GENDER EQUALITY IN PRACTICE OF CHILD CLUBS, COMMUNITY BASED CHILD PROTECTION MECHANISMS AND PARENTS/CAREGIVERS GROUPS
REPORT

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## ABBREVIATIONS

<table>
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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>CBCPM</td>
<td>Community Based Child Protection Mechanism</td>
</tr>
<tr>
<td>CSP-III</td>
<td>Country Strategic Plan</td>
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<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>VCBCPMs</td>
<td>Village Community Based Child Protection Mechanisms at the Village Level</td>
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EXECUTIVE SUMMARY

Plan International Cambodia is implementing child protection programs across target provinces (Siem Reap, Tboung Khmum, Stung Treng, and Ratanak Kiri). The child protection program aims at ‘Girls and boys of all ages, especially the most marginalized are protected from violence, abuse and neglect.’ The purpose of this study is to better understand how gender inequality impacts the Community Based Child Protection Mechanisms, its child clubs and caregiver groups and how programming should be targeted to being gender transformative – changing social norms that promote gender inequality.

The methodology for conducting the study included a desk review, key informant interviews and a brief survey were conducted with boys and girls in Child Clubs, men and women in Community Based Child Protection Mechanisms (CPCPMS), Parent/Caregiver Groups and duty bearers in the community.

Gender norms that disadvantage women are deeply rooted in Cambodian culture. The desk review revealed that traditional gender norms prescribe that men are head of household, primary breadwinner, superior to women and girls, and hold final decision-making power in the family. Women are expected to be soft, gentle, and obedient, and their primary role is to look after the household. Women are traditionally also expected be responsible for unpaid care work and to obey their husband. Based on this understanding this study explored perceptions of gender norms and practices for challenging inequitable norms in the Child Clubs, CPCPMS and Parent/Caregiver Groups.

In this study of gender equality practices in child clubs, parent/caregiver groups, and CPCPMS, key informants almost universally identified the roles of men/boys and women/girls in line with traditional roles. Women and girls’ roles were expected to have primary responsibility for cooking, cleaning, caring for children, grandparents and other domestic responsibilities. Men and boys’ roles are expected to be generating income, doing heavy work.

Social norms that limit boys and girls were also described. Boys are expected to be tough and not cry. Women and girls are expected to be soft and more emotional. Boys can go where they want, during the day or evening, but girls are limited in movement – expected only to go out with family or friends and not in the evening (safety concerns were stated as justifications).

While gender norms are reported as traditional, changes are occurring. Both boys and girls are expected to go to school now and girls are described as doing better in school. However, still in a few cases, if they had to make a choice, parents would still send the boy if resources are limited because of the expectation that he will need to generate income. Girls were also reported to participate more in activities, being described as braver than in the past to speak up.

Some specific differences that emerged were that boys and girls in Child Clubs, held more gender equitable attitudes than parents/caregivers and CPCPMS. This generational shift was noted in the literature review and was also identified in this research.

In Child Clubs, boys and girls are participating, serving in leadership roles and speaking up at the commune, provincial and national levels. There are some slight differences, but in the qualitative analysis participants (boys and girls) regularly identified girls as good leaders, and that in many cases they participated more than boys. Boys still see themselves has having a strong responsibility in decision-making, but in practice girls are engaged in decision-making. And at least in this research, there were more girls participating in the Child Club meetings and the girls are speaking up when they have an idea. This likely requires some exploration on how to increase boys’ participation.

Both boys and girls perceived they have less influence in the community than in the child club. However, girls perceived they had more influence than boys, except at the national level. At the national level, there was some perception that it was more appropriate for boys to speak up than girls and that boys’ ideas were
listened to more than girls.

As with the Child Clubs, parents/caregiver groups practices were also in contrast to the stated social norms. Women are speaking up at meetings, serving as leaders and participating in training. There was some differences in decision-making where about two thirds reported that men have responsibility for decision-making in the group. This fits with the norm that women are engaged, but men have final decision-making power.

In the CBCPMs, some members reported that they are selected to participate on the CBCPM based on their roles in the community – such as being with the local authorities, or a security officer. This puts some limitations on who is a member. However, in this study, women were reported to commonly be leaders of the group, were seen as high quality leaders, and good participants with service providers and others.

Overall, the practices for addressing the root causes of gender inequality were to address social norm change through training, quotas for equal participation, and tacking issues such as violence against children and women. Factors that limit women and girls such as access to education, safety, and others are addressed. Negative masculinities’ such as alcohol or drug abuse and other factors are also addressed. The methods (training, peer meetings, community awareness) are appreciated and appear to be having some impact as women and girls’ participation increases.

Some of the barriers for participation are important to note. Traditional gender norms are still espoused, and the impacts of these are not widely understood. The most common barriers described for participation were safety (from sexual assault, or being tricked), and workload. These both have significant consequences for both girls/women and boys/men. As women’s participation increases in meetings, trainings, income generation and generally, their workload has to decrease at home. Already men/boys state they have more free time. There has to be a focus on workload re-distribution.

Additionally, the focus on safety of girls. There are a couple of key issues here. One factor noted is that girls are expected to be pure, so if they are sexually assaulted they lose value. Boys are seen as having no damage from this. The reality is that boys and girls are both at significant risk of sexual abuse, and both have negative consequences from the abuse. Ignoring boys and considering girls damaged has to be addressed.

The reality is that there has been a significant focus on building capacity for gender transformative programming. Staff, child club members, parents/caregivers, and CBCPMs all have a basic understanding of gender and negative gender norms for women/girls. There are positive changes occurring and this should be applauded. Also, the reality that real change takes time must be paid attention to and consideration of how to move to the next level.

It is important to really tackle the barriers to participation at all levels. This will require continued challenging of negative norms, and supporting practices that remove barriers – child care, timing of meetings, promoting workload sharing, and others. It is very important to require equal participation, but we have to have a concurrent reduction in other time commitments and responsibilities, so that participation does not add an additional burden. Additionally, it is important to move from a ‘girls are victims’ prospective which appears to be more comfortable – addressing violence, abuse etc. to a rights perspective – girls (and boys) have right to mobility, freedom from violence, etc. Child rights are addressed consistently, but girls are often then seen as victims that must be protected. This limits girls and boys.

Gender equality will be achieved when men, women, boys and girls have equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviors, aspirations and needs equally, regardless of gender. The pathway to gender equality is not direct. Progress in one area, can be hampered by barriers in others. There are no shortcuts. The work to promote gender equality is tedious and requires commitment to continue to challenge inequities in all domains and in multiple settings. This requires that children learn gender equitable practices from their parents, and these are reinforced in the Child Clubs and the community. This requires having the same or
similar messages in multiple settings.

**Child Clubs**

In Child Clubs, the clubs have focused on equal participation in participation, training and leadership. To move to the next level, the young engaged in Child Clubs must continue on the path by identifying social norms attitudes and practices within their community that must be challenged to support gender equality, to help them understand the benefits of more equitable norms, and pathways to change. This work is not short-term.¹

- One such social norm is the expectation that girls work longer hours than boys – that somehow ‘heavy work’ is more valued. To build Child Club members understanding of this inequality, *workload analysis* tools and action planning for change should be implemented to help members identify and understand ways to re-distribute workloads between men/women and boys/girls targeting workload reduction for girls.
- There are lower expectations for boys on achievement, expectations they will not show emotion, and higher acceptance of risky behaviors that lead to violence. To build capacity of boys for healthy gender equitable relationships it is imperative to build positive masculinities from early childhood.
- Girls are held back from participation because of the fear of their safety. This is based on the inequitable norm than girls are damaged if they experience sexual abuse. Boys are also at risk, but it is seen as not damaging. To address this the project should strengthen the application of child safeguarding policy so that *safety* for boys’ and girls’ participation, considering safe transportation options, times of meetings, locations of meetings or other ways to promote safety.
- Some boys do not feel that participation in Child Clubs is for boys. Plan and its partners should evaluate agendas, and Club processes to ensure they are engaging to both boys and girls.
- Continue to address the localized issues in the target community. The Child Club members have an increased awareness, but this is just beginning, and real change takes time and continued focus.

**Parent/Caregiver Groups/ CBCPMS and Communities**

Parents/caregivers are the most important mechanism for teaching equitable gender norms. Children grow up in families and are most influenced by the experiences in their home.

- Parents/Caregiver groups should conduct *workload analysis* to identify and understand ways to re-distribute workloads between men/women.
- More training should be provided to the community and parents/caregivers on the *risks/consequences of for sexual violence for boys and girls*.
- Fear of sexual violence is limiting girls’ participation and boys’ risk for victimization is being ignored. At the local level, the Parents/Caregivers, members of the CBCPMS should as part of their problem analysis for their work plan annual when they explore child protection risks – should *identify factors that increase risk of sexual violence* in their local communities.
- Promote as a topic for awareness raising campaigns implemented by the CBCPMs that *victims of violence are not to blame*.
- Identify and *addresses child protection issues for boys and girls based on locations* (early marriage, alcohol and drug abuse, domestic violence, etc.) that are relevant for the community and address.

**Staff**

Staff cannot be expected to be experts in child protection, management and gender. However, we must build a deeper understanding of gender transformative approaches to child protection, so we can identify opportunities for transformative change.

- Assess individual knowledge, attitudes and practices and create individual *gender self-development*

¹ An example of a tool is Plan International’s *Champions of Change Gender Transformative Advocacy*
plans.

- *Train staff* on implementing Plan International Tools such as Sticks and Stones, Champions for Change and others (Workload Analysis Tools).
- Provide staff learning opportunities and skills so they can support the community to *identify on-going issues in their target areas*.
- Provide *supervision and support* to staff as tackling gender norms in the community can have an emotional toll and bring risks to staff.
- *Promote women* as child protection staff members.
1. INTRODUCTION

1.1 COUNTRY CONTEXT

Plan International, strives to advance children’s rights and equality for girls all over the world. As an independent development and humanitarian organization, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children’s rights from birth until they reach adulthood and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.


These programs have been designed to address key issues affecting children in Cambodia. Each sectoral program integrates key elements of other sectoral programs to enable them to be mutually reinforcing. Guided by Plan International’s Program and Influencing Approach and Gender Transformative Programming, Plan International places children, particularly the girls and young women at the center of all of its programming.

Plan International Cambodia is implementing child protection programs across target provinces (Siem Reap, Tboung Khmum, Stung Treng, and Ratanak Kiri). The child protection program aims at ‘Girls and boys of all ages, especially the most marginalized are protected from violence, abuse and neglect.’

The child protection program focuses on four key objectives as the followings:

1) **Girls and boys** have better skills to protect themselves and their peers and take collective action in preventing and responding to violence

2) **Parents, caregivers, and communities** in target areas are able to provide better care and practice positive, gender sensitive and non-violent child rearing

3) **Sub-national level government and non-government** structures/mechanism related to child protection protect, prevent and coordinate referrals and response services for child protection

4) **The government of Cambodia** invests in the development of a national and sub-national child protection system.

To ensure the program contributes to the achievement’s the global strategy of Plan International with the aims at **We strive for a just world that advances children’s rights and equality for girls** and the global priorities that all Plan International’s programs need to be **gender transformative in programming and influencing**, the senior management of Plan International Cambodia has prioritized learning through a study on Gender Equality in Practices in Child Protection Program in all Plan International Cambodia’s target areas.

Recognizing the rights of the child (both boys and girls) to protection, participation, survival and development, Plan International focusing has developed Community Based Child Protection Mechanisms at the Village Level (CBCPMs). Plan International so believes that gender equality is central to its vision for change – a world in which all children, both boys and girls have the same rights and are able to realize them at the same degree. Because of this focus Plan is committed to understanding how gender inequality impacts the CBCPMs, its child clubs and caregiver groups and how programming should be targeted to being gender transformative –
changing social norms that promote gender inequality.

1.2 OBJECTIVES OF THE STUDY
As outlined in the Terms of Reference the purpose of the study is as follows:

• To analyse gender aspects in practice and functionality of child clubs, parent and caregiver groups and Community Based Child Protection Mechanism.

• To identify good practices, barriers and capacity needs for transforming gender in the community groups including child clubs, parent and caregiver groups and Community Based Child Protection Mechanism (CBCPM).

• To provide strategic recommendations to improve the gender and girl equality in community group functionality and practices.

Noting that Plan International seeks to promote gender transformative programming the study recommendations will be imperative to build the path to transformation. This is not easy. Gender transformative child protection programming seeks to challenge gender dynamics and actively confront gender norms and unequal gender relations. This must be considered holistically – considering changes that must happen for boys and girls, men and women, community and society. This is not a ‘one off’ activity, but a process, so programming must respond to this incremental approach and ensure women and children’s safety during any change processes.

2. METHODOLOGY

2.1 RESEARCH QUESTIONS
Here are key research questions to be addressed in the study:

• To what extent the community groups (child clubs, parent/caregiver groups and CBCPMs) take action to address root cause of gender inequality in child protection intervention at their community?

• How many girls and boys, women and men, in their group governance and decision-making processes and opportunities to take lead?

• What are the roles of women and men, girl and boys in the community groups and in the activities of the groups for child protection intervention?

• What opportunity, existing mechanisms and interventions do the community groups involve girls and women in taking a lead in influencing to local authorities?

• What are the good practices of the community groups to promote gender equality in child protection actions?

• What is the existing capacity and additional capacity needed of community group members to promote gender equality in their groups and child protection actions?

• What are the barriers (cultural, social and stereotypes) of the community group members to promote gender equality in their groups and child protection actions?

• What are practical recommendations for community groups and for Plan International to improve the community group functionality and activities in addressing gender/girls’ inequality?
Comparing to the components/criteria of gender transformative programming and influencing of Child Protection Program, which areas are strong and which areas are in the need for improvement?

2.2 LITERATURE REVIEW
A desk/literature review was conducted of relevant research, gray data, evaluations and other reports that provided information on the situation of gender and child protection in Cambodia. The literature was presented in the inception report and is incorporated in this report. Documents reviewed are included in the Works Cited.

2.3 PRIMARY DATA COLLECTION

2.3.1 Sampling
The sampling method for data collection was purposive. In this type of sampling participants were selected or sought after based on pre-selected criteria based on the research questions. The target area for project includes four Provinces (Siem Reap, Tboung Khmum, Ratanak Kiri and Stung Treng) 11 districts. Overall there are 71 child clubs, 67 parent groups, and 222 community-based child protection mechanisms in the project area. Pre-selected criteria for selecting the districts were:

- Locations where Plan International has been operating the Community Based Child Protection Mechanisms, and Child Clubs.
- Places with newer projects and older projects included.
- Include Indigenous Groups focus in relevant provinces.

The full sample is described in Annex 3. The districts selected are as follows:

- Stung Treng, Thalaboriwat District, Anlung Chrey Commune
- Rattanak Kiri, Ou Chum District, Samki Commune
- Siem Reap, Angkor Thom District, Svay Check Commune
- Tboung Khmum, Dambae District, Seda Commune

2.3.2 Data Collection Methods
Data collection methods included:

Focus group discussion (FGD): FGDs were held with groups of girls and boys in Child Clubs, women and men in Parent/Caregiver Groups and CBCPMs, to learn more detail about the practices of gender equality in their groups. For children the consultant used child friendly activities to understand the differences for boys and girls, men and women in roles and responsibilities, decision-making roles, access to resources, participation, mobility, social norms – based on the research questions.

Key informant interview (KII): Key informant interviews were conducted using a semi-structured interview format. This method was selected as it is flexible, allowing new questions to be brought up during an interview as a result of what the interviewee says. KII were undertaken with local authorities and relevant offices and departments of the governments and partner NGOs.

Group Survey: A brief survey was conducted with girls and boys in Child Clubs women and men in Parent/Caregiver Groups. The survey focused on decision making, level of engagement in group, community, gender equitable attitudes and other factors. Overall 45 children were surveyed (32 girls and 13 boys); and 20 parent/caregiver group members (11 female and nine male).

Direct observation: During the FGDs, the interviewers observed the interaction of girls, boys, women and men with each other and between the groups. Factors observed were who had the confidence to speak up, who takes a leadership role, and when appropriate how males and females interact.
2.4  **ETHICAL CONSIDERATIONS**

The Research Team have all been trained in child protection and safeguarding children in research. During the inception phase a Risk Assessment for this project was conducted (and included with the inception report). Prior to field work the Research Team reviewed specific child protection practices for this research and were provided training on the use of specific tools.

2.4.1  **Child Participation**

As part of this study, children were interviewed through FGDs and individual interviews. This direct communication with children requires a review of ethical considerations. International standards stipulate the prime importance to consider is that the participant is fully informed, permission is gained and the data collection does not cause the participant harm.

Children were invited to participate by the NGO service provider working with them. All children participating had consent from their parents/caregivers to participate. They were explained the purpose and gave their assent. Children were informed about the relevance of the research to them from participation.

All interviews with children were conducted in consideration of the child’s privacy – not to be heard by others but will be in site of another interviewer or adult. No children were alone with interviewers.

2.4.2  **Consent**

Because of low levels of literacy in Cambodia, and the fear people might have of recording their names, the interviewer requested verbal consent of the adult participants to conduct the interview. As part of the consent procedure, the participants were told the purpose of the study, and what will happen with the data and that the data collected will aggregated and not tied to any name. Participants were asked if they had any questions and told they can refuse to answer any questions or leave at any time.

2.4.3  **Confidentiality**

All data has been aggregated, and no comments tied specifically to a name.

3.  **LIMITATIONS OF THE STUDY**

The study is limited by the type of data collected. The data is qualitative and cannot be generalized, but only represents what the study participants said. To respond to this limitation, multiple types of key informants were asked similar questions to triangulate the findings. Additionally, a brief survey was administered. The numbers of brief survey respondents were limited and again can only represent what the participants reported and cannot be generalized. For the Child Club survey, significantly more girls participated making the findings for boys more limited.
4. FINDINGS

The Plan International “Getting it Right” Gender Transforming Programming and Influencing strategy, identifies that “nowhere in the world are girls and boys, women and men treated equally.” It is widely researched that gender inequality affects all people but can particularly disadvantage women and girls resulting in their being valued less, having fewer opportunities and less pay for the same jobs, strong barriers to rights and more gender-based violence than their male peers. As a result of these inequalities, boys can benefit, but also suffer negative consequences that can lead to high risk behaviors and challenges in building healthy relationships.

Plan International recognized that a gender transformative approach goes beyond addressing “symptoms” to explicitly tackle the root causes of gender inequality, particularly unequal power relations, discriminatory social norms and practices. The focus is to improve the daily condition of girls while advancing their position and value in society.

The Plan International Country Strategic Plan (CSP-III), highlights key critical issues relating to Child Protection in Cambodia. Cambodia’s population is a young population with 41 percent under 18 years, based in a largely rural country setting despite increasing urbanization over the past 5 years.

4.1 GENDER ANALYSIS IN CAMBODIAN CONTEXT

Gender norms that disadvantage women are deeply rooted in Cambodian culture. Traditional gender norms prescribe that men are head of household, primary breadwinner, superior to women and girls, and hold final decision-making power in the family. Women are expected to be soft, gentle, and obedient, and their primary role is to look after the household. Women are traditionally also expected be responsible for unpaid care work and to obey their husband.

Historically, these gender norms are prescribed in the ‘Chbab Srey’ or traditional ‘Code of Women’. The Chbab Srey is the moral guideline which sets forth through normative poems proper behaviour for “respectable” girls and women in Cambodian society. These norms learned from early in life perpetuate inequitable gender norms and attitudes of women and girls and men and boys in the family and in society.

In Cambodia, there are indications that the roles of men and women are changing in favour of more equitable gender norms. Some factors impacting this shift are the imperative to engage all family members in income generation, rapid economic development and migration to work. Cambodia also has a young population and traditional gender norms are less prevalent in younger generations. Men with a secondary education or more, those who had a higher income, those who were not formally taught Chbab Srey / Chbab Proh, or grew up in a household with equal decision-making between their parents also demonstrate more gender equitable attitudes.

However, the majority of housework and childcare is still done by women and in a recent study less than 10 percent of men overall had highly gender-equitable attitudes, indicating that ongoing work is needed in promoting equality in these areas.

However, intersectionality of children’s identities (such as gender, age, socio-economic status, ethnicity) as explanatory factors needs to be included and analyzed in research and studies in Cambodia to better understand the dynamics of gender norms and attitudes.

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2 Plan International Getting it Right.
4 GADC (2010) Doeun Troeung Hath in Modern Cambodia, Phnom Penh
7 http://partners4prevention.org/resource/cambodia-quantitative-study-report
8 Ibid
understand and address existing and emerging child protection issues.

According to the 2017 Global Gender Gap report, Cambodia is ranked 99 out of 144 world-wide countries with a score of 0.676. Regionally, Cambodia is ranked 11 out of 18 countries. This widespread gender inequality affects all aspects of social and human rights protection issues, including child protection. One critical link here in relation to gender and child protection issues is gender inequality and poverty - gender inequality perpetuates poverty. Neglect, deprivation and physical abuse experienced by the most disadvantaged children is a result of living in poverty; their status of being girls or young women (and children with disabilities; or children belonging to minorities). Poverty has lifelong consequences for children. Children are two times more likely than adults to be living in poverty and a child living in poverty is also more likely to grow into an adult living in poverty.

In 2014, a national study indicated that more than half of all Cambodian children had been physically abused, including being kicked, whipped or beaten with an object. One quarter of Cambodian children experience emotional abuse by a parent, caregiver or other adult relative. The same study shows that both boys and girls are at risk of sexual violence with boys experiencing slightly higher rates of sexual violence than girls (4 percent of females and 5.6 percent of males age 18 to 24 reported at least one incidence of sexual abuse before the age of 18). For boys the first incident of sexual abuse was also younger (age 10) than for girls (age 15).

Some discussion in the literature also suggest that boys are supposed to want sex (more than girls) so they are not negatively impacted emotionally by the sexual abuse. This of course is false. Another difference is the expectation of purity for girls. In Cambodia there is a saying “Men are Gold, Women are White Cloth” referring to the norm that women are considered permanently damaged if they lose their virginity, while men are not harmed (can just be cleaned like gold).

The first sexual intercourse was unwanted for 1 in 4 females (24.2 percent percent and 1 in 11 males (8.9 percent) among those whose first sexual intercourse was prior to age 18. Cambodia has, however, made some progress in recent years with prevalence of sexual exploitation and trafficking in entertainment places decreasing from 30-35 percent in 2004 to two percent in 2014. Children being exposed to pornographic material have also been reported to the UN, 81% of 349 Children aged from 9 to 13 interviewed in 16 provinces and municipalities were exposed to pornographic photos on a phone, computer or internet while an adult is watching.

Acceptance of violence against women (domestic violence is also high. In the Cambodia Demographic and Health Survey (2014) of those interviewed over half of women and 27 percent of men found it acceptable for a husband to beat his wife at least one of six specified reasons.

Studies have also reported issues of neglect and children lacking appropriate care from parents/care givers occurs in 85 percent of families which are characterized by one or more of the following; migrating, have no regular job, divorced, have gambling issues, domestic violence, have many children, have problems with debt. 14 percent of families considered rich or of medium wealth report a lack of care from parents/ care-givers due to being overworked and lack steady work/business opportunities.

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10 Ibid.
11 The observation study of International Justice Mission in 2014
13 The report of action research on children needing care from parents and caregivers conducted by Cambodia Children and Young People Movement for Child Rights (CCYMCR) in 2014.
Currently there are 267 residential care institutions registered with the Government with 11,788 children (5,607 girls) resident. However, there are also at least 134 institutions that are not registered and not included in the government system, in which 6663 children (3326 girls) are resident.

While the official child labor rates reported decreased from 20 percent in 2009 to 9.9 percent in 2013, 7 percent of all children aged 6-17 years were ‘nowhere’ meaning that they worked with no specific working place and contact and some of them were not at home: 7.9 per cent male and 6.1 per cent female. Translated into numbers, there were some 180,000 children who were ‘nowhere’.

Another critical issue is the high number of juveniles in the justice system including offenders and victims with different cases of child protection issues and there is no appropriate process applied with juveniles—the juvenile justice law is in the process of approval and implementation.

An emerging and escalating child protection issue in the country is the increased use of drugs and alcohol by children and youth. The annual progress report of the National Authority on combating Drugs in 2015 reveals that 7,753 drug victims among 16,575 (there is children among them but without clear data) were treated and referred to community drug treatment services and in 2015 the authorities intervened in 3061 drug cases which is a 128.94 percent increase against 2014 figures. Moreover, one study revealed that 85 percent of 980 interviewed peoples (children, local authorities, teachers, parents and alcohol sellers) said that they saw children and young people drinking alcohol in the community.

It is important to address child protection issues from a gender perspective, as gender inequalities reflect and can increase vulnerabilities. There are many variables that affect a child’s protection risks, including the existence or absence of effective child protection legislation and protection services, access to educational opportunities etc. However, one of the most significant factors is the sex of the child and related gender norms. Girls and boys, including adolescents, face different protection risks in Cambodia, they have different needs and choices, and possess different skills, knowledge and coping strategies.

Gender plays a significant role in how children are treated within families and communities in Cambodia. Gender issues relating to Child Protection in Cambodia are starting to be documented by both government and NGOs:

- Violence against children affects both boys and girls, though there are variations by type of violence between genders. Sexual violence exposes girls to HIV infection and other sexually transmitted infections as well as early pregnancy with all the added physical and psychological issues attached to it. Girls also experience sexual violence and harassment in schools, which is a major impediment to achieving gender equality in education.
- Children are employed in the informal and unregulated sectors of the economy in Cambodia. As a result, they find themselves easy targets of both physical and sexual abuse and sexual exploitation and children undertaking by domestic work are overwhelmingly girls under the age of 16.
- Trafficking of children is a recognized problem in Cambodia, however, there is limited data available, which indicates that children constitute the majority of victims of trafficking. Girls and young women

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14 The mapping study on residential care institutions in Cambodia in 2016 by Ministry of Social Affairs, Veterans and Youth rehabilitation, UNICEF and USAID
15 The Cambodia inter-census observation by Government in 2013
16 All provincial prosecutors decided on 263 cases with 376 victims (128 juveniles) and 301 offenders (23 juveniles) and all provincial judges decided on 299 cases with 523 victims (120 juveniles) - The annual progress report 2015 of Child Rights in Cambodia by Cambodia National Council for Children
17 Report of action research on children drinking alcohol. conducted by Cambodia Children and Young People Movement for Child Rights (CCYMCR) in 2014
18 Ibid.
are most vulnerable given that trafficking typically involves sexual exploitation, and forced domestic labour.

4.2 GENERAL GENDER ANALYSIS FOR CHILD PROTECTION PROGRAM

The Child Protection Program staff at Plan International and its implementing partners take the issue of promoting gender equality seriously. As noted above, Plan International prioritizes promoting gender transformative programing, with a focus on promoting gender equality recognizing the disadvantages experienced by girls in Cambodian society. This priority is witnessed at every level of the project.

Staff members applied methods that promote gender transformative programming including building their own capacity to understand gender, and methods for promoting gender transformative programing such as building capacity of girls to participate and lead, addressing social norms that limit women and girls participation (and related attitudes and behaviors), and addressing policies at the national level including a focus on gender.

Plan staff and implementing partner staff report they have received training on gender. Staff (Plan and partners) report this has built their understanding of ways that girls are disadvantaged in Cambodian culture. The data collected was qualitative so specific percentages can be provided, however staff interviewed had an understanding of the gender inequality experienced by women and girls in Cambodian society, noting challenges in participation, decision-making, access to education and resources.

In addition, to building their understanding of gender inequality, staff have also learned and applied programming methods to promote gender transformative programing. Recognizing that girls have more barriers attending school, that cultural norms limit opportunities for leadership and decision-making, the Child Protection Program has integrated practices in their programming to address inequitable social norms and to provide opportunities for girls to learn skills, receive education, and lead.

The key methods applied are addressing social norms and practices that support violence against women, addressing violence against women and children directly (prevention and intervention), providing training to children, community members and duty bearers on gender and child rights including rights of girls/women, general awareness raising in the community and instituting practices such as rotating leadership, promoting opportunities for girls at all levels such as requiring representatives from Child Clubs to Child Club meetings at national level to be gender balanced. Additionally, the Child Protection Team have worked to influence policy related to child protection ensuring that negative gender norms are addressed. Some examples of these actions are intimate partner or domestic violence, violence against children, alcohol abuse and others.

These are good practices and are showing results in the Child Clubs, the Parent/Caregiver Groups and in the CBCPMs. The reality is however, that social norm change – which is the foundation of gender transformative programming takes time. Knowledge and understanding can increase before practices change. This is a challenge because it takes long term commitment to transform inequitable gender norms.

Important for staff, implementing child protection programs is to continue to build on the successes, and help the Child Club members, Parent/Caregiver groups, Duty Bearers and community members to move to the next level. This will be discussed further later in this report. However, real changes are occurring, but the underlying social norms that result in girls having more responsibilities and less free time continue. Even though in practice these norms for women are changing (women are generating income for example), the impact of these changes will require further commitment and dialogue with Child Clubs, CBCPMs, and Caregiver Groups. Importantly, is the recognition that social norm change takes long-term commitment.
At the same time these same social norms are resulting in boys needs not being met. Expectations of boys’ achievement is low, boys experience of sexual abuse is ignored, and they are expected to lead the family even if this is not their strength. Boys are not permitted to show emotions, likely contributing to issues such as substance abuse or even domestic violence later in life.

4.3 General Gender Analysis in the Child Clubs

4.3.1 Cultural and Social Norms / Barriers to Gender Equality in Child Club

Boys and girls in child clubs were interviewed to explore their views on gender norms. The interviews were conducted separately (boys interviewed by male interviewer and girls interviewed by female interviewer) so that boys and girls were free to speak without the other group listening. At the end of the FGD, individual participants were asked to respond to a brief survey. Those results and the results of the FGD are presented in this section.

Gender norms identified in the literature review were women’s role in housework and care, men’s role in income generation and decision-making. These were explored in the groups’ overall as gender norms held by the Child Club members, then further exploration on how these norms impacted roles in the Child Club of its members.

Figure 2: Women are responsible to take care of the family and household (n=45)

(See Figure 1). Overall this demonstrates that women are perceived to be responsible for the care of the family and household. Only a few participants disagreed with the statement. This fits with the desk review research where the role of women was identified as to care for the home and family.

Figure 1: Women are responsible to take care of the family and household (n= 32 females and 13 males)

The first area explored was caregiving and household work. In the brief survey, boys and girls were asked to respond to statement Women are responsible to take care of the family and household. Overall, 89 percent of all survey respondents agreed and strongly agreed (13 percent strongly agree; 76 percent agree); two percent were neutral; and six percent agreed or strongly disagreed.

When the responses were disaggregated by sex (percent of females or males responding with a specific answer) for girls three percent strongly agreed, and 94 percent agreed. For boys 38 percent strongly agreed and 31 percent agreed.

Eight percent of boys were neutral; three percent of girls and 23 percent of boys disagreed and strongly disagreed (See Figure 2).

This demonstrates This shows that 99 percent of girls and 69 percent of boys in the Child Club perceive that women are responsible for the care of the home and family and that girls have internationalized this social norm slightly stronger than boys. This is discussed further at the end of this section. Important to remember, is the sample size of boys was small.
The next statement was: Men have primary responsibility for generating income in the family. Overall 76 percent of respondents agreed and strongly agreed with this statement; two percent were neutral; 22 percent disagreed or strongly disagreed. (See Figure 3).

When responses were disaggregated by gender 72 percent of girls strongly agreed and agreed. For boys, 54 percent of boys strongly agreed and 31 percent agreed with the statement (See Figure 4).

Interestingly, of the 20 percent that disagreed that men have primary responsibility for generating income (nine girls), six of the girls were from Rattanak Kiri Province. Boys have more strongly internalized that they have the primary role of income generating than girls; and girls from Rattanak Kiri have less perception that boys/men are primary income generators.

The next statement was: Men should have final say in most family decisions. Overall 60 percent of participants in the Child Clubs strongly agreed and agreed with this statement; four percent were neutral; 31 percent disagreed; and four percent strongly disagreed (See Figure 5).

“Men are expected to provide for the family. It is a bit responsibility”

Male Child Club Member Tbong Khamum

“Men and women talk but men usually have the final say especially with big decisions”

Male Child Club Member Tbong Khamum
When responses were disaggregated by sex, six percent of girls strongly agreed; 53 percent of girls agreed; and boys 31 percent strongly agreed and 31 agreed; six percent of girls were neutral; 34 percent of girls strongly disagreed and 23 percent of boys disagreed and 15 percent strongly disagreed (see Figure 6).

This shows that nearly two thirds of boys and girls have the perception that the man should make the final decision in the family. Of the 35 percent (11 girls and 5 boys) that disagreed or strongly disagreed (see Figure 5) all were from Rattanak Kiri and Stung Treng Provinces. This shows that of the participants surveyed those in Rattanak Kiri and in Strung Treng less commonly believe that men have final say in decision-making.

In FGDs, the boy and girl participants in Child Clubs described the roles of boys/men and girls/women in the family reported very much in line with traditional gender norms as demonstrated in the brief survey. Men and boys’ roles were reported by Child Club members to be responsible to earn money to support the family, to make decisions in the family, and do heavy work around the house (but limited ‘housework’). Heavy work was described as chopping or carrying wood, hunting, building, farming, etc. Both boys and girls in Child Clubs reported that the time required to for men/boys takes less time than the work for women/girls, resulting in men/boys having more free time.

Boys/men were reported (by both boys and girls) to have more freedom of movement. Boys’ could go far from home to school or work, go out at night with friends, or stay overnight away from home. Girls/women were reported by both boys and girls to be expected to stay close to home. This limitation on girls was described as a safety issue. The safety issues were risk of sexual violence and traffic accidents. Traffic accidents were noted as a risk for both boys and girls; however, the risk for sexual violence was only noted for girls. Later caregivers and others describe this same concern for girls’ safety.

Other differences in social norms for boys and girls reported by the Child Clubs members was the acceptable ways that boys and girls can express emotion. Boys are expected not to cry, but it is acceptable for girls to cry. Another behavior difference that is expected is that boys are more violent (fighting each other), can shout and get angry. Girls are expected to be more compliant, not fighting or shouting or arguing. These differences were noted in all provinces.

Importantly when asked about changes, both boys and girls described that some social norms were changing. Both girls and boys reported that men are more likely now to help with housework, and that girls are more likely to go to school than in the past. Participants in the Child Clubs also gave examples of how women are now working more outside the home and some are even taking non-traditional jobs such as police officers. These changes are seen as increasing women’s voice.

![Figure 6: Men should have final say in most family decisions disaggregated by sex (n= 32 female; 13 male)](image)
4.3.2 Gender and Participation of Girls and Boys in Child Clubs

In FGDs Boys and girls in Child Clubs were asked about their participation, roles and responsibilities in the Child Club. To better understand, individual experiences, at the end of the FGD, boys and girls were asked to respond to a brief survey to describe their individual roles in the child club, their perspectives on roles of boys and girls in the child club. The results of the brief survey and FGDs are presented here.

The first statement was: *I have served a leadership role in the Child Club.* Overall 64 percent of child club members participating in this study had served in a leadership role (See Figure 7). Of the girls responding to the survey, 59 percent of the girls had served in a leadership role; of the boys responding 85 percent of the boys had served in a leadership role (See Figure 8). It is important to remember that fewer boys responded to the survey than girls.

This demonstrates that while fewer boys participated, those that do are more commonly in leadership positions. In FGDs, both girls and boys described that girls and boys could be leaders and that girls were good leaders in the child clubs. The challenges reported for girls’ participation in leadership were related to her other responsibilities in the family. The demands on girls’ time sometimes prohibited her from being a leader. Boys did not mention many challenges for themselves. Some that were mentioned were related to the demands on their time to do work at home or help with income generation. One boy did say that Child Clubs were seen being more for girls; this viewpoint may impact boys’ interest in participating.
Statement two was: I attend meetings of the Child Club regularly (never miss more than one or two meetings a year). Overall 91 percent of the participants attend meetings regularly (See Figure 9). Of the girls and boys that responded to the survey slightly fewer (1 percent) of boys attended regularly more than girls (See Figure 9). This slight difference in girls’ and boys’ participation was reported to be because of household responsibilities of the girls. The high attendance of participants shows they value their participation in the Child Club; however, it is very important to note that significantly fewer boys participated in the research likely requiring further exploration to barriers for boys participating. In FGDs when asked about barriers to participation in Child Clubs the responses were similar to those about leadership (time, work demands).

Statement three was: I have represented the child club at a community meeting where I could raise my voice on issues the child club identified. Overall 73 percent of the child club members participating in the survey responded yes (See Figure 7). Of the boys and girls that responded to the survey slightly more boys than girls represented the Child Club at a community meeting 72 percent of girls compared to 77 percent of boys (See Figure 10). This difference is not significant.

Statement four was: I have represented the child club at provincial or higher-level meetings where I could raise up my voice on issues the child club identified. Overall 24 percent of child club members participating in the survey responded yes. The lower number is likely that overall there is less opportunity to represent the club at the provincial or national level (See Figure 7). Of the boys and girls that responded to the survey 28 percent of girls and 15 percent of boys that responded had represented the child club at the provincial or higher level (See Figure 11). This shows an almost double rate of girls’ participation at the provincial or higher level.
Statement five was: **My ideas were considered and responded to at the commune provincial or national meeting.** Overall 49 percent of child club members participating in the survey responded yes (See Figure 7). Of the boys and girls that responded to the survey, 59 percent of girls and 23 percent of boys said their ideas were considered and responded to at a commune provincial or national meeting (See Figure 12). Since more girls represent at the provincial/national level it is fitting that more girls felt their ideas were considered.

The next set of questions were also about gender roles and the Child Club. These were a set of statements that participants could respond with strongly disagree, disagree, neutral, agree or strongly agree.

The first statement was: **I speak up at child clubs when I have an idea.** Overall 16 percent of boys and girls responding to the question strongly agreed; 62 percent agreed; four percent were neutral; 16 percent disagreed; and two percent strongly disagreed (See Figure 13). This demonstrates that overall most boys and girls speak up at Child Clubs when they have an idea. In FGDs this both boys and girls described speaking up in the Child Club.

When the data is disaggregated by sex, it shows that girls feel more confident to speak up than boys (See Figure 14). Overall 88 percent of girls agreed; and 9 percent of girls strongly agreed. For boys, 31 percent strongly agreed; 46 percent disagreed; and eight percent strongly disagreed with the statement.

Of the 18 percent overall (see Figure 13) (3 percent of girls and 54 percent of boys (seven boys and one girl) that disagreed or strongly disagreed all were from Stung Treng. Overall this demonstrates boys and girls are both confident to speak up except in Strung Treng where boys are less confident (again remember the sample of boys is small, however.)
The next statement was: *Girls and boys can both be leaders in our child clubs.* Overall 22 percent of boys and girls responding to the question strongly agreed; 73 percent agreed; two percent were neutral and two percent disagreed (See Figure 15). Earlier the question was if they had served as a leader, and many had not, however, the perception is that both boys and girls can be leaders in the Child Club. This is very positive that both boys are girls are perceived as leaders. As noted earlier some comments by participants were that girls make good leaders and some boys reported they made better leaders than boys.

When disaggregated by sex 94 percent of girls agreed and six percent strongly agreed that both girls and boys can be leaders. For boys, 62 percent strongly agreed, 23 percent agreed eight percent of disagreed; and percent of boys were neutral (See Figure 16).

The boys that disagreed (2 boys) were from Rattanak Kiri. Overall it shows that most boys and all girls have the strong belief that both girls and boys can be leaders in the Child Club). In FGDs Child Club members reported practices of rotating leadership, so this practice likely has resulted in good practices in shared leadership.

The next statement was: *Girls and boys are both just as likely to be selected for participation in training.* Overall 13 percent of participants strongly agreed; 73 percent agreed; four percent were neutral; seven percent disagreed; and two percent gave no response (See Figure 17). This shows that overall the majority of participants perceive that boys and girls are likely to be selected for participation.
When the data is disaggregated by sex, it shows that of the boys and girls responding 6 percent of girls strongly agreed and 77 percent of girls agreed. For boys, 31 percent strongly agreed; and 69 percent agree that boys and girls are just as likely to be selected for participation (See Figure 18). Of the overall seven percent that disagree (See Figure 17) were three girls from Rattanak Kiri. The four percent that were neutral were two girls from Rattanak Kiri. The two percent with no response was one girl from Strung Treng.

This shows that majority of girls and all boys are just as likely to be selected for participation. Girls have a slightly lower expectation of participation in Rattanak Kiri, but overall this demonstrates that the Child Protection Program is modeling good practices in selecting both boys and girls for training.

The next statement was: Girls can’t participate in some activities because of safety concerns. Overall 16 percent of boys and girls in Child Clubs strongly agreed; 38 percent agreed; four percent were neutral; 29 percent disagreed; and 13 percent did not respond (See Figure 19). This shows that there is significant concern over girls’ safety and that girls are perceived that they cannot participate due to this concern.

When responses were disaggregated by sex, 54 percent of boys strongly agreed; 15 percent agreed; for girls 45 percent of girls agreed; three percent of girls and eight percent of boys were neutral; and 33 percent of girls and 15 percent of boys disagreed (See Figure 20).

It is worth noting that 29 percent overall disagreed that girls can’t participate (See Figure 19). Of those that disagreed all were female and were mixed from Siem Reap, Strung Treng, and Rattanak Kiri provinces. Of those that did not respond or were neutral (total eight persons) six were from Rattanakiri (four female and two male), and one female each from Tbong Khmum and Siem Reap.

In the FGDs girls and boys reported also reported that girls’ mobility was limited due to fears of sexual violence. A few also reported concerns that girls would be cheated. Both girls and boys reported that the risk for girls (to experience violence or cheating) was when they went out at night or went far by themselves. As a result
of this concern, boys were reported to be able to go out at night and go far away to school, and girls could not because of these same concerns.

The next statement was: Boys have most of the responsibility for decision-making in our group. Overall 13 percent strongly agreed and 27 percent agreed with this statement. On a strong positive note, 53 percent disagreed and two percent strongly disagreed (See Figure 21). This demonstrates that the majority of participants do not believe that boys have most of the responsibility for decision-making. However, a significant number do think so.

When the responses are disaggregated by sex, six percent of girls strongly agreed and 25 percent agreed. For boys, 31 percent strongly agreed, and 31 percent agree. Eight percent of boys were neutral, 69 percent of girls disagreed, and eight percent of boys strongly disagreed (See Figure 22) that boys have the responsibility for decision-making. The girls that disagreed were from all provinces, but slightly more from Rattanak Kiri province.

With over half disagreeing with this statement it shows a strong belief that boys are not solely responsible for decision-making. This is interesting for a couple of reasons. First, the social norm reported by boys and girls in the Child Club is that men are responsible for decision-making in the family – or at least final decision-making. Obviously, the real practice is different in the Child Club and may represent a positive shift in social norms – where women and girls are more likely to participate in decision-making. Girls hold strong leadership positions and are confident to speak up, and it appears do not expect boys to make decisions.

4.3.3 Child Club Members and Gender in the Community

Girls and boys in child clubs were asked to respond to the statement I believe I can influence decisions in the community (outside my family). Overall only 24 percent of boys and girls in the child club strongly agree or agree they can influence decisions in the community. Notably, 62 percent disagree, and 11 percent strongly disagree (See Figure 23). However, in FGDs Child Club participants noted that the local authorities appreciated their input and work.
When the data is disaggregated by sex, six percent of girls strongly agreed and 28 percent agreed they could influence decisions in the community. There were no boys that thought they could influence decisions. Overall 66 percent of girls and 5 percent of boy disagree; and 38 percent of boys strongly disagreed (See Figure 24). Of note is that almost all of the girls and boys that disagreed or strongly disagreed were from Strung Treng or Rattanak Kiri Provinces (only one from Tbong Khmum).

This shows that most of the children do not have confidence they can influence decisions in the community, particularly those living in Strung Treng and Rattank Kiri. Interestingly, later, it is perceived that boys’ voices are more likely to be heard at higher levels.

Two statements were about boys’ and girls’ perceptions of their ability to raise their voice at the provincial and national levels.

The statement was Boys and girls can raise their voice at the Provincial level. Overall 33 percent of boys and girls agreed and strongly agreed they could raise their voice at the provincial level; two percent were neutral; 29 percent disagreed, and 20 percent strongly disagreed (See Figure 25).

This shows that overall the majority of boys and girls generally do not feel they can influence decisions at the provincial level.

When disaggregated by sex for girls 25 percent agreed; 13 percent strongly agreed. For boys 8 percent agreed and 15 percent strongly agreed that boys and girls can raise their voices at the Provincial level. Eight percent of boys are neutral; and 25 percent of girls and 38 percent of boys disagree; eight percent of boys strongly disagree. Interestingly 38 percent of girls and 23 percent of boys did not respond to this question. This likely also shows they were not clear that they could influence at the provincial level. While this seems like a high number it is actually quite striking that over a third of youth perceive to have influence at the provincial level. This is quite positive and should be built upon. Of note as well is that
the majority of the no responses were from Strung Treng and Rattanak Kiri provinces. This could show a lack of understanding or an unwillingness to report about interaction at the provincial level (positive or negative).

The next statement was boys and girls can raise their voice at the national level. Overall 48 percent of boys and girls in Child Clubs strongly agreed or agreed; two percent are neutral; 27 percent disagreed, and 13 percent strongly disagreed that they can raise their voice at the national level. Again, this should be considered a success that nearly half of Child Club participants perceive they can influence at the national level. It is observed that boys and girls perceive they have more influence at the national level than at the provincial level. This likely is because of the strong focus on the Child Advocacy Network participation at the national level.

When disaggregated by sex, it reveals that 25 percent of girls strongly agree and 8 percent of boys strongly agreed and 31 percent agreed they can raise their voice at the national level. Eight percent of boys were neutral; 13 percent of girls disagreed; and 38 percent of boys disagreed, and 15 percent strongly disagreed. Interestingly, 63 percent of girls did not respond to this question. It is unclear if they did not understand or did not feel comfortable answering the question. The female participants that did not respond were from Rattanak Kiri and Strung Treng Provinces. It is not clear if they did not understand or did not feel comfortable answering the question.

The next statement was: It is more appropriate for boys to speak up at the national level because they have to travel. Overall 46 percent of boys and girls interviewed in child clubs agreed and strongly agreed with this statement; 42 percent disagreed or strongly disagreed; 11 percent were neutral; 22 percent disagreed, and 20 percent strongly disagreed (See Figure 27). This shows that that the view on boys being more appropriate to speak up is split by about half.
When the responses are disaggregated by sex about half of girls (53 percent) agree. For boys, 15 percent strongly agree, and 23 percent agree with this statement. At the same time for girls, 22 percent disagreed, 13 percent strongly disagreed. For boys, 38 percent disagreed and 15 percent strongly disagreed. Thirteen percent of girls did not respond; and eight percent of boys were neutral (See Figure 30). Clearly, this is an area where there is not clear agreement.

FGDs with Child Club members it was raised by girls and boys that girls cannot travel as far as boys because of safety concerns. This was reported in social norms and in various areas related to girls’ participation. Once again when explored the fear is of girls being sexually assaulted or cheated. Once again, the literature shows that boys also at risk, but the participants did not raise concerns about this for boys.

The next statement was: Authorities listen better to boys’ ideas than girls’ ideas was presented. Overall 44 percent of participants agreed and strongly agreed that authorities listen better to boys than girls; 11 percent were neutral; and 44 percent disagreed or strongly disagreed (See Figure 31). This shows there is that there is a mixed perception as to whether boys’ ideas are listened to more than girls.

When disaggregated by sex 44 percent of girls agreed. For boys, 15 percent strongly agreed, and 28 percent agreed.

Also 13 percent of girls and eight percent of boys were neutral; 31 percent of girls disagreed; and 38 percent of boys and 13 percent of girls strongly disagreed (See Figure 32).

Of those that disagreed (boys and girls) they were mixed between the provinces. This demonstrates a strong perception that boys’ opinions are valued more than girls. This contradicts the statement by some boys that they do not believe they can influence the community in decision-making.
When asked in FGDs, boys and girls’ barriers to participation were described for both boys and girls. For girls the primary issues were safety (going far from home), impacts on school time, and the expectation they would help with housework. For boys, barriers to participation were the need to help the family with income generation either at home or to migrate to work. These barriers are linked with the social norms and role expectations of boys/men and women/girls.

On a positive note, boys and girls in Child Clubs described some changes. Men/boys are helping more with the housework, and women and girls are able to do more different types of jobs. Girls are also reported to be able to go to school more, and girls are reported to be able to serve in leadership roles. Both girls and boys reported that more commonly now men and women discuss issues before they make a decision. And a few reported that violence against women and girls was decreasing.

When asked about leadership in the groups, both boys and girls reported that in many groups’ girls lead more than boys. Girls were reported to be organized and took responsibility for management of the group.

4.3.4 Good Practices for Promoting Gender Equality in Child Clubs

Girls and boys reported on the good practices for promoting gender equality in the group. Both girls and boys described a variety of good practices. These are described as follows.

Training: Both boys and girls in Child Clubs reported they had participated in many trainings. Training was on child rights, gender, violence against children, importance of education, impacts of child marriage, hygiene, domestic violence, alcohol and drug abuse, and others. Both boys and girls reported that they were taught how to report a child protection issue. The Child Club members reported that the training was good because they learned themselves and were able to share what they learned with their family and other people in the community.

Participation: A good practice that was also reported in the Child Club and is evidenced by this research is the promotion of equal participation in the Child Club meetings, in trainings, in leadership. Child Club members reported practices such as quotas or rotating leadership to ensure both boys’ and girls’ get opportunities. In the Child Clubs it was commonly expected that boys and girls would both have opportunities.

At the national level, girls and boys were also interviewed in the Child Advocacy Network. These were representatives of Child Clubs that had participated in a national meeting. There responses were similar to other participations, except that they likely had someone stronger gender equitable norms. These youth were actively engaged and tackling gender.

Influencing Opportunities: The Child Clubs have been provided opportunities to raise their voice to commune, provincial (less) and national duty bearers related to their concerns and to impact policies. As a result, youth are seeing the ability to have their voice heard. While many youth perceived that they cannot influence, it is of importance that many do believe they can. This is likely as a result of the opportunities provided to them.

Community Awareness: Youth in the Child Clubs described the importance of the changing ideas of their parents. Parents/caregivers also participate in groups and there are awareness raising efforts in the community. This is important as children learn new equitable norms, the parents must support these.

While these efforts are extremely positive, some barriers to participation in Child Clubs were described. For girls these barriers were the competition for
their time. Girls’ (and boys) reported that girls had to spend significant time on care responsibilities as described earlier, and this often limited their ability to participate in Child Clubs. Barriers for boys were having to work, wanting to play sports (or other activity). Some also reported that boys did not see the Child Clubs as important.

4.4 GENDER ANALYSIS IN PARENT/CAREGIVER GROUPS

4.4.1 Cultural and Social Norms / Barriers to Gender Equality in Parent/Caregiver Groups

To explore social norms and barriers to gender equality parents and Caregivers were interviewed in FGDs and were asked to voluntarily respond individually to brief survey end of the FGD. A total of 20 caregivers were interviewed individually: 11 females and 9 males. The results of the brief survey and FGDs are presented in this section.

The first statement was: Women are responsible to take care of the family and household. Overall 65 percent of participants agreed and strongly agreed with this statement. Interestingly 35 percent responded with neutral (See Figure 33). That parents/caregivers perceive that women are responsible to care for the family is in line with the literature review. Interestingly, the percentage of parents/caregivers holding this traditional view was less than with the Child Club members. But as noted 35 percent were neutral. Likely the participants have participated in gender training that challenges their view. None were yet willing to disagree with the statement, however.

In the FGDs, men and women both described the roles of women to care for the family and household. They were described as better at these roles than men. However, in the FGD, both men and women reported that men were starting to help more with housework or care.
The next statement was: Men should have final say in most family decisions. Overall, only 30 percent of participants agreed and strongly agreed with this statement. Thirty five percent disagreed, and 35 percent were neutral (See Figure 35). This shows that although the social norm is that men have final say in decision-making, two thirds women and men in the Parent/Caregiver groups are following this social norm.

When disaggregated by sex 11 percent of men strongly agreed, and 33 percent agreed. For women 64 percent were neutral. Interestingly, more men than women disagreed with this statement (56 percent of men compared to 18 percent of women) (See Figure 36). Of those men that disagreed, they were from Strung Treng, Tbong Khmum and Rattanakiri (both men and women).

In FGDs, when asked about gender norms around decision-making for men and women, parents/caregivers stated that the man was the decision-maker. When asked about practices in their own lives, the parents/caregivers said that even though it was the traditionally considered to be the man’s role that commonly men and women discuss together and make decisions together.

The next statement was Men are responsible for generating income for the family. Overall only 10 percent of participants strongly agreed, and 15 percent agreed (See Figure37). Interestingly there was also strong disagreement (40 percent and neutral 35 percent).

“Most of the responsibility for income generation is for the man, but more women get paid now too”

Child Club Member Tbong Khmum
When disaggregated by male and female, males agreed and strongly agreed far more commonly: females at nine percent agree, and males at 22 percent agree and 22 percent strongly agree; 64 percent of females were neutral, and 27 percent of females and 56 percent of males disagreed (See Figure 38). Of those that disagreed the males were from Siem Reap and Rattanak Kiri and the females from Rattanak Kiri and Strung Treng.

This shows that along with expectations for women (care of family, household and men, men still hold more traditional attitudes than women although these numbers are very limited. Interestingly, the majority of women were neutral on the issue of men’s role in income generation. As women’s roles are changing as they are more educated, engage in income generation and hold positions of leadership, they likely incorporate the newer social norms more readily.

The next statement was If a woman obeys her husband domestic violence will not occur. Overall 15 percent of respondents agreed, and 15 percent strongly agreed with this statement and 30 percent agreed and five percent strongly disagreed (See Figure 39).

When disaggregated by male and female respondents, for females, 27 percent of females agreed; for males, 11 percent strongly agree, and 33 percent agreed. Also, for females, nine percent disagreed; for males, 22 percent disagreed, and 33 percent strongly disagree (See Figure 40).

While it is positive, that only about one third of respondents agreed and strongly agreed that if a woman obeys her husband domestic violence will not occur, it still means that a significant portion of participants believe that a man has the right to beat his wife if she does not obey him. Of those that agreed and strongly agreed, the respondents were in Tbong Khmum and Streng Treng Provinces.

While at first glance this percentage appears high, it is important to put it in context. Overall from the
Cambodia Demographic and Health 2014, half of women believe a husband is justified in beating his wife for one of six reasons; and about 27 percent of men believed the same. Additionally, this sample is small. That women are neutral, likely means that movement in a positive direction because the national survey showed a higher rate for women. It is important to continue to give the message, that violence against women is not acceptable under any circumstance. It is a violation of law and the rights of the woman.

4.4.2 Participation of Men and Women in Parent/Caregiver Groups

The first statement was: Women speak up at parent/caregiver meetings as much as men. Fifty five percent of respondents strongly agreed, and 30 percent agreed with this statement (see Figure 42).

When disaggregated by sex, for women 64 percent of women strongly agreed and 27 percent agreed. For males, 44 percent strongly agreed, and 33 percent agreed. Another 22 percent of males disagreed, and nine percent of females did not respond (See Figure 41). In FGDs, women both men and woman reported that women speak up and share their ideas.

The next statement was Women and men can both be leaders in our Parent/Caregiver Group. Overwhelmingly respondents reported that males and females could be leaders: 50 percent strongly agree and 45 percent agree (See Figure 43).
When disaggregated by sex, 64 percent of females strongly agree, and 27 percent agree. For males, 33 percent strongly agree and 67 percent agree that women can be leaders in the groups. Only a few women disagreed (nine percent) (See Figure 43).

In the FGDs, participants commonly reported that men and women could be leaders in the group. There were no reports of how women became leaders (stand by themselves etc.). The only barrier to women’s leadership reported was the challenge from her care responsibilities in the home and family. Men reported barriers of needing to go to the fields to work. These were the only barriers reported.

The next statement was Women and men are both just as likely to be selected for participation in training. Overwhelmingly participants strongly agreed (35 percent) and agreed (55 percent) with this statement (See Figure 45).

When disaggregated sex the agreement was still strong. For females, 64 percent strongly agreed, and 27 percent agreed. For males 89 percent agree. Only nine percent of females and 11 percent of males disagreed (See Figure 46).

In FGDs, participants reported they had equal opportunities for participation in training. Some reported that women participated in training more than men.
The next statement was Women can’t participate in some activities because of safety concerns. Overall, 45 percent of parents/caregivers interviewed strongly agreed and 30 percent agreed with this statement (See Figure 47). This confirms the statements made in FGDs that women/girls are limited in mobility because of safety concerns. The literature review also identified limits on women’s mobility due to concerns for safety.

When disaggregated by sex, more males than females agreed and strongly agreed with this statement. For females, 55 percent strongly agree, and 9 percent agree; for males, 33 percent strongly agree, and 56 percent agree. Also, 36 percent of females and 11 percent of males disagree (See Figure 48).

Importantly, this limitation is primarily around fears of sexual violence perpetrated against women. The literature shows that, in fact, boys are slightly more at risk of sexual violence than girls in some age groups. But also, that girls are considered damaged if she is raped and boys are considered unharmed – reinforced by the proverb “Men are Gold Women are White Cloth”. The primary areas where concern for girls’ safety is noted is going out at night, and in going from one place to another especially at night or in isolated areas.

The next statement was: Men have most of the responsibility for decision-making in our group. Overall 35 percent of respondents strongly agreed and 35 percent agreed that men have most of the decision-making responsibility. Interestingly, 25 percent disagree (See Figure 49).

When disaggregated by sex for females 64 percent strongly agree, and nine percent agree; for males 11 percent strongly agree and 33 percent agree. An additionally 18 percent of females disagree; nine percent of females did not respond; for males 56 percent disagree. This pattern of response fits with the broader social norm that men are primarily responsible for decision-making. Of those that disagreed, the men
were from Rattanak Kiri and Siem Reap and the women that disagreed were from Strung Treng. The female responses were from Rattanak Kiri.

So in contrast to the earlier finding that women can be leaders, it appears that even though they are leading they limited responsibility for decision-making in the groups. This is contrasted with the attitudes of youth which shows that the participants in Child Clubs are more likely to see decision-making as more equitable.

4.4.3 Good Practices for Promoting Gender Equality in Parent Caregiver Groups

As with the Child Clubs, the Parent/Caregiver groups described the good practices for promoting gender equality in the group. In FGDs, participants were shared about similar methods such as training, participation, and community awareness.

Training: For training, the Parent/Caregiver Groups reported that good practices for promoting gender equality in parent/caregiver groups were training they had received on gender, domestic violence, child rights and other topics.

Participation: Others noted the importance of promoting participation of both males and females in training, and in the groups. This was seen as important particularly from the women’s point of view. Women said, “you also focus on women in groups, but it is men that need to hear the messages”, meaning they were glad that the men were participating.

Women and men both talked about barriers to participation for men and women. These were commonly related to their responsibilities at home. Only a very few stated it was not appropriate for a woman (or man) to participate.

Community Awareness: As noted above, community awareness of violence, and other issues were identified as important to sharing messages with both men and women.

4.5 Gender Analysis in Community Based Child Protection Mechanisms

FGDs were held with members of the CBCPMs in selected locations. Because of the small number of participants, only the FGDs discussion was conducted.

4.5.1 Cultural and Social Barriers of CBCPM to promote gender equality

Participants in the CBCPs were asked about the roles of men and women in the family and in the community. Like the Child Club Members and parent groups, gender norms were described as traditional. The roles of women in the family were described consistently as to be a housewife, look after the children, cook, clean, care for the animals, wash clothes. Men were reported to responsible for heavy work, manage the family, earn money to support the family. These were repeated almost the same as in the other groups. Clearly the social norm at least when stated reinforces the traditional roles.

When asked about how social norms limit men and women, participants in the CBCPM talked more about limitations on women. The primary limitation on women, is around their mobility. Women and girls were expected to stay close to home, not go out at night or go far away to school. This was repeated again and again. “Girls can’t go into the forest”, “Girls can’t go far from home to school”; “Girls can’t go out at night” Generally, this was reported in both the women’s and men’s groups. This was seen as a way to prevent sexual assault or ‘being cheated’. Women are seen as vulnerable and unable to protect themselves.

And instead of blaming the perpetrator if something happens to the woman, she is seen as causing the violence by not obeying these rules. In fact, in general, if women did not follow these traditional roles, and also went out at night (for example), it was reported that they would be blamed by the family and community. She would be looked down on by others and be seen as not a good woman.

Men and boys on the other hand had a different experience. Men and boys were reported to be able to go out at night, to go far from home, and to generally have more freedom. There was no recognition of the risks
(for example sexual abuse) for boys. Additionally, men (and boys) had additional privileges such as being able to have a relationship with more than one woman with no consequences to him.

A few mentioned the issue of access to education, stating that boys had more access to education because of traditional views, and because sometimes girls had to travel far to school (safety issues), or they were needed for help at home. Both it was also mentioned that boys and girls were expected to drop out of school to help with family after primary school.

CBCPMS were asked about child protection issues in their communities. Generally, in all areas the issues were reported similarly. Common child protection issues were domestic violence, children not going to school, drug and alcohol abuse, stealing or other issues. The only difference was that in the groups in Rattanak Kiri, members, reported the issue of early marriage. This was seen as impacting both boys and girls, but girls more so as they generally married someone a few years older.

Positively, the CBCPM members described some positive changes in their communities. Overall, all groups reported that more girls are now going to school. Parents are supporting the children to go school. Some reported that girls are doing better in school, they are more confident to speak up, and served in leadership roles.

4.5.2 Participation of Men and Women in CBCPM

When asked about their own participation in the CBCPMs, group members reported that in some groups the leaders were women. In all of the groups interviewed, it was reported that both men and women could be leaders of the group. Women were seen as having capacity to lead the groups. In one group a member reported that “women work hard in men; women are smarter to lead the group”. In another group women were reported to be more active in the meetings and more willing to work closely with the NGOs. Clearly women were seen as being able to lead and were in fact leading.

The CBCPM members also talked about barriers to participation for men and women. Commonly women were reported to be active in the groups but had some barriers to participation. These included her care and household responsibilities. For men barriers to participation were busy with work, were far away from home (migration to work) or did not think the group was useful. In one group, they reported in some cases men had gotten drug or had perpetrated domestic violence, so they were embarrassed to attend.

4.5.3 Good Practices for Promoting Gender Equality

The CBCPM reported that good practices for addressing gender inequality in the groups were training for the groups on gender, preventing abuse, leadership, parenting, safety and other trainings. Learning from these trainings were reported to be positive.

CBCPM members also talked about their work to address issues in the community. They reported they did home visits to educate community members, attending meetings of the Commune Committee for Women and Children, participated in school enrolment campaigns, and tried to meet parents when they could. They also talked about addressing some issues such as girls’ mobility. Some methods recommended to allow them to be able to go out was using such tactics as not going alone.

CBCPM members reported there had been positive changes in their communities. They see that violence against children and women has decreased, more parents are sending their children (boys and girls) to school than before. And they are permitting the children to stay in school longer. Girls are reported to be braver than before, speaking up and sharing their ideas.

When asked about ways to promote more participation, women reported a simple change was required – that women and men had to share more of the domestic and care workload.
5. CONCLUSIONS AND RECOMMENDATIONS

Gender Aspects in Practice and Functionality of Child Clubs, Caregiver Groups and CBCPMS

In this study of gender equality practices in child clubs, parent/caregiver groups, and CBCPMS, key informants almost universally identified the roles of men/boys and women/girls in line with traditional roles. Women and girls’ roles were expected to have primary responsibility for cooking, cleaning, caring for children, grandparents and other domestic responsibilities. Men and boys’ roles are expected to be generating income, doing heavy work (farming, lifting, etc.).

Social norms that limit boys and girls were also described. Boys are expected to be tough and not cry. Women and girls are expected to be soft and more emotional. Boys can go where they want, during the day or evening, but girls are limited in movement – expected only to go out with family or friends and not in the evening (safety concerns were stated as justifications). While lower than the national rate, still many people believe that domestic violence is justified in some circumstances.

On a positive note, both boys and girls are expected to go to school. And, if fact girls are described as doing better in school. However, still in a few cases, if they had to make a choice, parents would still send the boy if resources are limited because of the expectation that he will need to generate income. Girls were also reported to participate more in activities, being described as “braver” than in the past to speak up.

Child Clubs

Some specific differences that emerged were that boys and girls in Child Clubs, held more gender equitable attitudes than the parents/caregivers and CBCPMS. This generational shift was noted in the literature review and was also identified in this research.

In the Child Club, the participants described the traditional norms, but the actual practices are somewhat different. In Child Clubs, boys and girls are participating, serving in leadership roles and speaking up at the commune, provincial and national levels.

There are some slight differences, but in the qualitative analysis participants (boys and girls) regularly identified girls as good leaders, and that in many cases they participated more than boys. Boys still see themselves has having a strong responsibility in decision-making, but in practice girls are engaged in decision-making. And at least in this research, there were more girls participating in the Child Club meetings and the girls are speaking up when they have an idea. This likely requires some exploration on how to increase boys’ participation.

Both boys and girls perceived they have less influence in the community than in the child club. However, girls perceived they had more influence than boys, except at the national level. At the national level, there was some perception that it was more appropriate for boys to speak up than girls and that boys’ ideas were listened to more than girls.

Parent/Caregiver Groups

As with the Child Clubs, parents/caregiver groups practices were also in contrast to the stated social norms. Women are speaking up at meetings, serving as leaders and participating in training. There was some difference in decision-making where about two thirds reported that men have responsibility for decision-making in the group. This fits with the norm that women are engaged in the activity, but men have final decision-making power.

CBCPMS

In the CBCPMs, some members reported that they are selected to participate on the CBCPM based on their roles in the community – such as being with the local authorities, or a security officer. This puts some
limitations on who is a member. However, in this study, women were reported to commonly be leaders of the group, were seen as high-quality leaders, and good participants with service providers and others.

**Good Practices, Barriers, and Capacity Needs for Gender Transformative Programming**

Overall, the groups identified good practices for addressing the root causes of gender inequality through social norm change. Some examples of these good practices were training on relevant topics to gender equality, quotas, and building skills for equal participation (as members, in trainings, and in leadership). The groups reported tackling tough issues such as violence against children and women, drug and alcohol abuse and school dropouts.

The groups had identified and were beginning to address issues that limit women and girls such as access to education, safety, and others. Negative masculinities’ such as alcohol or drug abuse and other factors are also addressed at the individual and community levels. The methods (training, peer meetings, community awareness) are appreciated and appear to be having some impact as women and girls’ participation increases and some reported a decrease in domestic violence (against women and children).

Some of the barriers for participation are important to note. Traditional gender norms are still espoused, and the impacts of these are not widely understood. The most common barriers described for participation of women and girls are safety (from sexual assault, or being tricked), and workload. These both have significant consequences for both girls/women and boys/men.

As women’s participation increases in meetings, trainings, income generation and generally, their workload has to decrease at home. Already men/boys state they have more free time. There has to be a focus on workload re-distribution.

Additionally, the focus on safety of girls. There are a couple of key issues here. One factor noted is that girls are expected to be pure, so if they subject to sexual violence, they “lose value” in the eyes of the community. Boys are seen as having no damage if they are victims. The reality is that boys and girls are both at significant risk of sexual abuse, and both have negative consequences from the abuse. Ignoring boys and considering girls as damaged has to be addressed.

The reality is that there has been a significant focus on building capacity for gender transformative programming. Staff, child club members, parents/caregivers, and CBCPMs all have a basic understanding of gender and negative gender norms for women/girls. There are positive changes occurring and this should be applauded. Also, the reality that real change takes time must be paid attention to and consideration of how to move to the next level.

It is important to really tackle the barriers to participation at all levels. This will require continued challenging of negative norms, and supporting practices that remove barriers – child care, timing of meetings, promoting workload sharing, and others. It is very important to require equal participation, but we have to have a concurrent reduction in other time commitments and responsibilities, so that participation does not add an additional burden. Additionally, it is important to move from a ‘girls are victims’ prospective which appears to be more comfortable – addressing violence, abuse etc. to a rights perspective – girls (and boys) have right to mobility, freedom from violence, etc. Child rights are addressed consistently, but girls are often then seen as victims that must be protected. This limits girls and boys.

**Regional Differences**

Throughout this analysis the researcher explored differences based on the communities. The sample size is small, so it is difficult to generalize. However, a trend was noticed.

In the categories when social norms (as barriers) were explored, overwhelmingly, the participants that held more traditional attitudes were from Rattanak Kiri province and to a lesser extent Strung Treng. A notable exception to this was in the question – men are responsible for income generation where women disagreed
that men were responsible. Additionally, the issue of early marriage was only raised in this province.

Another striking difference was girls’ willingness to speak up. In all provinces except Strung Treng girls spoke up in groups easily. In Strung Treng the girls reported they did not.

**Strategic Recommendations to Improve the gender equality in community group functionality and practices.**

Gender equality will be achieved when men, women, boys and girls have equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviors, aspirations and needs equally, regardless of gender. The pathway to gender equality is not direct. Progress in one area, can be hampered by barriers in others. There are no shortcuts. The work to promote gender equality is tedious and requires commitment to continue to challenge inequities in all domains and in multiple settings. This requires that children learn gender equitable practices from their parents, and these are reinforced in the Child Clubs and the community. This requires having the same or similar messages in multiple settings.

**Child Clubs**

In Child Clubs, the clubs have focused on equal participation in participation, training and leadership. To move to the next level, the young engaged in Child Clubs must continue on the path by identifying social norms attitudes and practices within their community that must be challenged to support gender equality, to help them understand the benefits of more equitable norms, and pathways to change. This work is not short-term.

- One such social norm is the expectation that girls work longer hours than boys – that somehow ‘heavy work’ is more valued. To build Child Club members understanding of this inequality, *workload analysis* tools and action planning for change should be implemented to help members identify and understand ways to re-distribute workloads between men/women and boys/girls targeting workload reduction for girls.

- There are lower expectations for boys on achievement, expectations they will not show emotion, and higher acceptance of risky behaviors that lead to violence. To build capacity of boys for healthy gender equitable relationships it is imperative to build positive masculinities from early childhood. Boys and men sometimes need help to become confident in being a man and expressing their masculinity in a positive way through care, love and respect. They need to be able to express emotion. This movement forward should be coupled with parent training and peer group activities for boys to reinforce positive gender equitable behaviors. Plan already has existing tools than should be learned by staff and applied in the target provinces.

- Girls are held back from participation because of the fear of their safety. This is based on the inequitable norm than girls are damaged if they experience sexual abuse. Boys are also at risk, but it is seen as not damaging. Of course, both suffer when abused. To address this the project should strengthen the application of child safeguarding policy so that *safety* for boys’ and girls’ participation, considering safe transportation options, times of meetings, locations of meetings or other ways to promote safety. At the same time the social norm that girls are damaged and not boys should be addressed. Boys should be protected the same as girls. Girls should not be less valuable if they have been abused. This social norm should be addressed at the Child Club level and the community level.

- Some boys do not feel that participation in Child Clubs is for boys. Plan and its partners should evaluate agendas, and Club processes to ensure they are engaging to both boys and girls. This will consider *different ways of learning, engaging socially, and preferred activities*. For example, some children

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20 An example of a tool is Plan International’s *Champions of Change Gender Transformative Advocacy*

21 Champions of Change Showing Solidarity Module for Boys (Showing Solidarity, Being a Young Man, Responsible Sexuality, Being Non-Violent in Personal Relationships, Being a Champion of Change)
prefer more active methods and others prefer more passive. The style of engagement should be varied to be engaging to both styles.

- Continue to address the localized issues in the target community. The Child Club members have an increased awareness, but this is just beginning, and real change takes time and continued focus.
  - Increase the child led activities at all provinces to address domestic violence, alcohol and drug abuse, migration, and other child protection risks.
  - Increase child led activities in Ratanak Kiri and Strung Treng to raise awareness of the negative consequences of early marriage and for adolescent pregnancy,
  - Continue with promoting equal participation for boys and girls in Child Clubs (leadership, training, advocacy).

**Parent/Caregiver Groups/ CBCPMS and Communities**

- Parents/caregivers are the most important mechanism for teaching equitable gender norms. Children grow up in families and are most influenced by the experiences in their home. It is imperative to address inequitable social norms at the family level. Parents and caregivers should have training through tools such as positive parenting and learn how to promote positive masculinities (men engaging with children, reducing alcohol abuse, teaching consent, healthy relationships, child and women’s rights), etc.
- Parents/Caregiver groups should conduct *workload analysis* to identify and understand ways to redistribute workloads between men/women. Workload analysis tools should be implemented with both men and women so they can work together to identify ways to equalize the workload (targeting equal responsibility, free time, mobility, etc.).
- More training should be provided to the community and parents/caregivers on the risks/consequences of for sexual violence for boys and girls; using a survivor centered approach\(^{22}\) that also addresses the social norms that blame the victim and ignores the impact on boys (girls are damaged, boys are not).
- Fear of sexual violence is limiting girls’ participation and boys’ risk for victimization is being ignored. At the local level, the Parents/Caregivers, members of the CBCPMS should as part of their problem analysis for their work plan annual when they explore child protection risks – should identify factors that increase risk of sexual violence in their local communities (such as lack of lighting, unsafe roads, risky transportation, community attitudes) for girls and boys. Based on the gaps identified they should advocate with local and national authorities for solutions (lighting, improved roads, central meeting places, safe transportation).
- Promote as a topic for awareness raising campaigns implemented by the CBCPMs that victims of violence are not to blame. Identify and spread key messages to the community such as – Perpetrators are always responsible for the violence, not the victim. Women and girls do not cause violence because of where they go or what they wear. Men can control themselves and do not have the right to commit violence (just examples)
- Identify and addresses child protection issues for boys and girls based on locations (early marriage, alcohol and drug abuse, domestic violence, etc.) that are relevant for the community and address.

\(^{22}\) A survivor centered approach is a best practice that is used for interventions with women and girls subject to violence. It applies a human rights approach that ensure the survivors rights and needs are first and foremost. This includes to be treated with respect, not blamed, able to choose their course of action and privacy and confidentiality respected, and non-discrimination.
Staff

- Staff cannot be expected to be experts in child protection, management and gender. However, we must build a deeper understanding of gender transformative approaches to child protection, so we can identify opportunities for transformative change.
- Assess individual knowledge, attitudes and practices and create individual gender self-development plans. It is impossible to take the community on a journey to gender transformation that you have not been on yourself!
- Train staff on implementing Plan International Tools such as Sticks and Stones, Champions for Change and others (Workload Analysis Tools).
- Provide staff learning opportunities and skills so they can support the community to identify on-going issues in their target areas. This must be built into job descriptions and workloads so that adequate time is available for this action.
- Provide supervision and support to staff as tackling gender norms in the community can have an emotional toll and bring risks to staff.
- Promote women as child protection staff members.
ANNEX 1: TERMS OF REFERENCE

TERMS OF REFERENCE
Study on Gender Equality in Practice of Child Clubs, Community-Based Child Protection Mechanism and Parents/Caregiver Groups in Plan’s Target Areas

About Plan International

We, Plan International, strive to advance children’s rights and equality for girls all over the world. As an independent development and humanitarian organization, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children’s rights from birth until they reach adulthood and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

Plan International began its operations in Cambodia in 2002 and currently conducts its primary program activities in the provinces of Siem Reap, Tboung Khmum, Stung Treng and Ratanak Kiri with the Country Office based in Phnom Penh. With the 3rd Country Strategic Plan 2016-2021, Plan International implements 5 country programs namely (1) Early Childhood Care and Development, (2) Child Protection, (3) Water, Sanitation and Hygiene, (4) Nutrition, and (5) Education and TVET programs.

These programs have been designed to address key issues affecting children in Cambodia. Each sectoral program, will integrate elements of other sectoral programs to enable them to be mutually reinforcing. Guided by Plan International’s Program and Influencing Approach and Gender Transformative Programming, Plan International places children, particularly the girls and young women at the center of all of its programming.

Background of the Study on Gender Analysis in Practice

Currently, child protection program has been implementing in across target provinces (Siem Reap, Tboung Khmum, Stung Treng and Ratanak Kiri) of Plan International Cambodia including indigenous communities as detailed in annex 1.

Child protection program aims at ‘Girls and boys of all ages, especially the most marginalized are protected from violence, abuse and neglect.’ The program focuses on 4 four key objectives as the followings:

5) Girls and boys are better skills to protect themselves and their peers and take collective action in preventing and responding to violence
6) Parents, caregivers, and communities in target areas are able to provide better care and practice positive, gender sensitive and non-violent child rearing
7) Sub-national level government and non-government structures/mechanism related to child protection protect, prevent and coordinate referrals and response services for child protection
The government of Cambodia invests in the development of a national and sub-national child protection system. To ensure the program contribute to the achievement’s global strategy of Plan International with the aims at *We strive for a just world that advances children’s rights and equality for girls* and the global priorities that all Plan International’s programs need to be *gender transformative in programming and influencing*, the senior management of Plan International Cambodia decided to carry out a study on Gender Equality in Practices in Child Protection Program in all Plan International Cambodia’s target areas.

**Focus of the Study**

**Purposes**

The purpose of the study are as follows:

- To analyse gender aspects in practice and functionality of child clubs, parent and caregiver groups and Community Based Child Protection Mechanism.
- To identify good practices, barriers and capacity needs for transforming gender in the community groups including child clubs, parent and caregiver groups and Community Based Child Protection Mechanism (CBCPM).
- To provide strategic recommendations to improve the gender and girl equality in community group functionality and practices.

*(Note: Gender transformative programming and influencing guidance of Plan International will be used as parameter).*

**Research Questions**

Here are key research questions to be addressed in the study:

- To what extent the community groups (child clubs, parent/caregiver groups and CBCPMs) take action to address root cause of gender inequality in child protection intervention at their community?
- How many girls and boys, women and men, in their group governance and decision-making processes and opportunities to take lead?
- What are the roles of women and men, girl and boys in the community groups and in the activities of the groups for child protection intervention?
- What opportunity, existing mechanisms and interventions do the community groups involve girls and women in taking a lead in influencing to local authorities?
- What are the good practices of the community groups to promote gender equality in child protection actions?
- What are the existing capacity and additional capacity needed of community group members to promote gender equality in their groups and child protection actions?
- What are the barriers (cultural, social and stereotypes) of the community group members to promote gender equality in their groups and child protection actions?
- What are practical recommendations for community groups and for Plan International to improve the community group functionality and activities in addressing gender/girls inequality?
- Comparing to the components/criteria of gender transformative programming and influencing of Child Protection Program, which areas are strong and which areas are in the need for improvement?

**Users of the Study Report**

The study report and its annexes will be used by the following organizations and institutions for various purposes:
• **Plan International Cambodia**: As the valuable inputs for improvement of the existing and future child protection program design and implementation; as the inputs and evidence for internal and external communications with target audiences, including donors, NOs and its program staffs.

• **Plan International National Organizations**: For learning and sharing the knowledge among NOs’ program staffs and as evidence to share with the donor.

• **NGO partners of Plan International Cambodia**: For learning and sharing the knowledge and as the valuable inputs for improvement of the existing program/projects.

• **Children and young people in Child Clubs**: For learning and sharing the knowledge among Child Club members and as the valuable inputs for improvement of their knowledge, attitude and practices in promoting gender equality in their group governance and decision-making process.

• **Women and men in parent/caregiver groups**: For learning and sharing the knowledge among parent/caregiver group members and as the valuable inputs for improvement of their knowledge, attitude and practices in promoting gender equality in their group governance and decision-making process.

### Methods for Data Collection and Analysis

To meet the objectives of the proposed study and to respond to all research questions, the study required both qualitative and quantitative, primary and secondary information and data analysis which will be conducted by the external consultant.

The external consultant is expected to review the existing relevant documents (researches and studies conducted by Plan International and other NGOs), prepare and collect additional information and data from the target respondents and locations in a suitable sample size.

With understanding the objectives and research questions in mind, the consultant is encouraged to propose the research methodologies and tools, sample size, target location and respondent selection and recruitment approach, and the program/software will be used for data entry and analysis to Plan International Cambodia’s Research Support Team.

Below are suggested methodology and target respondents included but not limited to the following:

• **Desk review**: The consultant will review the existing researches or studies of Plan International Cambodia and other NGOs relevant to the proposed study in order to inform the information and data gap for the design of research methods and tools for additional data collection.

• **Group Survey**: Group survey with groups of girls and boys in Child Clubs, CBCPMs, women and men in Parent/Caregiver Groups and CBCPMs.

• **Focus group discussion (FGD)**: FGDs will be carried out with groups of girls and boys in Child Clubs, CBCPMs, women and men in Parenting and caregiver Groups and CBCPMs, to learn more detail about the practices of gender equality in their groups.

• **Key informant interview (KII)**: KII will be undertaken with local authorities and relevant offices and departments of the governments and relevant NGOs

• **Direct observation**: This method will be conducted during group survey and FGD to learn about how girls, boys, women and men interact with one another among and between the groups.

### Ethics and Safeguarding for Children and Young people

Plan International Cambodia is committed to ensuring that the rights of those who are participating in data collection or analysis are respected and protected, in accordance with Ethical MERL Framework and our Global Policy on Safeguarding Children and Young People. Hence, when the consultant was selected for conducting this study, the consultant is expected to illustrate how they ensure children and young people, men and women, who participated in the study, are respected and protected by complying at least the following requirements such as:
• Signing agreement on the compliance of Plan International’s policy on safeguarding children and young people.
• Identifying risks associated with the engagement of children and young people in the study by completing Plan International Cambodia’s risk assessment form.
• Providing orientation on the ethics of research and policy of children and young people safeguarding to all consultant team members including enumerators, and drivers (if enumerator is required for this study).
• Compliance of ethics and policy of safeguarding children and young people are observed during the field data collection, data entry and analysis and report writing.

For technical support to complete above requirements, the consultant team can approach Plan International Cambodia’s Research Support team.

**Key Deliverables**

By the end of proposed study, the deliverables expected to receive from the consultant team are indicated as follows:

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Forms</th>
<th>Length</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contract</strong> signed upon agreement on TOR and research proposal, including budget and timelines.</td>
<td>MS Word</td>
<td>10 pages maximum</td>
<td>Within 5 working days after consultant passed 1st step of recruitment process.</td>
</tr>
<tr>
<td><strong>Inception report</strong> including:</td>
<td>MS Word</td>
<td>15 pages maximum (excluding attachments)</td>
<td>Within 5 working days after signing contract with Plan International Cambodia</td>
</tr>
<tr>
<td>• An overview of available literature relevant to the study;</td>
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<td>• An updated timeline and detailed schedule;</td>
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<tr>
<td>• Detailed methodology, including draft sampling methodology and size;</td>
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<tr>
<td>• Brief justification of the methods and techniques used for selection of locations and respondents (including relevant underlying values and assumptions/theories)</td>
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<tr>
<td>• Draft data collection tools (as attachment)</td>
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<tr>
<td>• (Draft) methods for data analysis;</td>
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<td>• Ethical consideration;</td>
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<tr>
<td>• Consent forms for any primary data collection;</td>
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<tr>
<td>• Draft full report structure as attachment</td>
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<tr>
<td>• Child safeguarding risk assessment (used template from Plan International Cambodia) as attachment</td>
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<tr>
<td><strong>Approval from an ethical/research protocol review body</strong>, or written justification of why this is not needed.</td>
<td>Original copy of ethic/ research protocol approval certificate/ letter</td>
<td>Based on reality</td>
<td>Within 5 working days after inception report approved by Plan International Cambodia</td>
</tr>
<tr>
<td><strong>Training</strong> to enumerators including tools testing (if enumerator is needed for this study)</td>
<td>Face-to-face training and field testing</td>
<td>1-2 days</td>
<td>Within 5 working days after approval of ethics from ethic approval body.</td>
</tr>
<tr>
<td><strong>Draft study report</strong> following agreed report structure</td>
<td>MS Word</td>
<td>Unlimited pages, but outline is based on agreed reporting structure</td>
<td>Within 22 working days including 17 days of field data collection, data entry and analysis and drafting the study report.</td>
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<tr>
<td><strong>Presentation meeting</strong> on findings and recommendations to key stakeholders and develop <strong>Management Response and Action Plan</strong></td>
<td>Meeting</td>
<td>4 working day, including preparation and 1 day workshop</td>
<td>Within 10 working days after draft study report sent to Plan International Cambodia.</td>
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<tr>
<td><strong>Final study report</strong> together with 3-4 pages of summary of key findings and recommendations (as attachment)</td>
<td>MS Word</td>
<td>Unlimited pages, but outline is based on agreed reporting structure</td>
<td>Within 5 working days including 2 days of incorporating and finalizing the report.</td>
</tr>
<tr>
<td><strong>Final data collection tools</strong> both English and Khmer version</td>
<td>MS Word</td>
<td>Based on reality</td>
<td>Within 5 working after the study reports (including all attachments) approved</td>
</tr>
<tr>
<td><strong>Raw data/ Dataset</strong> (including transcripts)</td>
<td>CD/Flash Drive/Online</td>
<td>Based on reality</td>
<td>Within 5 working after the study reports (including all attachments) approved</td>
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<tr>
<td><strong>Completed consent forms</strong></td>
<td>MS Word</td>
<td>Based on agreement and reality</td>
<td>Within 5 working after the study reports (including all attachments) approved</td>
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<tr>
<td><strong>Other communication products for dissemination</strong>, including <strong>presentation materials used</strong> during presentation workshop on findings and recommendation to stakeholders.</td>
<td>Based on reality</td>
<td>Based on reality</td>
<td>Within 5 working after the study reports (including all attachments) approved</td>
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</table>
### Timeline

The study is expected to start in **mid of March 2019**, with the total consultancy **30 working days**, and it is strongly suggested to finalize it by **mid of June 2019**. Below are the proposed activities with timeline, responsible persons and people who will involve in each activity:

<table>
<thead>
<tr>
<th>No.</th>
<th>Activities</th>
<th>Time</th>
<th>Working Day</th>
<th>Responsible Person</th>
<th>Individuals Involved</th>
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<tbody>
<tr>
<td>1</td>
<td>Initial meeting with Plan’s research support team for review of inception report and other attachments</td>
<td>Within 5 days after draft inception report sent Plan</td>
<td>2 days</td>
<td>Selected consultant</td>
<td>Plan’s Research Support Team (RST)</td>
</tr>
<tr>
<td>2</td>
<td>Revise and finalize inception report and attachments</td>
<td>Within 5 days after initial meeting with Plan’s RST</td>
<td>3 days</td>
<td>Consultant</td>
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<tr>
<td>3</td>
<td>Request ethic approval from ethic approval body.</td>
<td>Within 5 working days after inception report approved by Plan International Cambodia</td>
<td>1 day</td>
<td>Consultant</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Training to enumerators (if enumerator is needed for this study)</td>
<td>Within 5 working days after approval of ethics from ethic approval body.</td>
<td>1 day</td>
<td>Consultant</td>
<td>Plan’s RST</td>
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<tr>
<td>5</td>
<td>Undertake primary data collection</td>
<td>Within 14 days after the training date.</td>
<td>14 days</td>
<td>Consultant</td>
<td>Plan’s RST</td>
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<tr>
<td>6</td>
<td>Data entry, analysis and reporting (first draft report) and send draft report to Plan’s RST</td>
<td>Within 5 days after the field data collection.</td>
<td>3 days</td>
<td>Consultant</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Present initial findings to representatives of child clubs, parents and caregivers and CBCPM members of one community in Siem Reap province through a meeting for validation of findings, including development of <strong>Management Response and Action Plan</strong></td>
<td>Within 5 days after first draft report sent to Plan’s RST</td>
<td>1 days</td>
<td>Consultant</td>
<td>Plan’s RST</td>
</tr>
</tbody>
</table>
### 8 Present initial findings to Plan staff and partners through a meeting in Siem Reap for validation of findings and recommendations, including development of Management Response and Action Plan

| Detail | Within 5 days after first draft report sent to Plan’s RST | 1 days | Consultant | Plan’s RST |

### 9 Revised study report and attachments (as necessary) based on comments and inputs from the meetings, then send to Plan’s RST for review

| Detail | Within 5 days after the meetings | 2 days | Consultant | Plan’s RST |

### 10 Finalize full study report and all attachments, including 3-4 pages of summary of findings and recommendations, then send to Plan’s RST for final review and approval.

| Detail | Within 5 days after the meetings | 1 day | Consultant | Plan’s RST |

### 11 Send approved full study report together with other deliverables to Plan’s RST including:

- 3-4 pages of summary of key findings and recommendations
- Management Response and Action Plan
- Final data collection tools (both English and Khmer)
- Raw data/dataset (including transcripts)
- Completed consent forms
- Presentation materials during validation meetings

| Detail | Within 5 days after the meetings | 1 day | Consultant | - |

### Budget

Within the whole consultancy work, the installment is divided into 3 stages as described in below table:

<table>
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<tr>
<th>Milestone</th>
<th>Detail</th>
<th>Amount to be Paid (%)</th>
<th>Expected Timeframe</th>
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<tr>
<td><strong>Stage 1 – First installment</strong></td>
<td>First installment will be made when the inception report is approved by Plan International Cambodia.</td>
<td>30% out of the total consultancy budget</td>
<td>Within 3 working days after approval of inception report</td>
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<tr>
<td><strong>Stage 2 – Second installment</strong></td>
<td>Second installment will be made when RST of Plan International Cambodia received draft full study report from consultant.</td>
<td>30% out of the total consultancy budget</td>
<td>Within 3 working days after the receipt of draft report from consultant</td>
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</table>
Stage 3 – Third installment

Third installment will be made when RST of Plan International Cambodia satisfied and approved on the full study report and other deliverables.

40% out of the total consultancy budget

Within 3 working days after approval from Plan International Cambodia on the full study report and other deliverables.

The external consultant is responsible for your own VAT/taxes, travel cost, insurance and visa costs, expenses and per diems.

Expected Qualification

One credible independent consultant team (including international and national expert) will be recruited. The minimum qualifications and experience required are:

- At least a Master Degree in Social Sciences, Development Studies, Gender Studies or PhD preferable.
- Experience in conducting participatory qualitative assessments and research related to child rights, child participation, child protection programs and gender at community particularly with indigenous communities and national level.
- Knowledge and experience of Cambodian situation will be an asset.
- Proven experience in working with communities and knowledge of national and community based child protection mechanism and child participation.
- Sound experiences of rights based approach, gender transformative, inclusion and child rights programming.
- Preference to have local team for supporting effective communications with indigenous communities
- Experience of effective interaction with local national organizations, government departments, and international humanitarian actors.
- Good spoken and written communication skills in English. Excellent analytical and report writing skills.

Contact

Contact Persons: for more detail information:

Mr Ty Sovannary, Child Protection Specialist, Plan International Cambodia,
Mobile: 078 725 842,
Email: Sovannary.Ty@plan-international.org

Applications

The interested applicants should provide a proposal covering the following aspects:

- Express of Interest (EoI) responds to the TOR
- Proposed methodology including sample size, target location and respondent selection and recruitment approach, and program/software for data entry and analysis
- Ethics and child and young people safeguarding approaches, including any identified risks and associated mitigation strategies
- Proposed timelines
- CVs
- Two example reports of previous research or study
• Detailed budget, including daily fee rates, expenses, etc.

Please send your application by email to the Human Resources Department email address: hr.cambodia@plan-international.org by referencing “Study on Gender Equality in Practice of Child Clubs, Community-Based Child Protection Mechanism and Parents/Caregiver Groups in Plan’s Target Areas” in the subject line, and including support documents as outlined.

Annex 1: Target areas of the Child Protection Program of Plan International Cambodia
Annex 2: Ethics and Safeguarding Child and Young People
Annex 3: Child Safeguarding Risk Assessment Form

PREPARATION, REVIEW AND APPROVAL

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<tr>
<th>Prepared by:</th>
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<tr>
<td>Ty Sovannary, Child Protection Specialist</td>
<td>____________________________</td>
<td>Date: ________________________</td>
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<tr>
<td>Thy Sambath, MER Specialist</td>
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<th>Date</th>
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<tbody>
<tr>
<td>Yi Kimthan, Deputy Country Director for Program (DCDP)</td>
<td>____________________________</td>
<td>Date: ________________________</td>
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ANNEX 2: DATA COLLECTION TOOLS

Child Clubs Activity Guide

Introduction and background

Hello, my name is _______________________. Thank you for joining our group today. I have been recruited by Plan International to help with a gender assessment of the practices in the Child Clubs and Village Community Based Child Protection Mechanisms. Our focus is to learn about your participation and how it is different for boys and girls, successes and challenges, and any suggestions for improving future activities to promote gender equality.

The information we gather will be used to help us evaluate our work and develop future priorities. Your participation in this group is voluntary and at any time if you do not want to answer a question or you want to stop participating it is ok to leave.

Our discussion should take about 1 hour. I have some specific topics to discuss. I will bring up the topic and I would like for everyone to share their ideas. It does not need to be formal or in any particular order. But we would like for everyone to be able to talk, so sometimes I might have to share with you it is time to move to the next person or topic. My job is to make sure we can talk about all topics in the time!

If it is ok, we would like to quote some of the things you tell us in our report. However, even though we might quote some of your comments, we will not use your names. All information collected will be summarized. Is this ok? Do you have any questions? Is it ok to start?

Introductions of Group Members

Introduce yourself and ask group members to introduce themselves. As them to tell their role in Child Club and how long they have been a member. (Recorder note down length of time and roles, no need to write names)

For Girls – Act Like a Girl (separate group)

For Boys – Act Like a Boy (separate group)

1. In large letters, print on a piece of flipchart paper the phrase “Act Like a Man.” Ask the participants to share their ideas about what this means. These are society’s expectations of who boys/men should be, how men should act, and what men should feel and say. Draw a box on the paper, and write the meanings of “act like a man” inside this box.

   Some responses might include the following:

   - Be tough.
   - Do not cry.
   - Yell at people.
   - Show no emotions.
   - Take care of other people.
   - Earn the family income
   - Make decisions for the family

2. Once you have brainstormed the list, have a discussion by asking the following questions:

   - How do these social norms limit men’s movement, access to education, leadership, health, etc.?
- Which emotions are men not allowed to express?
- What are the consequences if a man does not act this way?

3. Now in large letters write on a large paper “Act like a Woman’ Ask the participants to share their ideas about what this means. These are societies expectations of who women should be how women should act, and what women should feel and say.

Some responses might include:
- Be passive
- Take care of the family, and the home
- Not be too smart
- Listen to her husband
- Be quiet

4. Once you have brainstormed the list, have a discussion by asking the following questions:
- How do these social norms limit women’s movement, access to education, leadership, health, etc.?
- Which emotions are women not allowed to express?
- What are the consequences if a woman does not act this way?

**Summarize:** These are social norms. Things that we have learned. Sometimes they limit women and sometimes men. Usually women have more limits. The idea is to promote gender equality: Gender Equality refers to the absence of discrimination on the basis of sex. It means that girls and boys have equal opportunities and rights.

**Discussion after activity**

5. What kinds of differences do you see in the family, community or in this group for boys and girls? Give the group a few minutes to discuss

Probes if they don’t ask you can ask about these:
- Access to Education, Training
- Leadership
- Violence against women and girls, men and boys
- Safety issues
- Others areas you have targeted gender inequalities

7. Now let’s talk about your group

- What kinds of barriers do boys face to participate in child clubs?

Is the leader a boy or girl?
How are boys and girls involved in influencing community leaders?
How does your group act to influence local authorities about child protection issues? Who does the influencing (boys or girls) Why?
Are there different tasks boys or girls do better? Why?
Have you had training on gender equality – learning that the rights of boys and girls are the same?

Closing: Thanks – other important things for us to know?
Short Individual Survey for Child Club Group Members

<table>
<thead>
<tr>
<th>Age:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

- **I have served a leadership role in the child club** □ Yes □ No
- **I attend meetings of the Child Club regularly (never miss more than 1 or 2 meetings a year)** □ Yes □ No
- **I have represented the child club at a community meeting where I could raise my voice on issues the child club identified** □ Yes □ No
- **I have represented the child club at a provincial or higher level meeting where I could raise my voice on issues the child club identified** □ Yes □ No
- **My ideas was considered and responded by commune meeting, provincial and national meeting** □ Yes □ No

<table>
<thead>
<tr>
<th>Gender in Child Club</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I speak up at Child Club Meetings when I have an idea</td>
<td></td>
<td></td>
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<tr>
<td>Girls and boys can both be leaders in our child club</td>
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<td></td>
</tr>
<tr>
<td>Girls and boys are both just as likely to be selected for participation in training</td>
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<tr>
<td>Girls can’t participate in some activities because of safety concerns</td>
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<tr>
<td>Boys have most of the responsibility for decision-making in our group</td>
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</tr>
<tr>
<td>Vulnerable children participate in our club (children with disabilities, living in poverty, LGBTQ etc.)</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Gender in the Family</th>
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<th>Disagree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women are responsible to take care of the family and household</td>
<td></td>
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<tr>
<td>Men should have final say in most family decisions</td>
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<tr>
<td>Men are responsible for generating income for the family</td>
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</tbody>
</table>
If a woman obeys her husband domestic violence will not occur

A family with only daughters is unlucky

**Gender in Decision Making in the Community**

Boys and girls can raise their voice at meetings at the Commune Level

Boys and girls can raise their voice at the Provincial Level

Boys and girls can raise their voice at the National Level

It is more appropriate for boys to speak up at the national level because they have to travel

Authorities listen better to boys ideas than girls ideas

I believe I can influence decisions in the community (outside my family)
Caregiver/Parent Groups Focus Group Discussion

Hello, my name is _______________________. Thank you for joining our group today. I have been recruited by Plan International to help with a gender assessment of the practices in the Child Clubs and Village Community Based Child Protection Mechanisms. Our focus is to learn about your participation and how it is different for boys and girls, successes and challenges, and any suggestions for improving future activities to promote gender equality.

The information we gather will be used to help us evaluate our work and develop future priorities. Your participation in this group is voluntary and at any time if you do not want to answer a question or you want to stop participating it is ok to leave.

Our discussion should take about 1 hour. I have some specific topics to discuss. I will bring up the topic and I would like for everyone to share their ideas. It does not need to be formal or in any particular order. But we would like for everyone to be able to talk, so sometimes I might have to share with you it is time to move to the next person or topic. My job is to make sure we can talk about all topics in the time!

If it is ok, we would like to quote some of the things you tell us in our report. However, even though we might quote some of your comments, we will not use your names. All information collected will be summarized. Is this ok? Do you have any questions? Is it ok to start?

Introductions of Group Members

Introduce yourself and ask group members to introduce themselves. As them to tell their role in Child Club and how long they have been a member. (Recorder note down length of time and roles, no need to write names)

Topic 1: Gender Inequality and Capacity

Use a big piece of paper and write – men on one and women on the other. Ask the questions:

In Cambodia – how is a woman supposed to act? What makes a good Cambodian woman? (make notes on the women sheet)

In Cambodia – how is a man supposed to act? What makes a good Cambodian man? (make notes on the man sheet)

- How do these social norms limit men or women?
  - women’s movement,
  - access to education,
  - leadership,
  - Tolerate violence
  - health, etc.?
- What are the consequences if a man/woman does not act this way?

Summarize: These are social norms. Things that we have learned. Sometimes they limit women and sometimes men. Usually women have more limits. The idea is to promote gender equality: Gender Equality refers to the absence of discrimination on the basis of sex.

Have you had training on gender equality in child protection? Can you tell me about it?

What are the ways that women/men experience gender inequality in the community?
**Topic 2: Gender and Child Protection**

What are the most common child protection issues for girls – for boys?

What kinds of activities have your group done to address the different issues for boys – for girls

Access to Education, Training

- Leadership
- Violence against women and girls, men and boys
- Safety issues
- Others areas you have targeted gender inequality

Are their specific ways you have addressed gender inequalities? How are these working or not working? Do you see a change in the community?

What recommendations do you have for addressing gender inequality in your community?

**Topic 3: Roles of Men and Women in the Group**

Is the leader of the group a man or a woman? Is this common (for a man or woman to be leader)?

How does your group act to influence local authorities about child protection issues?

What are the barriers to women’s participation? Men’s Participation?

What are the potential solutions to address the barriers?

To what extent your ideas/opinions are listened by local authorities?

Other important things for us to know

Closing – Thank you
## Short Individual Survey Parent Caregiver Group

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<thead>
<tr>
<th>Gender in Parent Caregiver Group</th>
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<th>Disagree</th>
<th>Neutral</th>
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<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>Women speak up at Parent/Caregiver Meetings as much as men</td>
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<tr>
<td>Women and men can both be leaders in our child club</td>
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<tr>
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<tr>
<td>Men have most of the responsibility for decision-making in our group</td>
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<tr>
<td>Vulnerable people participate in our group (people with disabilities, living in poverty, etc.)</td>
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<th>Gender in the Family</th>
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<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>Women are responsible to take care of the family and household</td>
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<tr>
<td>A family with only daughters is unlucky</td>
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</table>
Village Community Based Child Protection Mechanism FGD Guide

Hello, my name is _______________________. Thank you for joining our group today. I have been recruited by Plan International to help with a gender assessment of the practices in the Child Clubs and Village Community Based Child Protection Mechanisms. Our focus is to learn about your participation and how it is different for boys and girls, successes and challenges, and any suggestions for improving future activities to promote gender equality.

The information we gather will be used to help us evaluate our work and develop future priorities. Your participation in this group is voluntary and at any time if you do not want to answer a question or you want to stop participating it is ok to leave.

Our discussion should take about 1 hour. I have some specific topics to discuss. I will bring up the topic and I would like for everyone to share their ideas. It does not need to be formal or in any particular order. But we would like for everyone to be able to talk, so sometimes I might have to share with you it is time to move to the next person or topic. My job is to make sure we can talk about all topics in the time!

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Introductions of Group Members

Introduce yourself and ask group members to introduce themselves. As them to tell their role in Child Club and how long they have been a member. *(Recorder note down length of time and roles, no need to write names)*

Topic 1: Gender Inequality and Capacity

Use a big piece of paper and write – men on one and women on the other. Ask the questions:

In Cambodia – how is a woman supposed to act? What makes a good Cambodian woman? (make notes on the women sheet)

In Cambodia – how is a man supposed to act? What makes a good Cambodian man? (make notes on the man sheet)

- How do these social norms limit men or women?
  - women's movement,
  - access to education,
  - leadership,
  - Tolerate violence
  - health, etc.?
- What are the consequences if a man/woman does not act this way?

Summarize: These are social norms. Things that we have learned. Sometimes they limit women and sometimes men. Usually women have more limits. The idea is to promote gender equality: Gender Equality refers to the absence of discrimination on the basis of sex.

Have you had training on gender equality in child protection? Can you tell me about it?

What are the ways that women/men experience gender inequality in the community?
**Topic 2: Child Protection Issues**

What are the most common child protection issues for girls – for boys?

What kinds of activities have your group done to address the different issues for boys – for girls

What kinds of activities have your group done to address gender inequality in child protection?

- Access to Education, Training
- Leadership
- Violence against women and girls, men and boys
- Safety issues
- Others areas you have targeted gender inequality

Are there specific ways you have addressed gender inequalities? How are these working or not working? Do you see a change in the community? How are these working or not working? Do you see a change in the community?

What recommendations do you have for addressing gender inequality in your community?

**Topic 3: Roles of Men and Women in the Group**

Is the leader of the group a man or a woman? Is this common (for a man or woman to be leader)?

How does your group act to influence local authorities about child protection issues?

What are the barriers to women’s participation? Men’s Participation?

What are the potential solutions to address the barriers?

To what extent your ideas/opinions are listened by local authorities (CCWC)?
CCWC, Commune Chief, Village Chief

KII

Introduction:

**Topic 1: Gender Inequality in the Community**
What are roles of women in the community?
What are the roles of men in the community?
How are these changing?
What are the barriers to gender equality?
What are the child protection issues for boys? What are the child protection issues for girls? How are these differences?
- Access to education
- Leadership
- Violence against women and girls, men and boys
- Safety issues
- Others’ areas you have targeted gender inequality
- What about children that are different – do not fit gender norms, are poor, have a disability

What are gender inequality issues in child protection your community?
What are the ways that your ‘group’ addresses gender inequality – (training, awareness raising)? What has been successful? Any good practices?
What are the key topics?

**Topic 2: Capacity of Community on Gender Inequality**
What kinds of trainings have occurred on gender and child protection? What kind of training is needed?
Who needs additional training? What kind?

**Topic 3: Child Clubs, Caregiver Groups**
When community groups such as child clubs, or caregiver groups bring child protection issues forward you – is it most commonly men/boys or women/girls that bring issues?
Are both boys and girls able to participate in influencing activities? (Bringing issues to you)
What are the barriers to boys or girls participating? Is it different or boys or girls?
### ANNEX 3: LIST OF PARTICIPANTS/RESPONDENTS

**NEED TO UPDATE**

<table>
<thead>
<tr>
<th>Key Informant</th>
<th>Interview Methodology</th>
<th>Number in Interview</th>
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<td>Implementing Partner Staff</td>
<td>Group Interview</td>
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<td>- NFTP: Rattak Kiri</td>
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<td>- PSOD: Strung Treng</td>
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<td>Parent/Caregiver Groups</td>
<td>FGD &amp; (Group Survey?)</td>
<td>8-10</td>
<td>4 Groups (one</td>
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<td>Boys and Girls will</td>
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<td>be seaparte</td>
<td>except for Rattanak Kiri –</td>
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<td>where two groups will happen)</td>
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<td>1 in each site visit</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>where available.</td>
<td></td>
</tr>
</tbody>
</table>
ANNEX 4 WORKS CITED


