 2010 (NSDP Update 2009-2013)

Gender and Child Health and Nutrition

Before they are born and in the first years of their lives, children's well-being is largely dependent on their mothers including the food they eat and the care they get. The 2005 Cambodia Demographic and Health Survey (CDHS) found that children who lived in poor households in rural communities and whose mothers were less educated were more likely to be malnourished, have low birth weight and less likely to be fully immunized. Boys have slightly higher rates of childhood mortality than girls; however, this is not due to gender but to biological factors that make boys more likely to die than girls as infants.¹¹²

The recent economic downturn and high food prices in 2008 impacted on children's nutrition. Comparing data from 2005 with 2008, the rates of acute and underweight malnutrition remained unchanged, but more boys than girls were stunted and wasted – a change from the 2005 CDHS, and the gap widened between urban and rural children who were wasted.¹¹³ This reflects to some extent the decisions families, especially poor rural families, had to make given increases in food and other prices, and the drop in family income.

An alarming 62 percent of children between 6 and 59 months old are anemic. Anemia at this age is a result of illness (malaria and worms), dietary intake (amount and quality), and care practices – all of which relate to children's caregivers' knowledge, access to resources and workload, as well as children's mobility. Anemia rates among adolescents are not clear. Boys tend to have high rates of anemia due to muscle development; while anemia among adolescent girls is associated with their menstrual cycle. Dietary intake and workload impact on both.¹¹⁴

Gender and Infectious Diseases

Despite an overall decrease in new malaria cases, an estimated 15 percent of the population is at medium to high risk of malaria infection especially forest inhabitants, rubber plantation workers, migrant workers, pregnant women, and infants and children. Up to 10 percent of those infected with malaria die, particularly those living in remote provinces.¹¹⁵

The primary interventions include use of insecticide-treated bed nets; early diagnosis and treatment; and ensuring availability of quality anti-malarials. According to the 2005 CDHS, only

Good Practices: Behavior Communication Change among At Risk Populations

“SMARTgirl” is an innovative approach designed by FHI with support from USAID to encourage entertainment workers to use condoms and be tested for HIV and other STIs, thereby, reducing vulnerability of women in high-risk settings, and reducing HIV transmission. Launched in January 2009, it has reached 12,106 entertainment workers in 11 provinces, about 40 percent of the total estimated entertainment workers in country. There also has been a dramatic increase of entertainment workers accessing health services. **SMARTgirl** was developed in tandem with the **MStyle** Program which targets MSM with similar messages to promote behavior change. **“You are the Men”** is another innovative program aimed at changing men's cultural norms and behaviors relative to household roles, safe sex practices, and HIV/AIDS.

(For more detail, go to <http://www.fhi.org/en/CountryProfiles/Cambodia>)

¹¹² NIPH et al. 2005

¹¹³ NMCHC 2005, 2008

¹¹⁴ Kurz and Johnson-Welch 1994

¹¹⁵ PRB 2002

10 percent of households owned a net that was pretreated or a non-pretreated net that had been treated with insecticide at any time; and only five (5) percent of households had at least one insecticide-treated net.¹¹⁶ Although it is recommended that pregnant women and children under five sleep in insecticide-treated nets, less than 10 percent of children and only four (4) percent of pregnant women slept under a treated bed net the night prior to the survey.¹¹⁷ Community malaria volunteers working in rural, isolated areas have been trained to diagnosis and treat suspected cases with anti-malarials; however, no more than three (3) percent of children with fever took any medication.¹¹⁸ This stunningly low percentage as well as the low use of bed nets begs the question as to why this is happening, including the possible role of gender-related constraints.

Tuberculosis is another infectious disease that affects productivity and wellness. Nearly two-thirds (64 percent) of all Cambodians are infected with the tuberculosis bacterium (TB); around 13,000 died from tuberculosis and its related problems in 2007; and HIV prevalence among new TB cases is nearly eight (8) percent. Significant progress has been made in detection and treatment - case detection rate is around 60 percent and treatment success rate is more than 90 percent.¹¹⁹

Community DOTS (directly observed treatment, short-course) volunteers have been very effective in quickly diagnosing cases and monitoring drug compliance, yet attention needs to be given to factors that influence the case detection rate. While women seem to have a fairly good understanding of the disease, more information is needed about men's knowledge and health-seeking behaviors, particularly as the literature suggests gender differences in terms of delays in seeking diagnosis (men may go only when their symptoms are more severe), treatment compliance (more men than women may be defaulters), and age-related factors (older women may be least likely to seek diagnosis and get appropriate treatment).¹²⁰

Gender, Education, and Literacy

Women who are less educated or illiterate are less likely to adopt productive technologies and practices; less able to understand instructions and labels on pesticide containers, terms and conditions of employment, loans, and land registration; and less likely to get high paying jobs. They are less likely to use modern contraceptives, seek health services, understand nutritional needs of their children, and have limited power in household decision-making. Indeed, many development indicators are directly correlated to women's education. Improving girls' and women's education and literacy has significant payoffs – socially and economically.

In this section, gender issues are identified at different points in the educational cycle – from early childhood development, to primary and secondary, and university. Literacy and vocational training issues are presented, as well as gender barriers to learning opportunities.

¹¹⁶ NIPH et al. 2005

¹¹⁷ Ibid

¹¹⁸ NIPH et al. 2005

¹¹⁹ USAID website (<http://www.usaid.gov/kh>)

¹²⁰ Wang et al. 2008; Karim et al. 2007; Balasubramanian et al. 2004; Johannesson et al. 2000

Early Childhood Education and Childcare Services

Early childhood education (ECE) and development remain unavailable to many children in Cambodia. The ECE enrollment rate increased from about 11 percent in the 2004-2005 to 16 percent in the 2007-2008 academic years, far below the target of 50 percent by 2015 of the national ECE strategy.¹²¹ There is no significant difference between girls' and boys' enrollment rates at this level.

There are limited childcare options for working parents.¹²² An analysis of women's needs related to entering the labor market found that the lack of affordable childcare services was a major constraint. There was a high demand for childcare services in rural and urban areas; women spent a significant amount of time and earnings on childcare; costs varied widely depending on the type of care and the child's age; and the quality of services was questionable. In the absence of affordable quality childcare services, young children may be left at home where they are cared for by older siblings, most often sisters or other women in the household. University students were consistent in saying their older siblings had forgone opportunities to attend school or get a job so that they could care for their younger brothers and sisters.¹²³

Gender and Formal Education

There is near gender parity in enrollment rates at the primary school level. Ninety-one (91) percent of girls and 93 percent of boys are enrolled in school. The ratio of girls to boys enrolled in primary school has improved over time – from 87 girls for every 100 boys in 2002 to 90 girls for every 100 boys in 2006.¹²⁴ However, the gap increases with each level – the ratio of girls to boys' enrollment falls to 0.66 in upper secondary and 0.48 at the tertiary level.

Enrollment rates in lower secondary levels are quite low – 33 percent for boys and 35 percent for girls.¹²⁵ Improvements in girls' upper level enrollment tend to concentrate in the higher income groups.¹²⁶ There was an increase in drop-out rates between 2002 and 2005 – from 17 percent to 21 percent for boys, and 21 percent to 24 percent for girls.¹²⁷

USAID's Support to Basic Primary Education

Education Support to Children in Underserved Populations (ESCUP) was a USAID-funded project implemented by the American Institute for Research/World Education (2005-2008) in four provinces: Kratie, Kampong Cham, Mondolkiri and Rattanakiri. It aimed to improving access to and quality of basic education for the very poor, ethnic and religious minority groups, orphans and vulnerable children, girls, and disabled children in rural and remote areas. It successfully re-enrolled more than 2000 drop-outs in the catchment areas. Girls' participation rates in the supported schools was reported to be 49% at primary and 47% at secondary levels — impressive achievements in narrowing gender disparity in education, and improving access to education and retention.

(Sources: McLaughlin RW and Nee M, 2008; interview with World Education)

Very few students go on to university level – the gross enrollment rate in 2004 was four (4) percent for men and two (2) percent for women.¹²⁸ Women students made up only 35 percent of

¹²¹ United Nations 2009

¹²² Netra E, Sovann S 2007

¹²³ Interviews with women university students.

¹²⁴ MoWA 2008

¹²⁵ Ibid

¹²⁶ NIPH et al. 2005

¹²⁷ MoWA 2008

total students at the higher education level in 2005.¹²⁹ Although there are some changes in traditional preferences that favor educating boys over girls, some families continue to see greater value in sending their sons to school and ensuring that they graduate. The direct implication of this is that young men are often better qualified than young women when seeking employment.

There are no data available on enrollment and attainment rates for girls and boys who go to alternative schools. Some schools are quite small while all serve very specific groups including orphans, street children, or the very poor. They generally are supported by non-governmental or faith-based organizations, or simply individuals who want to help. Some provide scholarships, while a few, such as the Jay Pritzker Academy in Siem Reap, provide full room and board for students who come from poor, rural families. World Education¹³⁰ and CARE¹³¹ have used innovative approaches, including bilingual education, to improve education for hill tribe children (see box).

Gender, Literacy and Vocational Training

Just as there is a gender imbalance in education statistics, a similar pattern occurs in literacy rates. While the overall adult literacy rate is 74 percent – the rate for men is much higher (85 percent) than for women (64 percent). A sizeable number of young women cannot read – 16 percent of 15-19 year olds, and 29 percent of 20-24 year olds.

Non-formal training programs at centers (usually in larger cities) and at the commune level (largely focused on agriculture), and on-the-job training provides some skill training opportunities. In 2008, the Ministry of Labor and Vocational Training (MLVT) had 58 vocational training centers operating in the national capital and 23 provinces. These centers, together with another 200 local training centers, trained 113,648 students – nearly half (47 percent) were women.¹³² The training programs focus on skills in agriculture, manufacturing, handicrafts, services, electronics and computers. There also are a fair number of private training centers, many of which focus on computer skills.¹³³ Support from development organizations in the form of scholarships for girls has increased their access to vocational training schools.¹³⁴

Non-governmental organizations also provide skill training. Sala Bai is a hotel and restaurant in Siem Reap that trains young disadvantaged Cambodians in skills needed to work in the hospitality industry. Hagar, another training school, provides a range of skill training curricula, including how to run and manage a restaurant and catering services for men and women who are victims of abuse. Romdeng and Friends are restaurants run by former street kids.

Despite these training opportunities, there are very few schools with a full training and educational curriculum. There is a lack of regional training centers that can provide outreach and support to the smaller centers; the curriculum is not always designed to respond to the needs of potential employers; employers do not have confidence that the graduates from the Technical

¹²⁸ World Bank undated, Country Strategy for Higher Education (www.worldbank.org)

¹²⁹ Ministry of Education, Youth and Sports, Education Strategic Plan 2006-2010.

¹³⁰ McLaughlin RW, Meas N 2008

¹³¹ CARE 2008

¹³² RGC 2010 (NSDP Update 2009-2013)

¹³³ MoWA 2008

¹³⁴ Interview with ADB.

and Vocational Education Training schools are well-trained; and there is no policy or regulatory framework that sets standards for vocational training schools.¹³⁵ Given the higher drop-out rate for girls and the need for both girls and boys from poor rural families to work, expanding and strengthening the vocational training network is clearly needed.

Gender Barriers to Education

Boys and girls face some of the same barriers to education, e.g., poverty forces them to leave school and find work, or stay home to provide household help. In other cases, the constraints they face are gender-specific. For example, while many parents would like both their sons and daughters to go to school, poor families with limited resources have to make choices about which child to send to school.¹³⁶ Girls from poor families living in rural areas are more likely to enroll in primary school late or not at all; more likely to drop out; and are less likely to move on to lower secondary levels.

Distance to schools, especially secondary schools as there are fewer of them, and limited means of transportation also constitute barriers for girls. One university student jokingly said that “gangsters” threatened boys as well as girls as they went to school, but quickly elaborated by saying the threats were more serious for girls.¹³⁷

Poor facilities, particularly numbers of standard latrines, at the schools also affect girls’ attendance rates. Although 76 percent of primary and 83 percent of secondary schools have toilets, the percent with usable and standard quality toilet facilities is much less. Women students, as they grow older, are more sensitive to whether or not their schools have appropriate toilet facilities.¹³⁸

Another gender barrier is insufficient number of women at all levels of the educational system. Only eight (8) percent of principals are women, and nine (9) percent of vice principals are women.¹³⁹ The proportion of women teachers at the primary school level was 43 percent, 34 percent at the secondary level, and even less at higher levels.¹⁴⁰ Improving women’s education rates so they are eligible for higher level positions is important as the lack of women working as education professionals means girls have few role models and persons they can seek out for advice and support.

¹³⁵ Interview with ADB; MoWA 2008; the ADB is supporting a new project that aims to increase the number of technical training programs provided by the TVET, support the development of qualifications and standards for technical training programs, and establish regional centers.

¹³⁶ Interviews with women university students

¹³⁷ Ibid

¹³⁸ EMIS 2007/2008 quoted in NSDP Update 2009-2013

¹³⁹ MoEYS GMAP Indicators and Targets (www.moeys.gov.kh)

¹⁴⁰ MoWA 2008

Gender and Economic Opportunities

Women comprise 55 percent of the adult-aged population in Cambodia; 71 percent of women and nearly 80 percent of men over 15 work; and 60 percent of adults are engaged in agricultural production (62 percent of them are women).¹⁴¹

More men than women are employed in the formal sector, and women make up only 23 percent of all public sector employees.¹⁴² There is a paucity of women in government offices related to economic growth. There are very few women in agricultural extension services, and on land registration teams. On average, women are paid 30 percent less than men for the same work,¹⁴³ and wage differentials for women with higher levels of education persist. The estimated ratio of women to men earned income is 0.68.¹⁴⁴ It is more difficult for women than men to rise to enterprise leadership positions.¹⁴⁵



Pa Nei Sieng has transformed a backyard chore into a lucrative business with help from the USAID-funded Cambodia Micro, Small, and Medium Enterprise project. 2008.
Photographer: Tath Bunheng.

Nearly half of young women and men between 15 and 19 years old work (47 percent and 45 percent, respectively).¹⁴⁶ The picture changes somewhat for young people who live in female-headed households without an adult male present. In these households, 64 percent of girls and 60 percent of boys 12 to 14 years old work; among 15-17 year olds, the gap widens with 76 percent of girls working as compared to 68 percent of boys. Eighty-nine (89) percent of domestic workers are young girls who live away from their families in environments where they have no protection from exploitation and poor working conditions. Only 64 percent of domestic workers are paid – and even when they are paid, the money often is paid directly to their families, not to the workers.¹⁴⁷

Non-farm self-employment is important for women – more women than men (83 percent and 76 percent, respectively) are self-employed.¹⁴⁸ Based on interviews with 1234 firms in 24 provinces, women were listed as the owner of 62 percent of the micro/small/medium enterprises.¹⁴⁹ Most firms (96 percent) had less than 10 employees, and the most informal and smallest self-employed businesses were women-owned.

¹⁴¹ MoWA 2008, Ros and Kus 2009, EIC 2005

¹⁴² Ros and Kus 2009, Hausmann et al. 2009

¹⁴³ Ros and Kus 2009

¹⁴⁴ UNDP 2009

¹⁴⁵ Hausmann et al. 2009

¹⁴⁶ MoWA 2008

¹⁴⁷ Ibid

¹⁴⁸ MoWA 2008

¹⁴⁹ IFC/TAF 2009

The USAID-supported Micro/Small/Medium Enterprise 2 (MSME 2) Project uses a value chain approach to strengthen enterprises, targeting those most likely to successfully grow their businesses. According to figures provided by project staff, their client base includes 4,514 family-operated enterprises – 80 percent of the clients are men.¹⁵⁰ While more men than women participate in project activities, it ranges by value chain. The highest percentage of women clients are in aquaculture, 26 percent (177 of 691 total clients); swine, 24 percent (723 of 3,036), and tourism, 23 percent (9 of 39). All other value chains (honey, resin, brick and tile, water supply and sanitation, and water supply only) have far lower percentages and numbers of clients who are women.

Producing for High-End Markets

The Center for Study and Development in Agriculture (CEDAC) works with women's groups and farmers' associations to create products for the domestic markets. It trains producers and processors to use technologies and practices that increase productivity while meeting international standards for "organically" grown produce; assists producers to develop packaging that highlights their products' value added; facilitates contracts between producer groups and shop owners that include an agreement to send 20 percent of their profits to the community to support community development projects. At first, few shop owners wanted to sign contracts with these terms, but CEDAC arranged consumer tours to visit producer groups, which increased demand for the farmers' products. CEDAC also worked with the shop owners to generate a sense of "social responsibility." Shop owners recognized the opportunity, and more shops have begun to sell these certified food and handicraft products.

(Source: Interview with CEDAC)

Gender and Resource Access and Control

Women own more assets than in the past. Data from the CDHS 2000 and 2005 surveys found an increase in the percent of women who own land alone or jointly (46 percent and 60 percent, respectively); own or co-own their homes (54 percent and 69 percent, respectively); own livestock alone or jointly (39 percent and 50 percent, respectively); and own or co-own a car or motorbike (18 percent and 27 percent, respectively). Although land is the only asset that women are less likely to be able to sell without permission, 65 percent of the

women who own land independently (13 percent of independent landowners) have total control over selling their land. Women who are older, divorced, separated, or widowed; who live in urban areas; are better-educated; and are paid in cash have greater financial control over the assets they own.¹⁵¹ Access to the media and knowing ones' legal rights correlated with greater economic autonomy.¹⁵²

Gender and Access to Land and other Natural Resources

Insecure land tenure, and frequent and increasingly serious land disputes continue to be major constraints to agricultural-based enterprises. Only 17 percent of agricultural land was registered by 2006 – five years after the Land Law was passed. Gender-based constraints to land registration include: problems accessing information about the land titling process; limited number of women on the land registration teams; and meetings often held with mixed-sex groups that may inhibit women asking questions. As a result, women may go to the land registration office but do not have the documents they need to prove their marital status, and may get a title

¹⁵⁰ MSME 2 project defines "clients" as anyone who attends an event organized by the project – it does not mean the individual is the owner or even manager as they presume all enterprises are family businesses.

¹⁵¹ NIPH et al. 2005

¹⁵² MoWA 2008

to their land but as “joint owner” despite the fact that they are separated, divorced, or abandoned.¹⁵³ The situation for female-headed households is even more precarious as they are more likely to be land-poor with fewer and smaller plots than male-headed households.¹⁵⁴

**If Given a Chance, Even Smallholders
Can Grow Their Businesses**

A woman who is head of her household of seven persons living in a rural community was dependent on selling rice and chickens to meet household expenses and food consumption needs. She earned only \$1.40 per day until she joined a savings group and an organic rice producer group. As a member, she received training in intensification methods, diversification of livelihoods, business development, and better use of locally available resources. As a result, her income jumped dramatically – after one year, it increased to \$3.42 per day; after the second year, to \$4.79 per day; and after three years, to \$6.85/day. With this income, she bought more plots of land to produce rice and cows, materials for her home, and built a bio-gas stove

(Source: CEDAC May 2010)

In terms of forest resources, men go deeper into the forests to capture wildlife, and while women go into the forests as well, they tend to stay closer to margins. Men collect high-value non-timber forest products (NTFP) such as resin, while women collect NTFP used in their homes or in producing handicrafts, e.g., bamboo shoots, sedge or rattan.¹⁵⁵

A study of bamboo handicraft production found that women were the primary source of labor in producing these handicrafts; 32 percent of bamboo handicraft-producing households were headed by women; and women were the primary decision-maker in bamboo enterprises.¹⁵⁶ The major constraints to production and marketing included no buyers or low price for their products (51 percent), difficulties accessing raw materials (31 percent), financial concerns (17 percent) and the health of household members (16 percent). Over 87 percent of producers expressed a willingness to pay for a machine that would reduce the time required to split and smooth bamboo, although female heads-of-household were less likely than other producers to consider developing new products or adopting different production techniques.

Less information is available in terms of commercial and household use of water, although it is known that more men than women fish.¹⁵⁷ It is not clear the extent to this might differ depending on type of water source – lakes, estuaries, mangrove swamps or ocean, or the type of fish or other water product they may be catching or gathering.

Gender and Access to Financial Resources

Banks, micro-finance institutions, NGOs, money lenders and family are the primary means to access financial capital. Poor households have extremely limited options to getting credit to buy inputs. Interviews with young women yielded compelling stories of their families’ vulnerability when dealing with “middlemen” or money-lenders.¹⁵⁸ Given no other options to get credit, their parents had to take loans from and sell their outputs back to these “middlemen,” but the price the

¹⁵³ MoWA 2008

¹⁵⁴ CDRI 2007

¹⁵⁵ MoWA 2008

¹⁵⁶ Golla 2010

¹⁵⁷ MoWA 2008

¹⁵⁸ Interviews with women university students.

“middlemen” paid for the farmers’ output was never enough to pay off the loans. This created a vicious and never-ending debt burden.

Micro-finance institutions (MFI), mostly based in provincial capitals, charge on average three (3) percent interest per month.¹⁵⁹ While this is lower than the 10 percent to 20 percent charged by money lenders, it is still too high for small business owners or small landholders. Many of the loans MFI make are short-term loans that limit borrowers’ abilities to invest in their businesses, and even though 80 percent and 90 percent of their 480,000 loans were to women, this high percentage is somewhat misleading as wives tend to apply for and get loans in



A woman displays her designated plot number during land measurements on the river island of Koh Pich. USAID, 2004. Photographer: Kim Leng.

their names because their husbands are uncomfortable asking for a loan.¹⁶⁰ This often means women have no control over how the money is used, yet are responsible for clearing the debt. Another source reported that 54 percent of women knew about credit programs for women, but only 15 percent had ever taken a loan to start or expand their own businesses.¹⁶¹

Loans are often made for start-up costs, but rarely for recurring or operating costs. Loans also are given to pay for health care expenses and food. A baseline study on land titling found that nearly 40 percent of all loans were taken to pay for health care (22 percent) and food (18percent); and female-headed households were more likely to take loans to reduce food insecurity.¹⁶²

Borrowing from a formal financial institution is viewed as expensive and risky, and borrowing from micro-finance institutions and moneylenders is associated with downward financial security.¹⁶³ Because of the need for flexible, affordable and small-scale credit at the community level, savings groups are alternatives to formal financial institutions. The groups charge small interest rates (between 1 and 2 percent); and provide poor households, including female-headed households, with cash to purchase inputs, pay transportation costs, cover other household expenses, and to cushion economic and other shocks.

¹⁵⁹ MoWA 2008

¹⁶⁰ Ibid

¹⁶¹ NIPH et al. 2005

¹⁶² CDRI 2007

¹⁶³ MoWA 2008

Gender and Access to Productive Technologies, Skills, and Information

To increase productivity, entrepreneurs and small-scale producers need access to inputs, equipment and other technologies, skills for using the technologies, and information about input and output markets. Rice and other grain mills are available throughout Cambodia; however, there seems to be a limited supply of other technologies adapted to Cambodian agro-ecological and farming systems as compared to other countries. For example, no mention was made during interviews of availability of small-scale solar dryers for post-harvest processing – a task that is largely done by women.

Technology sources include agricultural research and extension institutions, private sector developers, and, to some extent, NGOs and CBOs. There are limited numbers of the first two types of institutions, and the NGO and CBO sector tends to provide access to existing technologies, rather than develop new technologies. It is not clear the extent to which either the research and extension institutions or the private-sector developers talk with potential clients, including women, about their technology needs. This could be a result of developers thinking that women would not be able to buy new technologies – an assumption found in other countries including Ethiopia and Tanzania.¹⁶⁴ Aside from the impacts on missed opportunities to increase productivity, the private sector institutions, in particular, miss a large group of potential clients, thereby reducing their profits.

In many countries, agricultural extension services are a primary source of information and skill building. In Cambodia, only one (1) percent of all farmers, of which 10 percent were women, had been visited by an agricultural extension agent, nearly all of whom were men.¹⁶⁵ To fill this gap, at least one NGO has trained women as volunteer extension agents.¹⁶⁶ The Ministry of Agriculture, Forestry and Fisheries (MAFF) has used a very different approach to closely this gap. It supports the use of SMS text-based mobile telephone system through the Cambodia Agriculture Market Information Project (CAMIP) which provides market information for producers and entrepreneurs in the high value vegetables and fruit industry. It has not expanded into other value chains as yet, and it is unclear how effective it has been nor its use by men and women.

Institutions that Facilitate Access to Resources

Different types of institutions affect gender and access to resources. They include gender attitudes and norms of behaviors; legal and regulatory institutions; and non-governmental organizations and community-based organizations.

Gender Attitudes and Behaviors: Traditional attitudes about what is an appropriate occupation for men and for women strongly influence women's freedom to move about, make decisions, and participate in development activities. While circumstances, including the need for women to work to support their families, have changed the strength of these traditional attitudes, men still may not want their wives leave home for long periods of time.¹⁶⁷ This limits women's abilities

¹⁶⁴ WIDTECH 2002; Johnson-Welch et al. 2000

¹⁶⁵ MoWA 2008

¹⁶⁶ Interview with CEDAC

¹⁶⁷ Interviews with DAI, ADB; MoWA 2008

to attend trainings away from home, or travel to district or provincial markets to buy inputs or sell their products.

To overcome this constraint, some organizations have decentralized trainings to the community- and commune-levels.¹⁶⁸ For example, the Japanese International Cooperation Agency (JICA) supports a training program based in rural communities for women entrepreneurs in business development skills.¹⁶⁹ This training includes financial management, securing loans, negotiating with “middlemen,” and computer skills.

Laws and Regulations: The 2001 Land Law and others, as well as their associated regulations and fees, influence access to productive resources. Implementation and enforcement of these laws are often lacking. Moreover, there are formal fees to register land and businesses, which lead to increased taxes and inspection costs; licenses required to start a business; informal fees paid to police when moving goods to market; and sub-degrees that are passed at the local levels that levy additional fees even though it may be against to law to issue such degrees.¹⁷⁰ These fees are often more than small-scale entrepreneurs and poor families, including female-headed households, can bear.

Support Services: There are very few business development service providers at all, and all are in Phnom Penh. Some business associations have been organized including a new branch of the Junior Chamber International for business people ranging from 18 to 40 years of age, but they tend to be in industries, such as rice milling, rural electrification, and tile- and brick-making, that are dominated by men. Market vendors have received some assistance, but only in Phnom Penh. While some handicraft workers, mostly women, have received organizational support, it is limited to groups supported by NGOs.¹⁷¹

The Ministry of Industry, Mines and Energy (MIME) recently launched a program to train small and medium enterprise (SME) owners in skills needed to boost productivity and quality of their products.¹⁷² According to MIME, only 10 percent of the 30,000 legally registered SMEs produce good quality products at competitive prices. Because women’s enterprises tend to be smaller and less able to pay registration fees, it is unlikely that many of them will qualify for this opportunity. Moreover, the initial focus will be on food processing plants and light manufacturing – neither of which employs many women.¹⁷³

Community-based organizations (CBO) and international and national NGOs play important roles in facilitating access to productive resources, including micro-credit and business development services. Although only six (6) percent of women said they belonged to “some organization,” including development committees and groups, this assessment found evidence that far more women are actively involved in a range of community-based associations and organizations.¹⁷⁴ For example, a recent report on citizen satisfaction found that more than half of

¹⁶⁸ Interviews with ADB and CEDAC

¹⁶⁹ Phnom Penh Post, 5/13/2010

¹⁷⁰ MoWA 2008, interview with DAI

¹⁷¹ MoWA 2008

¹⁷² Phnom Penh Post, June 29, 2010

¹⁷³ MoWA 2008

¹⁷⁴ NIPH et al. 2005

all citizens reported being a member of a CBO.¹⁷⁵ The Asian Development Bank (ADB) has supported 6,000 water and sanitation user groups – more than 40 percent of their members are women. The groups have Boards with five members – two of whom must be women; and one man and one woman are trained in maintenance procedures. Other community organizations include farmers associations, and producer and savings groups. Farmer associations tend to be more formalized and dominated by men; whereas, producer and savings groups’ members tend to either be all women or more women than men.¹⁷⁶

Building One Capacity Leads to Another

A young married woman farmer with two daughters became involved in the local community-based organization (CBO). The CBO has 70 members, 58 are women, organized into six sub-groups, and a savings fund. She and other members of the executive committee were trained in proposal writing and project management; CBO planning, development and management; community business concepts; and advocacy skills. As a result, she and others wrote a proposal and secured funds to train CBO executives and sub-committee members to educate other community members about the Land Law and procedures for registering land. After that success, she then wrote a proposal to train CBO executives in how to run a community shop and to make exchange visits to learn “best practices.”

(Source: CRS/CEDAC, undated)

At least one NGO has linked women’s groups to form networks; thereby, increasing their power to negotiate prices; arrange transport to output markets; set up and run community rice mill cooperatives to increase productivity and earnings; and influence decisions at all levels of government.¹⁷⁷

In addition to learning skills and obtaining information, membership in these organizations and associations conveys other benefits, including greater self-confidence that translates into more women speaking up in mixed-sex meetings and becoming commune councilors. Interviewees noted that the number of women members in local community development associations (CDA)

had increased to more than half after the women participated in NGO-provided training. Before the training, all members of the CDA were men (only men voted); after the intervention, women decided to vote and elected women to the association.¹⁷⁸

Measuring Gender Changes

USAID’s current partners are at different stages in incorporating gender into their organization, programs, and evaluations. Many partners collect sex-disaggregated data, and reported that their understanding of a gender indicator is “head counting.” Some partners expressed an interest in going beyond simply measuring men and women’s participation to measuring what happens as a result of that participation, but are not sure how to do that. While some staff of IP have participated in gender training and their organizations have done a gender audit (subsequent to the last Gender Analysis and Assessment), it is not clear the extent to which those steps have resulted in sustainable gender capacity in those organizations.

Gender Indicators

Implementing partners’ choice of indicators is partially driven by the demands of their donors.¹⁷⁹ For USAID recipients, they are expected but not limited to using relevant standard or custom

¹⁷⁵ EIC 2010

¹⁷⁶ Interview with CEDAC

¹⁷⁷ Ibid

¹⁷⁸ Interview with CCD

indicators. While reporting sex-disaggregated data is not sufficient for measuring gender, it is a minimal and necessary first step. Many of the indicators in “Governing Justly and Democratically” and “Basic Education” are sex-disaggregated; but none of the indicators for “Family Planning and Reproductive Health” are sex-disaggregated. Only a few of the child health and nutrition indicators are sex-disaggregated and these count the number of men and women who participated in trainings.

The only standard indicators in “economic growth” that are sex-disaggregated are in “workforce development.” None of the custom indicators are sex-disaggregated, although the MSME 2 project collects and reports sex-disaggregated for the number of persons who participate in project-related activities, such as training events and exchange visits.

Most of the PEPFAR HIV/AIDS indicators are disaggregated by sex and age, and there are four indicators in the Gender section (sub-area 12):

- Male norms and behaviors: No. of people reached by an individual, small group or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS;
- Gender-based violence and coercion: No. of people reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS;
- Women’s legal rights and protection: No. of people reached by an individual, small group or community-level intervention or service that explicitly addresses the legal rights and protection of women and girls impacted by HIV/AIDS; and
- No. of people reached by an individual, small group, or community-level intervention/service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS.

Gender Analysis

Many USAID implementing partners noted that more in-depth and rigorous analysis (beyond reporting percentages) is beyond their capacity, and expressed a lack of understanding and competency in using gender analysis or other analytical methods to explore links between gender and its contribution to outcomes. This reflects, to some extent, the lack of clarity and understanding of terminology. For example, “gender assessment” and “gender analysis” are often used when talking about the very same thing, or used by one person one way and another way by someone else.¹⁷⁹ Without knowing what the terms mean, it is not surprising that there is confusion as to how to operationalize them.

¹⁷⁹ Gender indicators are used to measure the effects of interventions that aim to reduce gender inequities and inequalities. They reflect the socio-cultural roles assigned to men and women, and dynamics between them. Development organizations select indicators based on the factors that influence women and men’s full participation in and benefits from the proposed development interventions, and their economic, social, and political empowerment.

¹⁸⁰ A gender assessment is the first step in doing a gender analysis. Gender analysis includes identifying gender issues, developing gender indicators, using statistical methods to identify relationships among variables, and interpreting results.

DISCUSSION

This section draws on the findings to identify gaps that need attention in addressing gender constraints regarding the building of women's capacity, providing economic opportunities, accessing justice, and taking political action. It begins with issues related to young people; then discusses structural gaps in terms of gender attitudes and relations, governance, laws, regulations, and the administration of justice. Then moves on to gaps in human resources, service delivery systems, access to resources, and knowledge. Attention is given to the special needs of poor households, including female-headed households, and the role of NGOs/CBOs. The section closes with a discussion of gender measurement gaps.

Needs and Opportunities for Young Men and Women

A significant opportunity is missed by not drawing on youth as a vast human resource. There is enormous potential for young people to be role models and promoters of change. They could serve as bridges between government and citizens; help people understand their civic responsibilities; serve as peer educators to reduce the number of drop-outs from school and reduce illiteracy; contribute to environmental protection; and encourage young women, in particular, to stay in school. They also would gain knowledge and experience that might motivate them, especially young women, to become politically engaged; and qualify for work in public administration and other fields that are normally dominated by men.

The 2006 draft of the National Youth Development Policy continues to be discussed at the Ministry level. Until it is finalized and adopted, the role that young people can play as a force for positive change is not fully utilized; and the ability of agencies to provide coordinated and comprehensive support to address the problems young people face is limited.

Structural Gaps

Cambodia has a set of institutions that provide frameworks for people's lives, including gender attitudes and relations, governance, laws and regulations that guide access to resources and services, and the administration of justice. The extent to which these institutions operate in a fair, transparent, and accountable manner defines their effectiveness.

Gender Attitudes and Relations

Little has changed in terms of the insidious and pervasive influence of traditional views and standards as they relate to the "proper" roles of men and women, and how men and women relate to each other. This drives much of the gender bias in institutions and has a direct impact on how women are viewed by men and how women see themselves. It permeates nearly every facet of their lives – including men sharing the decision-making authority in government and in the household, the delivery of services, and the administration of and access to justice. It influences decisions about who goes to school and for how long; domestic workloads; women and girls' mobility, and even husbands' willingness to let their wives attend trainings away from home.

At a fundamental level, gender attitudes mean that women still are burdened with the majority of household responsibilities. Despite innovative efforts to change gender attitudes about the roles of women and girls, men and boys, women still disproportionately do a lot – they earn income; they provide labor for their family farms or businesses; and they feed and care for their families

including when someone is ill. They do this with the resources they have. In poor families, their principle resource is their labor. Unfortunately, this means that when women need help in juggling responsibilities, they turn to their children, less often to their husbands or male partners. If they were better educated, had marketable skills, and access to childcare services; if their husbands shared responsibilities for household chores; if they had technologies that reduced their time and labor burden, the need for keeping the older children out of school would be reduced; women's productivity would increase; their energy depletion would drop, and they would simply have more time to participate in community activities and their home life.

There are examples that might prove useful for changing these entrenched attitudes and behaviors. For example, the "You are the Men" program has some potentially useful approaches to motivate men to change their attitudes about performing household tasks and other behaviors. It is not clear how successful these efforts have been in terms of their effectiveness and contribution to building sustainable change.

Governance and Political Participation

Progress was made in terms of women being elected to office in the 2007 and 2008 elections. There were improvements in the placement of women candidates on political party lists; and as of January 2008, there was an increase in the number of women appointed as Deputy Provincial Governors and Deputy District Governors, largely a result of the Prime Minister's intervention.

But women are still a small minority at all levels of government. This is largely due to a patronage system that is male-dominated, which, in turn, is grounded within a traditional society that perpetuates assumptions about the proper roles and place for women. It also is a result of inconsistencies in how political parties operate including selection of candidates. Women's educational levels, work experience, and self-confidence affect their entrance into the system and functioning within it. The end result is that women are less likely to be nominated or chosen for positions unless they have close connections with the leadership of the political parties, and many are unable to fully meet their responsibilities as elected officials.

Commune councils provide an entry point for women to gain experience and confidence, and build networks that could be leveraged in seeking higher-level positions and promoting change in the political structures. Efforts to educate the general population in the roles they and elected leaders play in governance have produced results. These strategies have brought citizens together with their elected officials, and seem to be successful in building trust and increasing transparency and accountability of commune council funds. It is not clear if these same strategies would work at higher levels of government.

Vagaries in Regulations

Another point in the administration structure that begs attention regards regulations that govern fees for services. In some cases, fees are too high for small entrepreneurs, many of whom are women, which limit their abilities to register their businesses and derive benefits from that process. In the case of land titling, women may not know or understand the fee structure and the procedures for registering land as sole owners or co-owners, or to change that registration if their husbands die or they get divorced.

There also is the continued use of indirect fees levied by individual police officers, teachers, or local government authorities. The problem is not simply that the fees are charged, but that citizens offer money to thank the official, to build good relations, and to quicken the service process. Not only does this suggest a lack of trust in how institutions should work but it also illustrates how internalized this corrupting influence has become. This is not a new problem but, because of its pervasive nature, a long-term commitment is needed to promote real change.

Different strategies to begin this process of change include the “clean business” initiative that worked with the business community to support fair competition and promote clean business practices.¹⁸¹ The Business Enabling Environment (BEE) project brings government staff at the national and provincial levels together to enhance their understanding of business issues, and promote the development of regulations that are business-friendly. The MSME 2 project brings private companies and entrepreneurs together to strengthen links along the value chain and improve business operations. While these seem to have had some success, more rigorous examination is needed to determine their long-term impacts particularly in reducing costs and improving benefits to women.

Justice Lags behind the Law

There has been little progress in terms of reforms in the justice system since the 2006 Gender Analysis and Assessment. There still are not enough women in each point in the system, which affects the administration of justice. There are new laws that address fundamental human rights issues and gender equality, but the mechanisms and personnel to ensure their implementation are weak. And there are long-standing gaps in the application of laws that do exist. For example, the 1997 Labor Law covers employee-employer relationships in all sectors, but has been monitored more rigorously in the garment industry, in part because of union pressure. As a result, non-unionized workers in the formal sector, informal sector workers and the self-employed, including large numbers of women, have not benefited to the full extent of the law. Similarly, although women can own, inherit, and sell land according to the 2001 Land Law, land-grabbing and other incursions continue without abatement. While this affects men and women, women are more vulnerable to this type of violation for a number of reasons, including problems with the registering process, and their limited social, political, and economic power.

Gender justice is not always available in the formal justice system as it is largely dependent on who is administering it and, unfortunately, who needs to use it. If a woman wants to file a complaint against her husband for abusing her, she has to go to a police station, most likely staffed by men who may have their biases about the rights of men to abuse their wives. The police may choose to help but, even if they do, they may not be trained in how to collect evidence in a case that is fraught with sensitivities and power relationships. If the woman manages to get through that process, she then has to deal with the court system. With few women working as court clerks, she might not get the information she needs to know to proceed, and, she still needs to get a lawyer. If she is poor, she is in luck, because there are a number of non-governmental organizations that provide legal aid to the poor. But, even then, the lawyers and judges continue to be influenced by a culture and practices that are biased towards the side that will bring them greater power and support.

¹⁸¹ <http://www.cleanbusiness.com.kh>

Alternatives to using the formal courts include the Cadastral system for land disputes, commune council members, and community leaders. However, each of them has their own limitations. Moreover, little is known about men's and women's preferences in choosing one or another of these alternatives, including their trust and level of comfort in terms of how the system will honor their privacy. It also is not clear how effective each alternative is in resolving issues that concern men and women.

Human Resource Gaps

Despite increases in the number of women elected to commune councils in 2007, there are still not enough skilled women who serve as elected officials at all levels— work as judges, court clerks, attorneys, and police officers; and in management and administration of schools and health facilities. There are more men than women who are agricultural extension agents, and members of land registration teams. None of this has changed since the 2006 Gender Analysis and Assessment.

Women are far outnumbered by men in farmer associations. However, there tend to be more women in producer organizations and savings groups; and women-led organizations, especially at the community level, tend to employ more women in technical posts.¹⁸² There is more gender parity at the community level where community members serve on water use committees, or as commune councilors. This is due to the use of proportional quotas or selection criteria that require that both men and women be chosen.

The problem is not simply in numbers but in skills and educational levels. For example, there are not enough well-trained and skilled health care providers who consistently use good practices for safe deliveries. Gender disparities reflect to some degree the hierarchical, patronage-based system. For example, the selection of candidates running for office is often based on political and social connections – men often have far more of these than women do. It also reflects the number of women who are graduating from formal education establishments, training schools (e.g., health sciences), and non-formal education programs. Thus, it is not simply getting more women into all levels of all institutions, but ensuring they are qualified for their positions.

This means the need for continued emphasis on supporting girls to complete secondary school, and increasing their enrollment and completion rates in technical colleges and universities. Women also need the means and support to build their own networks, and it means bringing men into the change process so they can understand that gender is not a zero-sum game.

Service Delivery Gaps

There are not enough schools and training centers, health centers and referral hospitals, and business development centers to ensure a sufficient supply for all. Few in number means some clients have to go long distances to get to them, or they may not go at all. For example, the limited number of emergency obstetric facilities means women may not survive problems with delivery. The lack of childcare facilities in rural and urban areas means working families rely on

¹⁸² Interview with CCD; MoWA 2008.

family members, usually but not always older sisters, to care for their younger siblings, which, in turn, limits their opportunities to attend school or skill training facilities.

The inadequate number of training centers including those for medical and health allied professions means that rural students are less likely to attend. Shortage of schools means some young women either do not go to school or have to walk long distances, running the risk of assault. Given the delays in school enrollments and higher drop-out rates for girls, it is less likely that they will qualify for entrance into professional training institutions, even where those institutions exist.

Services tend to be organized vertically (“stove-piping”), sometimes because of funding streams, and at other times due to a technical approach. For example, the value chain approach used by the MSME 2 project is, by definition, a vertical approach as it looks each step in the production chain for a single commodity – bricks and tiles, pigs or water. It does not necessarily look at the totality of what a producer household does or its farming system. In other cases, providers are trained to look at the factors that are closest to their outcome of interest and which fall directly in their technical domain. For example, the focus on women’s nutrition typically is on dietary supplements (e.g., iron folate), food consumption and health status, although factors such as their decision-making power, workload, and economic and physical access to services also are important. Similarly, maternal mortality is a result of myriad factors, not all of which are within the purview of the health sector. Broader-based efforts are needed to address intractable problems, and gain traction for reaching the MDG targets of poverty reduction, child mortality, and under-nutrition, among others.¹⁸³

In the same way, there are not enough services for victims of abuse or trafficking, especially for men and boys, who need psychosocial support, access to health service, educational opportunities, and skill training support to get their lives back. Everyone has a role to play in providing this support, including the victim’s family, community, police, courts, health facilities, schools, and skill-training centers. To create this wrap-around support, steps need to be taken to overcome the vertical organization of services through incentives for organizations to collaborate in ways that are effective, affordable, and sustainable.

Non-governmental organizations and community-based organizations have stepped in to fill service gaps by functioning as providers or facilitators. NGOs and CBOs provide services such as skill-building, access to credit and appropriate technologies, and to fill niches for marginalized population groups. Organizations such as Reproductive Health Association of Cambodia (RHAC), Reproductive and Child Health Alliance (RACHA) and Khmer HIV/AIDS NGO Alliance (KHANA) expand the availability of health services. These organizations also provide assistance in developing the capacity of public sector institutions through training and management support.

However, NGOs and CBOs tend to work in fairly discrete geographic areas so they have limited coverage; there is no common standard for providing services, thus there is variability in the quality and type of services they provide; and their existence is highly dependent on external

¹⁸³ The Bill and Melinda Gates Foundation is promoting and investing in this approach. Representatives at the 15th African Union meetings in Kampala also spent considerable time discussing steps that could make a difference.

funding sources, so they may be here one day and gone the next. Moreover, few NGOs and CBOs have an exit strategy for the time when they might leave, or have to hand over program responsibilities to public sector institutions or national organizations. Finally, given their time- and physical-bound nature, it is not clear how sustainable their results might be or how replicable they are to other areas.

Finally, at the community level, the quality of care and support provided by community volunteers, whether they are DOTS or malaria volunteers, or women who help each other out by sharing agricultural production information and skills is not clear. There is little documentation that quantifies the benefits volunteers derive and the costs (direct and indirect) they incur, and how that affects their drop-out or retention rates. Last, there is a paucity of evidence as to the effectiveness of their services in improving the health or productivity of their clients – be they men or women, boys or girls.

Resource Gaps

Poor households that are land-poor and landless, including female-headed households, face significant resource constraints. They have fewer assets to sell or use as collateral to get a loan. Female-headed households are particularly vulnerable as they tend to have fewer and smaller plots of land; are more likely to sell assets to pay for health expenses; and to take loans to buy food. These households certainly merit attention; however, interviews pointed to the need to beware of the law of unintended consequences when targeting specific households. The interviewees suggested that communities should decide who should receive particular attention based on the problem external partners want to address. The decision is theirs, thus reducing the potential of backlash or other unforeseen consequences.

In identifying resource constraints, some assumptions need to be challenged. For example, the notion that women cannot afford to buy technologies may mean technology developers do not ask women about their needs. Another is that there are few women-owned enterprises so it does not pay to seek them out as potential clients. With that in mind, the gaps in access to key resources include:

- Securing land tenure rights for rural producers needs attention. As noted earlier, the land registration system is often difficult for smallholders, especially female-headed households, to use, thus impacting on their abilities to claim and hold onto land. Failing to address this fundamental problem in agriculture and enterprise development may lead to results that are less than expected.
- Women's illiteracy and low levels of education limit their capacities to make informed decisions, to understand laws and regulations, to have knowledge on what to feed young children, to have skills in the safe use of pesticides, and to be aware of how to avert or deal with side-effects of medicines or contraceptives.
- While both men and women face problems paying for services and inputs needed to produce crops and grow their businesses, as well as access health care services, women have more difficulties. Location of MFIs in larger towns and cities make them less accessible to women; high transaction fees and interest rates; and rules on getting loans for working capital limit women's options for getting credit to build their businesses. Community savings clubs provide a flexible alternative but the small size of the loans is

insufficient to cover capital investments in equipment and machinery. Health Equity Funds have been successful in removing economic barriers to health services for poor women but have limited coverage.

- Women have limited access to information regarding regulations and procedures in the court system, registering their businesses or land, and input and output markets which limit their abilities to, for example, buy inputs when prices are low and sell products when prices are high.
- There are not enough appropriate technologies of a size and at a cost that is affordable for smallholder producers, and a means to ensure that poor women, with minimal income, can access the same labor-saving technologies.

Knowledge Gaps

There are knowledge gaps that need attention – some have to do with how to provide full support for trafficked and abused victims; others have to do with intractable problems; and a few are problems that have been over-looked. All of them have gender implications – whether in terms of gender factors that impact on the problem or how the problem impacts on gender relations, roles, and responsibilities.

- Focus has rightly been on women and girls who are trafficked; however, this has led to a lack of information about the number and needs of boys and men who are trafficked and repatriated.
- While it is widely recognized that victims of abuse and trafficked persons need care and support from multiple players, including their families and communities, there is little hard evidence about how to put this package of care together in ways that are reasonable and effective.
- There is only anecdotal information about experiences of violence girls and boys have had in going to/from school.
- The continued high maternal mortality rate (MMR) is a problem that needs attention. It could be that there are a number of gender-related factors such as economic and physical access to services, and decision-making power that, if identified and addressed, could speed up the process of reducing MMR.
- There is little evidence of the effectiveness of using a gender approach to improving the nutritional status of women and children, i.e., strengthening women's capacities as producers and economic actors, their access to resources, and decision-making power.
- Tuberculosis case detection rates are another gap. Improvements might be increased if it were determined there are gender issues related to men and women's diagnoses that have been overlooked.
- The low use of malaria medications and bed nets by pregnant women and children needs to be explained. It might be that gender relations and decision-making play a role.
- A comparative study on men's health-seeking behaviors, and their impacts on their productivity. Likewise, women's tasks as income earners and care givers are not well understood.
- There is no information about infertility – the scope and nature of the problem, who it affects, its causes, and its consequences.

- There is no comprehensive set of information about differences in men and women's use of natural resources.
- Given the limited access to agricultural extension agents, and women's time poverty and limited mobility, more information is needed to determine the outreach and effectiveness of the CAMIP mobile phone system as a means to provide access to markets and other information, and how it could be strengthened or coverage extended to other users.
- It is unclear which conflict resolution methods are preferable and best suited to address men's and women's needs and concerns.
- More information is needed about "family-operated businesses" in terms of who puts up the capital to start it; who owns the site where the business operates; whose labor contributes to working the business; and who manages the business day-to-day; who decides how earnings are spent, in order to provide appropriate support.

Gender Measurement Gaps

In order to know if USAID's commitment to gender is paying off in terms of better development outcomes, USAID's implementing partners (IP) need to use appropriate gender indicators and analytical methods. As the Health Program staff pointed out, gender drives, not all, but a large part of health problems, including HIV/AIDS, reproductive health and family planning. Other sectors should take that approach and determine the extent to which gender influences their program outcomes. Similarly, the gender indicators used by PEPFAR might be useful for other health programs, and possibly for other sectors, in terms of measuring male norms and behaviors, gender-based violence and coercion, women's legal rights and protection, and access to income and productive resources, and determining their influence on outcomes.

Gender Indicators

The following are some indicative examples that suggest some ways forward.

Trafficking in persons and migrant smuggling: None of the standard indicators are sex-disaggregated. Yet findings from this gender assessment suggest that little attention is being given to men and boys who are trafficked because much of the attention has been on women and girls. If these indicators were disaggregated by sex, analysis might reflect this unintentional gender bias, and actions could be taken to ensure men and boys who are trafficked receive the attention and support they need.

Child health and nutrition: Only a few of the child health and nutrition indicators are sex-disaggregated and these count the number of men and women who are trained in child health and nutrition, and in maternal/newborn health. While the literature seems to suggest there are only small differences between girls' and boys' health and nutritional status, recent evidence indicates that families might have been making decisions during the economic downturn that did have gender impacts. The lack of specificity affects the agency's abilities to identify problems quickly and take action.

The Asian Development Bank considers "the number of men who attend hygiene education sessions" as a gender indicator, because this is typically something women would do. Extending that to USAID nutrition interventions, a gender indicator could be men's knowledge of the

nutritional needs of wives and children, or time they spend caring and feeding their young children as that tends to fall largely on women and girls.

Economic growth: One of the custom indicators, “number of people in target areas with access to improved drinking water supply as a result of USG assistance” could be a “gender indicator” if it were linked to baseline data on who was responsible for collecting water, time used to collect the water, and time saved by having access to the improved supply; or another custom indicator could be created that tallies membership and leadership by sex of water user associations.

Participation as a gender indicator: “Participation” can be a reasonable gender indicator, if it reduces gender inequities in terms of access to resources and possibly decision-making, and if the participation is shown to impact on men and women’s performance and productivity. For example, the MSME 2 project disaggregates by sex the persons who participate in project-related activities. The assumption is that men and women who participate in trainings and other events gain access to information, skills, and other resources they need to increase productivity and grow their businesses. However, the project does not analyze their data to determine the extent to which what is learned is applied in terms of how each participant functions within the family business, nor how that might relate to earnings. This lesson applies to all sectors and projects that presume that improving women’s and men’s participation is an appropriate gender indicator.

Gender Analysis

The evaluation of the HEF program found that, when costs to using services were removed, more poor women went to health centers and referral hospitals to deliver their babies. This is “gender analysis” as the evaluation determined the impact of a gender constraint on health-seeking behavior, the outcome indicator.

One way to think about gender analysis is to start at the outcome and work backwards by asking “why.” For example, an evaluation of a program that distributed PL-480 food through maternal and child health centers found that child nutritional status was not improving.¹⁸⁴ The question was “why” – why did improving access to food and women’s knowledge of the nutritional needs of their young children not have the expected outcome? What else was needed, or were the basic assumptions incorrect or incomplete? Was the lack of improvement in children’s nutritional status related to:

- The information itself or how it was given, e.g., in a group meeting was she berated by the person who was weighing the child and giving counseling?
- The counselor’s frustration in not knowing what else to say?
- The mother having to work in the field and sell things in the market, leaving her child with other children or older women who did not know what to do, how to do it, or have the motivation to do it?
- Not having enough money to take the child to the health center when she was ill, or to buy medicine and the food she needed?

¹⁸⁴ Johnson-Welch and MacDonald 1990

- Household food distribution and decision-making: Who decided what was done with the food the mother received at the health center – was it sold or eaten?; if eaten, by whom?; and what did the malnourished child eat?

Asking the question repeatedly will create a web of factors that relate to the outcome. Analysis should then look at the interactions among the entire set of factors, not simply those that have the most direct or closest relationship to the outcome variable. For example, project staff would need to determine which factors are most important in improving adoption rates of modern contraceptives, including gender factors such as physical distance to the facility and modes of transportation used, male partners' support in seeking and using health center services, and women's income. A conceptual model that shows the complex set of relationships would be created, data collected, and appropriate analytical methods used to determine which variables contributed the most to explaining the outcome. This requires some statistical analysis capabilities and there are institutions in Cambodia that have staff with the necessary skills. If done correctly, the implementing partner and USAID would have a far clearer understanding of where to put their resources that would make a difference.

Gender Capacity

In addition to using the right indicators and analysis methods, USAID and its implementing partners need to have the appropriate gender capacity to make decisions and take actions. While some IPs and USAID staff may have participated in gender trainings, people move and take their expertise with them. Thus, there is an on-going need to maintain an appropriate level of gender capacity in key positions at all times. This capacity should exist in each technical sector, and in program and evaluation offices. Moreover, as new projects are designed and brought on-line, there needs to be appropriate and functional gender capacity among their staff members. It is important that there be measurable or demonstrable evidence of that capacity when weighing bids submitted by potential implementing partners.

CONCLUSIONS AND RECOMMENDATIONS

Cambodia has a strong set of frameworks to guide its economic, political, and social development; however, the implementation of these frameworks lags. For example, the decentralization and deconcentration process increased the number of women elected as commune councilors; and interventions that built trust and partnership between elected officials and their constituents at the commune level are good starts. However, it is not clear if these gains are sustainable or even if they are replicable in higher levels in the government.

There are wonderfully crafted laws that should promote and protect citizens' rights, but their implementation is open to gender bias. While women have the right to own land, uneducated women face problems in registering their land because land titling procedures, regulations, and fee structures are not well understood. There is not enough information about the acceptability and effectiveness of alternative conflict resolution methods used by men and women. Efforts to improve business practices, reduce corruption, and ensure gender justice are making progress but do not go far enough in addressing gender inequities.

There are still too few qualified women at all levels in all sectors and institutions. Traditional belief systems that suggest the "proper" roles for men and women have a strong influence on this capacity gap, as do the low completion rates for young women in the educational and training systems, particularly at the secondary and university levels. It also suggests the need for on-the-job training, for example, to strengthen health care provider skills in following standards of care practices during pregnancy and delivery; police who collect evidence; and court clerks who can facilitate movement of all cases through the system using proper procedures.

There are serious gaps in services to support women entrepreneurs, including business development services and credit facilities with flexible terms and conditions that provide loans for recurrent, operating costs. There are limited numbers of schools, training facilities and health services in areas outside of urban centers and in rural communities; and insufficient number of private-sector firms and research institutions that develop technologies to reduce time and labor burdens, improve productivity, reduce post-harvest losses including nutrient losses, and reduce losses during transport to markets. And while NGOs and CBOs fill critical gaps in services and provide access to resources, they have their limits.

There are not enough services that provide 360° support to victims of abuse, and re-entry of trafficked persons, including men and boys. Indeed, men and youth are often overlooked in terms of their needs for services and as positive change agents. There are information gaps that limit the understanding of the scope and seriousness of problems, and organizations' abilities to provide effective services. And there is no systematic effort for drawing more young people into politics, and public office.

Finally, many of USAID standard and custom indicators are not sex-disaggregated, let alone, gender sensitive; implementing partners' (IP) understanding of gender varies; and none interviewed for this assessment felt competent to use gender analysis.

Recommendations

There are two sets of recommendations the Mission should consider in developing the 2011-2015 Country Development Cooperation Strategy (CDCS): recommendations that are overarching, that is, are not specific to a particular sector; and those that are sector-specific.

Recommendations for strengthening gender capacity including the use of gender indicators and a process for measuring gender impact are included in the first set. Recommendations are based on currently available data and key informants. The 2010 Cambodia Demographic and Health Survey (CDHS) will provide valuable updated statistics for many of the issues identified in this Assessment. Its findings should be carefully reviewed in terms of their impact on the following recommendations.

A. Overarching Recommendations

Some of these recommendations are discrete and stand on their own. While other recommendations overlap and contribute to the same outcomes of increasing the pool of qualified women and increasing women's livelihood options and income.

1. Invest in strengthening women's capacities to enter the labor market and public service by:

- Exploring opportunities to expand access to early childhood development. Priority should be given to those who need to overcome significant constraints to access education.
- Exploring options for providing childcare services, especially for rural households. This benefits young children in providing some learning opportunities, socialization skills, and dietary intake. Likewise, their older siblings will not have to drop out of school to care for their young brothers and sisters. This will aid their parents by removing a major constraint that prevents some women from entering the labor market.
- Providing counseling and services for young women enrolled in lower secondary levels, along with their parents, to reduce drop-out and increase completion rates.
- Encouraging young women to take courses in political science, public policy and administration, and criminology, in their preparation for public service.
- Establishing or strengthening mentorship programs for young women in secondary schools and universities.
- Improving access to vocational training schools with curriculum that is linked to the marketplace.

2. Invest in strengthening poor rural households, including female-headed households' abilities to meet their household needs by:

- Conducting a gender and livelihood analysis to identify entry points to provide support in diversifying and expanding options.
- Exploring the possibilities for establishing community-based structures that provide childcare, early childhood development, health and nutrition education, and literacy. Ideally, these services will be run and managed by local women.
- Locating training programs in places that are closer to women's homes.
- Supporting the extension of business development services to rural communities, particularly those that have experience working with women.

- Improving women's access to formal lending institutions. Also, ensuring the terms and conditions of loans respond to women's needs including reasonable interest rates; provision of loans for working capital; and reducing risks by, for example, ensuring that loans are co-signed by husbands and wives.
 - Linking women producers and entrepreneurs to technology developers (private businesses and research institutions), markets, and business development services.
3. Invest in associations that support women in politics, education, health, and business by:
- Supporting women in political office to establish or strengthen networks to build a political base of action.
 - Engaging like-minded men to explore how to form a work environment that is less hostile to women.
 - Supporting the establishment or strengthening of existing organizations that can provide guidance and support to women in the education profession.
 - Strengthening women's leadership and membership in professional health and medical associations.
 - Identifying and providing support to Women's Business Associations.
 - Encouraging other business associations to expand their membership by including more women and industries in which women work.
4. Invest in issues related to men and boys by:
- Collecting information about men's health status, health-seeking behaviors, and impacts on their families and on women's responsibilities.
 - Conducting a large-scale study on men and boys' risks of being trafficked, means of repatriation, and availability of support services.
 - Improving educational rates of boys and young men, without losing track of reducing inequities that are disadvantageous to girls and young women.
 - Evaluating culture change models including an extensive review of the literature.
 - Engaging men and women from key audiences and IP in developing public education campaigns to change traditional norms and create constructive partnerships between women and men in politics, education, health, in communities, and at home; as well as, possibly identifying male opinion leaders or men admired by other men who will take a lead role or serve as high-profile positive change role models.
5. Engage public sector agencies, other donors, youth organizations, and other NGO/CBOs in considering options to fill human resource gaps in rural areas, such as:
- Creating gender-sensitive incentive structures to encourage teachers and health care professionals to work in rural areas for a fixed amount of time, e.g., paying cash incentives or salary rates that are higher than those paid in urban centers.
 - Supporting the finalization of the national youth development policy that might include establishing a national civic service institution, or building links to youth associations to draw on the huge potential of young people in filling human resource gaps. This promotes the gaining of experience and development of skills by young people, while improving adult literacy, providing health education information, or supporting activities like building wells or sanitation facilities.

6. Continue to invest in strengthening current IPs, and require implementing partners for all new contracts or cooperative agreements to:
 - Conduct a gender assessment to identify gender factors that need to be addressed in project interventions using methodologies such as gender and livelihoods analysis, and gender and value chain analysis within the first four months of their projects.
 - Develop a conceptual framework that shows relationships between gender (and other) variables and outcomes.
 - Adjust or develop new objectives and activities that are based on the findings.
 - Develop a set of gender indicators to track change over time.
 - Use gender analysis to measure the contributions that gender makes to outcomes, and to interpret results.
7. Improve USAID's capacity to measure gender changes by having technical program staff, perhaps with some external technical input, discuss:
 - Strategies for meeting the inter-related needs of its target populations. One might be co-locating projects from different sectors, e.g., selecting provinces and districts for the new agriculture and environment project (and others) where there is an on-going presence of USAID-supported projects; or expanding the coverage areas of existing projects into areas where new projects will be operating.
 - Current indicators to determine the extent to which they are gender-sensitive or can be sex-disaggregated. Identify those that could be modified to make them more appropriate for measuring gender impact. Develop new indicators where necessary, for example, the number of men who are doing something, e.g., attending a health education session, that would typically be done by women; men's knowledge of the nutritional needs of their wives and children; or dietary diversity score to measure impact of a food security project that aims to improve women's earnings and decision-making power.
8. Maintain effective gender capacity among USAID and implementing partners staff by:
 - Ensuring gender training and re-training is done on a regular basis for all key USAID and IP staff.
 - Ensuring that all IPs have gender policies to improve gender balance in recruitment, hiring, and promotion. Also, that they hire sufficient numbers of women in leadership positions and for field positions.
 - Ensuring that each IP has actual gender capacity by either having a staff position dedicated full-time to gender integration, or having a senior member of the project's technical team with appropriate gender experience who will ensure gender integration as part of her/his responsibilities.
 - Requiring all IPs to submit a Gender Plan of Action in their first Progress Report, and report on gender capacity building in all progress and final reports.

B. Sector-Specific Recommendations

The following sets of recommendations are specific to individual sectors.

Gender, Governance, and the Justice System:

1. Continue to support efforts to build judicial independence, e.g., “Scales of Justice,” debates on legal issues on the television, and sub-grants to human rights and legal NGOs. Support the expansion into the following areas:
 - Extend the capacity building of judges and lawyer trainees program to include clerks who potentially will handle social issues cases, and include sessions on gender sensitivity and the social-emotional needs of vulnerable people in the training curriculum.
 - Build the capacity of human rights and legal NGOs in: advocacy strategies, complaints writing, legal options for people to seek redress, and legal proceedings and representation skills especially in the areas of land, natural resources, rape, trafficking, and domestic violence.
 - Engage members of the Cambodian Bar Association in discussions about how to encourage practicing lawyers to provide legal aid services to the poor.
 - Engage implementing partners and legal professionals in discussions about out-of-court settlements and what can be done to change this practice.
 - Evaluate men’s and women’s use of alternative conflict resolution options in terms of effectiveness in resolving complaints, and use the findings to strengthen capacity or extend coverage.
 - Conduct legal literacy campaigns that reach out to women and educate them about land and other laws that protect and promote their human rights, availability of legal services, and conflict resolution options.
2. As gender equality begins to take root at the sub-national level, shift emphasis on strengthening decentralization and deconcentration to the following:
 - Ensure that topics related to women’s concerns are included in the agenda for constituency consultations.
 - Support actions to include topics that are relevant to youth in candidate debates.
 - Evaluate approaches used to build capacity and provide support to women commune/*sangkat* councilors to determine if they could be expanded to district- and provincial-level councilors.
3. Engage key partners and NGOs working with youth in discussions on how to encourage and build capacity of young people to enter politics, civil service, the police, and other public sector institutions.
4. Encourage programs that provide support to victims of abuse and trafficking to prioritize prevention while continuing to provide legal protections by doing the following:
 - Engage implementing partners, human rights, and legal organizations in a discussion about developing an advocacy campaign to reduce rape and set a maximum punishment of up to 20 years in prison.

- Ensure that legal protection programs address the social and psychological needs of both men and women victims at all parts of the legal process — from the arrest of the perpetrator to cross-examination.
- Document and evaluate strategies and guidelines that provide 360° support to victims of abuse, and re-entry of trafficked persons, including men and boys. This should include an extensive review of the literature to identify strategies used elsewhere.

Gender and Health:

1. Engage IPs in discussing how to use a gender approach to address health and nutrition problems. The discussions should focus on the particularly hard-to-solve problems such as maternal mortality and anemia; and problems that need an additional “push,” such as how to increase use of bed nets and anti-malarials by pregnant women and young children, or improving TB case detection rates. This can be done by bringing in knowledgeable persons who can provide evidence and lead discussions. The output of these discussions should include steps each IP will take to expand the way they do business to include, for example, strengthening women’s economic opportunities.
2. Evaluate community-based volunteer systems, e.g., malaria, TB, DOTS, child health workers, in terms of quality of care, costs, and use by women and men, boys and girls; and based on the findings strengthen their capacities to provide services in remote, rural communities.
3. Continue to invest in strengthening capacity of health care professionals to follow standards of care including but, not limited to, pregnancy and delivery.
4. Commission a study on infertility to determine if further investments are needed.
5. Engage the Ministry of Health in discussions about the status of establishing regional health training facilities; expanding the capacity of existing centers to train more midwives; and promoting more qualified women to all levels of the health sector, including as administrators and managers.

Gender, Education and Literacy:

The major recommendations for this sector are included in the first set of recommendations, with the following exceptions. USAID should consider:

1. Taking steps to improve literacy and numeracy rates for all women beneficiaries in USAID-supported projects given the gender disparity between women and men. There are examples in the development literature including USAID-funded projects that have integrated literacy training into, for example, reproductive health and nutrition programs by building literacy and numeracy skills of project staff, or training community members/students in secondary schools or universities to be literacy volunteers.

2. Supporting a large-scale study on risks of violence, including sexual violence, girls and boys encounter as they go to/from schools. Prior to that study, a smaller study should be done to explore the extent to which violence and sexual coercion in school settings are problems. If they are, they should be included in the larger population-based study. Many studies of this nature have been done in Sub-Saharan Africa, which could provide useful guidance on design and analysis.

Gender and Economic Opportunities:

Similarly, many recommendations for this sector are included in the first set. There are others that are more specific in nature including:

1. Engage the RGC, other donors, NGOs, and CBOs in discussing how to ensure land registration and titling system operates as intended, particularly for the land-poor and most vulnerable.
2. Engage private-sector technology development firms and research institutions in discussions on value added by identifying women's technology needs and capacities to buy technologies.
3. Conduct an assessment of women-owned, women-managed enterprises to describe their operations, determine their resource needs, and opportunities to expand and grow their businesses. This should begin with a review of the 2009 IFC/TAF study, "The Provincial Business Environment Scorecard in Cambodia: A Measure of Economic Governance and Regulatory Policy."
4. Evaluate community-based support to farmers associations, women's producer, and savings groups to determine potential lessons for replication and scaling up.
5. Meet with the Ministry of Agriculture, Forestry and Fisheries (MAFF) and staff of the Cambodia Agriculture Market Information Project (CAMIP) project to explore possibilities for expanding the mobile phone/text messaging system into other value chains and promoting its use by women (and other) entrepreneurs.
6. Support outreach to increase participation of women and men in community-based committees and networks, including community forestry management committees and water-user groups.

ANNEX 1: SCOPE OF WORK

Gender Assessment USAID/Cambodia

1. Introduction

USAID/Cambodia is currently developing a new Country Development Cooperation Strategy (CDCS) for 2011-2015 and the Cambodia Hunger and Food Security Initiative (CHFSI) to strengthen food security by increasing agricultural productivity; raising the incomes of the rural poor; preparing the country to adapt to climate change; and reducing the number of women and children suffering from malnutrition. To be in compliance with the above, and for USAID/Cambodia to effectively incorporate gender role and relationship in the development of its CDCS and CHFSI, an updated gender assessment is needed.

Cambodian tradition has given women a strong social position in the family ranging from custodian of family income to participating in decision making. Cambodian Constitution has granted women equal rights to their male counterpart. Yet gender disparity remains one of the main impediments to development in Cambodia. In approximately 25 percent of Cambodian households, women are the sole breadwinner mainly resulting from the genocide that took place during the Khmer Rouge Regime. Women constitute 65 percent of the total national workforce in Cambodia. Due to lesser access to education, female employments are generally informal and highly concentrated in the agricultural sector. Strategy development would not be successful without addressing the gender issue, and the United States Government recognizes this.

“In order to ensure that USAID assistance makes the optimal possible contribution to gender equality in developing strategic plans, AOs and IRs, Operating Units (OUs) **must** consider the following two questions:

- a. How will the different roles and status of women and men affect the work to be undertaken?
- b. How will the anticipated results of the work affect women and men differently?

The purpose of the first question is to ensure that: 1) the differences in the roles and status of women and men are examined, and 2) any inequalities or differences that will impede achieving program or project goals are addressed in the planned work design. The different roles, responsibilities, and status of men and women within the community, political sphere, workplace, and household (e.g., roles in decision-making and different access to and control over resources and services) need to be addressed. The second question calls for another level of analysis in which the anticipated programming results are: 1) fully examined regarding the possible different effects on women and men and 2) the design is adjusted as necessary to ensure equitable and sustainable program or project impact (see ADS **203.6.1**).”

The purpose of this Task Order is to provide USAID/Cambodia with a gender assessment to inform the preparation of its new country strategy and raise the type of gender concerns that need to be considered in subsequent planning.

2. Statement of Work

The primary task of the contractor/consultant is to carry out a gender assessment to identify gender factors that should inform USAID/Cambodia in the development of its new country strategy and new programs, particularly the CHFSI. The gender assessment should include general factors to be addressed in the Strategy Statement itself, as well as more specific factors to be considered in the preparation of sector analyses, operational plans and activity designs.

- Identify key gender-based constraints to equitable participation in and access to programs and services in the sectors in which USAID/Cambodia implements its program, including health, education, democracy and governance, Cambodian Hunger and Food Security Initiative, and economic growth.
- Identify linkages between gender and development objectives that are relevant for the Strategy Statement, both in outlining the overall development context and in describing the development objectives.
- Assess potential gender issues that can be incorporated into the new USG Country Development Cooperation Strategy (CDCS) for Cambodia and potential new program(s).
- Identify sources of sex-disaggregated data and for assessing gender-relevance assessment indicators. The assessment team should offer suggestions for how best to analyze the potential impacts of USAID/Cambodia's proposed strategic approaches on the relative status of men and women in Cambodia.
- Produce an assessment of proposed entry-points for incorporation of gender and other considerations in new country strategy, operation plan and subsequent new programs.
- The assessment is to be organized and shaped by any final revisions to common indicators, ADS, and other policy documents released before the end of this assessment and analysis.
- Provide specific recommendations to the Royal Government of Cambodia on a plan for addressing gender considerations in its own Food Security and Nutrition (FSN) program (which the CHFSI will support). This would include recommendations for the monitoring and evaluation of the FSN program to measure improvements in gender equality and expansion of opportunities for women and girls. It should also include recommendations on improving the quality of consultations and any other guidance that would not only improve gender considerations within the program, but also how these are presented to meet guidelines for USG hunger and food security initiatives such as *Feed the Future*.

3. Assessment Methodology

1. Comprehensive review and analysis of pertinent literature and documents, including but not limited to, materials such as:
 - USAID/Cambodia Concept Paper, Strategic Plan, Strategy Statement, and Portfolio Reviews.
 - Technical analyses for strategy development
 - Most Recently Approved Operation Plan
 - Previous Gender Assessments:
 - *Gender Analysis and Assessment USAID/Cambodia*, DevTech System Inc., March 2006, 45 pages
 - *Cambodia Gender Assessment*, Ministry of Women's Affairs, April 2008, 195 pages
 - *A Fair Share for Women: Cambodia Gender Assessment*, Ministry of Women's Affairs, March 2008, 30 pages
 - Other studies and assessments concerning gender issues conducted by donors, NGOs, regional organizations, and the academic community;
 - Recent literature that addresses gender issues in specific sectors and areas of strategic interest for the Mission (e.g., HIV/AIDS impact mitigation, anti-corruption, democracy and governance, food security, agriculture, natural resource management).
2. Consultation with the Women in Development Office in USAID/Washington, prior to travel to Cambodia
3. Meetings and discussions with USAID/Cambodia staff involved in developing the Mission program. These shall include where possible:
 - Entry briefing with the Gender Assessment Coordinator, Program Office staff, Mission Director, and possibly the Ambassador;
 - Preliminary briefing session for USAID/Cambodia staff on the ADS requirements for addressing gender in USAID programming;
 - Meeting with technical teams on specific sectors and areas of interest, to identify possible links to gender issues in each; to identify possible entry points for the incorporation of gender considerations into ongoing and future activities;
 - Presentation of the draft gender analysis to obtain feedback from USAID/Cambodia staff; and
 - Exit briefing with Program Office, Mission Director, possibly the Ambassador, and the Gender Assessment Coordinator.
4. Interviewing selected key stakeholders and implementing partners involved in current and proposed programs, including local gender expert resource groups

about problems, successes, and potentialities for improving attention to gender in USAID activities.

5. Meeting with the Ministry of Women's Affairs of the Royal Government of Cambodia and other RGC stakeholders as appropriate.

4. Estimated Level of Effort

The gender analysis will require approximately:

- three days preparation in the U.S.
- twelve days information gathering in Cambodia, based on a six-day work week;
- three days in the U.S. for final report preparation; and
- two days in the U.S. to complete final edits based upon USAID comments.

A team of up to three individuals should include a team leader and one local consultant. A member of the USAID/Cambodia staff will accompany the team on consultations. The team will begin work in Cambodia within 14 calendar days of contract award.

5. Relationship and Responsibilities

The Contractor shall report to USAID/Cambodia Program Office Director. The Contractor will be responsible for identifying and obtaining the majority of the reference materials needed for this study with only minimal effort on the part of USAID/Cambodia.

6. Team Qualification

The assessment team will consist of up to three members with complementary skills in gender assessment; preferably, technical expertise applicable to program sectors of the USAID/Cambodia program; and knowledge of the Cambodian context.

7. Deliverable

- A preliminary table of contents, list of findings and recommendations shall be submitted to the Mission upon completion of field work (one electronic copy and three hard copies)
- A draft Gender Assessment will be submitted within 10 working days of conclusion of field work. The Mission shall provide any additional written comments electronically within 10 working days of receipt of the revised draft.
- The Final Gender Assessment will be submitted to the Mission within five (5) working days after receiving comments on the draft.

8. Special Provision

- Duty Post: Washington, DC, and Cambodia
- Access to Classified Information: The Contractor will not have access to any USG classified material

- Logistical Support: The assessment team is responsible for providing its own office, transportation, and logistic services. The team will plan to work outside of USAID premises.
- Work Week: A six-day work week is allowed

ANNEX 2: REFERENCES

Asian Development Bank (ADB), 2010, “Protecting Cambodia’s Most Vulnerable from Food Crisis,” Manila: Social Protection Project Briefs.

ADB, posted 2010, “Empowering Female Councilors' networks” (www.adb.org/gender/practices/law/cam001.asp).

Balasubramanian R, Garg R, Santha R, Gopi PG, Subramani T, Chandrasekaran V, Thomas A, Rajeswari R, Anandakrishnan S, Perumal M, Niruparani C, Sudha G, Jaggarajamma K, Frieden TR, Narayanan PR, 2004, “Gender disparities in tuberculosis: report from a rural DOTS programme in south India,” *International Journal of Tuberculosis and Lung Disease*, March 8(3):323-332.

Blue R (Team Leader), Blair A, and Mitchell L, 2008, “Political Competitiveness and Civil Society Assessment,” Washington DC: Checchi and Company Consulting Inc.

CARE 2008, “Situational Analysis,” Highland Community Education Program: Bending Bamboo, Phnom Penh: CARE.

Calavan M (Team Leader), Barr A, and Blair H, 2009, “Local Administration and Reform Project: Mid-Term Evaluation,” Washington DC: Checchi and Company Consulting Inc.

Cambodian Bar Association database, 2010, Phnom Penh.

Cambodia Development Resource Institute (CDRI), 2007, “Cambodia Land Titling Rural Baseline Survey Report,” Phnom Penh: CDRI.

CDRI, 2008, “Impact of High Food Prices in Cambodia,” Phnom Penh: CDRI.

CDRI, 2009, “Situation Analysis of Youth in Cambodia,” prepared for the United Nations Country Team, Phnom Penh: CDRI.

Cambodian Economic Association (CEA), 2010, “Impact of the Economic Downturn on Households and Communities in Cambodia Survey,” Phnom Penh: CEA.

Catholic Relief Services (CRS) and Center for Study and Development in Agriculture (CEDAC), undated, “Civil Society and Pro-Poor Markets Case Study,” Phnom Penh: CRS/CEDAC.

Central Intelligence Agency (CIA), 2010, “The World Factbook, East and Southeast Asia: Cambodia” (<https://www.cia.gov/library/publications/the-world-factbook-geos>).

Center for Study and Development in Agriculture (CEDAC), 2010, “Field Study: Changing Living Standards of Small Farmers,” Field Note of Mrs. Kim Savon, Phnom Penh: CEDAC.

Council for Agricultural and Rural Development (CARD), May 2008, “Strategic Framework for Food Security and Nutrition in Cambodia (SFFSN),” Phnom Penh: CARD.

Deuster P, MacDonald B and Zimmerman D, 2009, “Labor/Industrial Productivity: Activity Evaluations,” Washington DC: Checchi and Company Consulting Inc.

DevTech Systems, Inc., March 2006, “Gender Analysis and Assessment USAID/Cambodia, volumes 1 and 2,” Arlington (VA): DevTech Systems, Inc.

Duvvury N and Knoess J, 2005, “Gender-Based Violence and HIV/AIDS in Cambodia,” Eschborn: GTZ/ICRW.

Economic Institute of Cambodia (EIC), 2005, “Literature Review on Decent Work in the Informal Economy in Cambodia,” Phnom Penh: EIC.

Economic Institute of Cambodia (EIC), 2006, “Local Public Services: Performance and Unofficial Fees,” Phnom Penh: EIC.

Economic Institute of Cambodia (EIC), 2010, “Report of the Second Citizen Satisfaction Survey in Target Communes of the LAAR Project,” Phnom Penh: EIC.

Economic and Social Commission for Asia and the Pacific (ESCAP), 2009-2010, “Achieving the Millennium Development Goals in an Era of Global Uncertainty,” Asia-Pacific Regional Report.

Golla AM, 2010, “Mekong Results-Based Initiative: Baseline Results Report,” Improving Bamboo Handicraft Value Chains for Women’s Economic Empowerment, Washington DC: International Center for Research on Women, and Phnom Penh: Indochina Research Ltd.

Hausmann R, Tyson L, and Zahidi S., 2009, “The Global Gender Gap Report,” Geneva: World Economic Forum.

Indochina Research Limited (IRL), 2007, “Perceptions of Inequality in Cambodia: A Survey,” Phnom Penh: IRL.

International Finance Corporation (IFC) and The Asia Foundation (TAF), November 2009, “The Provincial Business Environment Scorecard in Cambodia: A Measure of Economic Governance and Regulatory Policy,” Phnom Penh: IFC/TAF.

International Justice Mission (IJM), 2006, “Anti-Trafficking Program in Cambodia: Assessment,” Washington DC: USAID.

Johansson E., Long NH, Diwan VK, Winkvist A, 2000, “Gender and tuberculosis control: perspectives on health seeking behaviour among men and women in Vietnam,” Health Policy May 52(1): 33-51.

Johnson-Welch C, Bogalech A, Msaki TP, Sengendo M, Kigutha H and Wolff A, 2000, "Improving Household Food Security: Institutions, Gender and Integrated Approaches," Madison (WI): Broadening Access and Strengthening Input Market Systems (BASIS) and International Center for Research on Women.

Johnson-Welch C and MacDonald P, 1990, "Improving Mothers' Participation in Growth Monitoring and Promotion," Final Project Report, prepared for the PRICOR Project, Bethesda (MD): University Research Corporation.

Jordanwood T, van Pelt M, Grundman C, 2009, "Evaluation Report: Health Equity Fund," Bethesda (MD): University Research Corporation, LLC.

Karim F, Islam MA, Chowdhury AM, Johansson E and Diwan VK, 2007, "Gender differences in delays in diagnosis and treatment of tuberculosis," Health Policy and Planning, September 22(5):329-334.

Kidd R and S Clay, 2010, "Understanding and Challenging HIV Stigma: Cambodia Edition Toolkit for Action," WDC: ICRW and Pact (<http://www.icrw.org/publications/understanding-and-challenging-hiv-stigma-cambodia-edition>) .

Kurz K and Johnson-Welch C 1994, "The Nutrition and Lives of Adolescents in Developing Countries: Findings from the Nutrition of Adolescent Girls Research Program," Washington, DC: International Center for Research on Women.

Kus, TC, 2009, "Cambodia: Economic growth must be re-directed," in Bissio, R (Editor-in-Chief), "Social Watch Report: Making Finances Work: People First," Montevideo (Uruguay): Instituto del Tercer Mundo.

Leo B and Barmer J, 2010, "Who Are the MDG Trailblazers? A New MDG Progress Index," Washington, DC: Center for Global Development (www.cgdev.org).

Liljestrand J; Rathavy T, Moore J and Bou S, 2009, "Critical Components of Skilled Birthing Care in Cambodia: Active Management of the Third Stage of Labor (AMTSL) and Management of Eclampsia," Phnom Penh: ACCESS.

McLaughlin RW and Nee M, 2008, "Evaluation of Education Support to Children in Underserved Populations (ESCUP) Project," implemented by American Institute for Research and World Education.

Mehra R (editor), Buvinic M, Johnson-Welch C, Paolisso M, Weiss E, and Whelan D, 1996, "Taking Women into Account: Lessons Learned from NGO Project Experiences," Washington, DC: InterAction and International Center for Research on Women.

Ministry of Education, Youth and Sports (MoEYS), 2007-2008, GMAP Indicators and Targets (www.moeys.gov.kh).

MoEYS, 2006-2010, Education Strategic Plan, Phnom Penh: MoEYS.

Ministry of the Interior (MoI), *Prakas* No. 4275 on the establishment and functioning of women's and children's Consultative Committees, Phnom Penh: MoI.

Ministry of Justice (MoJ), 2010, “MOJ legal database on Country Courts’ staff, Phnom Penh: MoJ.

MoJ, 2009, “MOJ legal database on Human Trafficking”, Phnom Penh: MoJ.

Ministry of Planning (MoP), 2009, “General Population Census of Cambodia 2008: National Report on Final Census Results,” Phnom Penh: MoP.

Ministry of Women’s Affairs (MoWA), 2008, “A Fair Share for Women: Cambodia Gender Assessment,” Phnom Penh: MoWA.

MoWA, 2009a, “The National Action Plan to Prevent Violence Against Women,” Phnom Penh: MoWA.

MoWA, 2009b, “Violence Against Women: Follow-up Survey”, Final Study Report, GTZ Promoting Women’s Rights Project (PWR), United Nations Population Fund (UNFPA), United Nations Development Program (UNDP), under the Partnership for Gender Equity (UNDP/MoWA/PGE), United Nations Development Fund for Women (UNIFEM) and AusAID, Phnom Penh: MoWA.

Mysliwiec E, 2005, “Youth, Volunteering and Social Capital in Cambodia: Results of a feasibility study conducted for a Cambodian youth service program,” Phnom Penh.

National Center for HIV/AIDS, Dermatology and STD (NCHADS), 2007, “Behavioral Sentinel Surveillance,” Phnom Penh: NCHADS.

National Institute of Public Health (NIPH), National Institute of Statistics (NIS) and ORC Macro, 2006, “Cambodia Demographic and Health Survey 2005, Phnom Penh, Cambodia and Calverton, Maryland, USA: NIPH, NIS and ORC Macro.

National Institute of Statistics (NIS), 2009, “Cambodia Socioeconomic Survey (CSES)”, Phnom Penh (Cambodia): NIS.

National Institute of Statistics (NIS), Directorate General for Health (DGH) and ORC Macro, 2001, Cambodia Demographic and Health Survey 2000,” Phnom Penh, Cambodia and Calverton, Maryland, USA: NIS, DG/H and ORC Macro.

National Maternal and Child Health Center (NMCHC), 2005 and 2008, “Cambodia Anthropometric Survey (CAS),” Phnom Penh: UNICEF (also at www.foodsecurity.gov.kh/otherdocs/NMCHC.pdf).

Netra E and Sovann S, 2007, “Where did all the day cares go?: A gender analysis of the day care needs in relation to time, poverty and employment opportunities for poor women,” produced by the Project on Gender Sensitive Monitoring, Planning and Budgeting for the Implementation of the Poverty Reduction Strategy, Phnom Penh: World Bank and Ministry of Women’s Affairs.

Nichols S, and Gray L, 2007, “An Evaluation of the ‘My Better Future’ Livelihoods Development Program in Prey Veng Province, Cambodia, 2004-2007,” Phnom Penh: World Education.

Population Reference Bureau (PRB), 2002, “Fewer Malaria Cases in Cambodia,” WDC: PRB.

Ros S and Kus T (contact persons), April 8, 2009, “CSO Report on Cambodian Gender Issues,” (http://lib.ohchr.org/HRBodies/UPR/Documents/Session6/KH/JS4_KHM_UPR_S06_2009_Joint_Submission4.pdf).

Royal Government of Cambodia (RGC)

- 1993, Constitution of Cambodia, Phnom Penh.
- 1997, Law on Abortion.
- 1997, Labor Law.
- 2001, Land Law.
- 2005, Law on the Prevention of Domestic Violence and Protection of Victims.
- 2008, Law on Administration Management of the Capital, Provinces, Municipalities, Districts and *Khan*
- 2008, Law on Suppression of Human Trafficking and Sexual Exploitation.
- 2010, Law on Anti-Corruption.
- 2010, National Strategic Development Plan Update (NSDP) 2009-2013, Phnom Penh.

SILAKA, 2008, “Female Representatives at Senate, National Assembly, Senior Governor At National Sub-National Government, Mandate 4,” Female Political Booklet, Phnom Penh: SILAKA.

United Nations, 2010, “The Millennium Development Goals Report,” New York: United Nations Department of Economic and Social Affairs (DESA).

United Nations Development Group (UNDG), 2009, “Common Country Assessment in Cambodia,” Phnom Penh: UNDG.

United Nations Development Programme (UNDP), 2009, “Human Development Report,” New York: UNDP.

United Nations Development Programme (UNDP), 2010, “What Will It Take to Achieve the Millennium Development Goals: An International Assessment,” New York: UNDP.

United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), 2009, “Poverty Profile and Trends in Cambodia, Report No. 48618-KH,” Bangkok: Poverty Reduction and Economic Management Sector Unit.

UNESCAP, undated, “Overview of Poverty in Cambodia,”
(<http://www.unescap.org/about/index.asp>).

United States Agency for International Development (USAID), April 2010, Series 200 Interim Update #10-06 - Issuance of Editorially Revised ADS Chapters 200, 201, and 203, and Guide to Gender Integration and Analysis, Additional Help for ADS Chapters 201 and 203
(<http://www.usaid.gov/policy/ads>).

USAID/Cambodia (<http://www.usaid.gov/kh>)

- 2005-2010 Strategy Statement.
- FY 2010 Operational Plan Summary Report.
- FY 2009 Full Performance Plan and Report.
- Gender Statement.

United States Department of State, 2010, “Trafficking in Persons Report,”
(<http://www.state.gov/g/tip/rls/tiprpt/2010>).

Wang J, Fei Y, Shen H, Xu B, 2008, “Gender differences in knowledge of tuberculosis and associated health-care seeking behaviors: a cross-sectional study in a rural area of China”, BMC Public Health October 8(8):354.

WIDTECH, 2002, “Appropriate Technologies and Women’s Productivity in Ethiopia,” Information Bulletin, WDC: ICRW and DAI.

World Bank, undated, Country Summary of Higher Education, Cambodia, www.worldbank.org.

World Education, 2010, Summary Description of Cross-Cutting Themes: Improved Basic Education in Cambodia, Phnom Penh: World Education.

Yocum T, 2010, “Safe Abortion in Cambodia: Client, Providers, and Product, ” Phnom Penh: Population Services, International (PSI).

Yong Kim Eng, undated, “Force of the Future: Youth Participation in Politics in Cambodia,”
http://library.fes.de/pdf-files/bueros/philippinen/04526/countrypapers_cambodia.pdf .

ANNEX 3: KEY INFORMANT INTERVIEWS

US Embassy/Cambodia

Carol Rodley, Ambassador

Jenae Johnson, Political Officer

USAID/Cambodia

Laurie de Freese, Acting Mission Director and Director Program Office

Michael M. Cassell, Senior Technical Advisor, HIV/AIDS, OPHE

Chantha Chak, Infectious Disease Team Leader, OPHE

Serey Chan, Project Management Specialist, Human Rights & Civil Society, OGD

Roy Fenn, Governance Technical Advisor; covering for Private Enterprise Officer, OGD

Stephanie Garvey, Democracy Officer & Acting OGD Director

Angela Hogg, Deputy Director, Program Office

Sopheanarith Sek, Development Assistance Specialist, Child Health/Nutrition, OPHE

Rethy Seng, Rule of Law Specialist, OGD

Irene Sokha, Project Development Assistant, Program Office

Socheata Vong, Democracy and Governance Specialist, OGD

Joan Woods, RH/MCH Advisor, OPHE

Royal Government of Cambodia (RGC)¹⁸⁵

Her Excellency Chou Bun Eng, Secretary of State, Ministry of Interior

Judge, Kompong Cham Court

Prosecutor, Svay Rieng

Clerk, Battambang Court

Staff member, Ministry of Justice

Staff member, Ministry of Land Management

A New Day, Cambodia

Annette Jensen, Executive Director

Asian Development Bank (ADB)

Karin Schelzig Bloom, Social Sector Specialist

Toptosseda UK, Gender Specialist

Cambodia Women Movement Organization (CWMO)

Phork Hoeung, Program Coordinator

Cambodian Center for Study and Development in Agriculture (CEDAC)

Yi Kim Than, Field Program Director

Cambodian Human Rights Defender Project

Sok Samoeun, Director

¹⁸⁵ Some informants did not want their names used.

Community Capacities for Development (CCD)

Yim Leang Y, Executive Director, Kampong Chhanang
Sorn SaVoeun, Village Network Leader, Banteay Mean Chey

Development Alternatives, Inc (DAI)

Curtis Hundley, Chief of Party
Prum Vothana, M&E specialist, Cambodia MSME

East-West Management Institute (EWMI)

Neil Weinstein, Legal System Specialist
Sin Kim Sean, Grants Coordinator
Terry Parnell, Biodiversity & Grassroots Advocacy Advisor

Family Health International (FHI)

Ngak Song, Technical Director & Head of Operations

International Finance Corporation (IFC)

Lili Sisombat, Project Manager, Government-Private Sector Forum (G-PSF)

International Foundation for Electoral Systems (IFES)

Robert Patterson, Country Director
Sokunmealea YIM, Program Coordinator, Women's Leadership
Phea SAT, Program Coordinator, Electoral Reform

International Republic Institute (IRI)

John Willis, Resident Country Director

Khmer HIV/AIDS NGO Alliance (KHANA)

Pum Sophiny, Program Management Officer

Khmer Youth Association (KYA)

Seng Rithy, Secretary General

National Democratic Institute (NDI)

Lee Sothearayuth, Senior Program Officer

Pact

Georgia Beans, Country Representative
Sam Eng, Senior Program Officer, HIV/AIDS Program
Erin Blake, MERL Coordinator

Population Services International (PSI)

Alysha Beyer, Senior Technical Advisor

Reproductive and Child Health Alliance (RACHA)

Chan Theary, Executive Director

Reproductive Health Association of Cambodia (RHAC)

Ping Chutema, Director of Clinic Services

Rural Development Association (RDA)

Chan Sinath, Director, Battambang & Banteay Mean Chey

SILAKA

Thida Khus, Executive Director

The Asia Foundation (TAF)

Nandita Baruah, Chief of Party, Counter-Trafficking in Persons Program

Anna Olsen, Prosecution Program Officer, Counter-Trafficking in Persons Program

University Research Corporation (URC)

Peng Vanny, Deputy Director

Tapley Jordanwood, Health Financing Team Leader

Frances Daizy, Senior Technical Advisor

Paul Freer, Consultant

University Students

8 women university students – years 2-4, from rural HH in Banteay Mean Chey, Battambang, Prey Vieng, Svay Rieng, Kandal, Kampot, Kampong Cham

World Education

Kong Sonthara, Country Director

Liesbeth Roolvink, Basic Education Advisor

Youth Star Cambodia (YSC)

Eva Mysliwec, Executive Director

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