

# Gender Equality Results in ADB Projects

Cambodia Country Report

# **GENDER EQUALITY RESULTS IN ADB PROJECTS**

## **CAMBODIA COUNTRY REPORT**

Juliet Hunt  
Samvada Kheng

**Gender, Social Development, and Civil Society Division  
Regional and Sustainable Development Department  
Asian Development Bank**

**February 2006**

© 2006 Asian Development Bank

All rights reserved, Published 2006.  
Printed in the Philippines.

Library of Congress Cataloging-in-Publication Data Available

Publication Stock No. 020406

Asian Development Bank

ADB country gender assessment to provide background information and analysis on gender and development issues in its developing member countries

1. Asian Development Bank. 2. Gender and Development. 3. Cambodia.

The views expressed in this book are those of the authors and do not necessarily reflect the views and policies of the Asian Development Bank or its Board of governors or the governments they represent.

The Asian Development Bank does not guarantee the accuracy of the data included in this publication and accepts no responsibility for any consequence of their use.

Use of the term “country” does not imply any judgment by the authors or the Asian Development Bank as to the legal or other status of any territorial entity.

## **Acknowledgments**

This report is one of a series of four country reports and one synopsis report presenting findings of rapid gender assessments of selected ADB-financed loan projects under implementation in four developing member countries: Bangladesh, Cambodia, Nepal, and Pakistan. The studies were undertaken as part of ADB's review of the implementation of its gender and development policy to determine whether inclusion of project gender action plans and strategies improved project implementation, outreach, and results for women.

The authors acknowledge the assistance provided by staff and consultants working on the projects included in this assessment including from the ministries and provincial departments of rural development, interior, health, and women's and veterans' affairs. Other agencies including other donors and nongovernment organizations provided much assistance. Many commune councilors and clerks also gave us much of their time. The document was prepared under the guidance and close cooperation of Shireen Lateef. Judy Goldman provided editing assistance and Bong Reclamado provided production assistance.

## Acronyms and Abbreviations

ADB	—	Asian Development Bank
CBLE	—	Community Based Livelihood Enhancement Project
CBO	—	community-based organization
CC	—	commune/ <i>sangkat</i> council
CCDP	—	Commune Council Development Project
CCSP	—	Commune Council Support Project, a nongovernment organization umbrella group
CPA	—	complementary package of activities (refers to equipment provided to referral hospitals in HSSP)
C/SIP	—	commune/ <i>sangkat</i> investment program
DoLA	—	Department of Local Administration
GAP	—	gender action plan
GTZ	—	<i>Gesellschaft für Technische Zusammenarbeit</i>
HCMC	—	Health Centre Management Committee
HSSP	—	Health Sector Support Project
IRAP	—	integrated rural accessibility planning
JFPR	—	Japan Fund for Poverty Reduction
MDGs	—	Millennium Development Goals
MOH	—	Ministry of Health
MOI	—	Ministry of Interior
MOWVA	—	Ministry of Women's and Veteran's Affairs
MPA	—	minimum package of activities (refers to equipment provided to health centers)
MRD	—	Ministry of Rural Development
NCSC	—	National Committee for Support of Communes/ <i>Sangkats</i>
NICFEC	—	Neutral and Impartial Committee for Free and Fair Elections
NGO	—	nongovernment organization
NRDP	—	Northwestern Rural Development Project
PDRD	—	provincial department of rural development
POLA	—	provincial office of local administration
PTA	—	parent-teacher association
RGA	—	rapid gender assessment
RRP	—	report and recommendation of the President to the Board of Directors of ADB (loan document)
SCA	—	Save the Children Australia
VAP	—	village action plan
VDC	—	village development committee
VHSG	—	village health support group
VHV	—	village health volunteer

**CURRENCY EQUIVALENTS**  
(as of 17 February 2005)

Currency Unit – Riel  
\$1.00 = approximately 4,087 riel

**NOTE**

In this report, “\$” refers to US dollars.



# Table of Contents

**EXECUTIVE SUMMARY** ..... ix

## **I. INTRODUCTION**

- A. Background ..... 1
- B. Study Objective and Scope ..... 1
- C. Methodology ..... 2
- D. Fieldwork for the Cambodia Rapid Gender Assessment ..... 3

## **II. NORTHWESTERN RURAL DEVELOPMENT PROJECT**

- A. Project Description..... 5
- B. Gender Action Plan/Strategy in the Loan Design ..... 6
- C. Discussion of Achievements and Progress toward Results..... 7
- D. Opportunities and Challenges ..... 17
- E. Factors Influencing the Achievement of Gender Equality Results ..... 18
- F. Recommendations ..... 19

## **III. COMMUNE COUNCIL DEVELOPMENT PROJECT**

- A. Project Description..... 21
- B. Gender Analysis and Provisions in the Loan Design..... 22
- C. Discussions of Achievements and Progress toward Results ..... 23
- D. Opportunities for Advancing Gender Equality in Capacity Building ..... 29
- E. Factors Influencing the Achievement of Gender Equality Results ..... 31
- F. Recommendations ..... 34

## **IV. HEALTH SECTOR SUPPORT PROJECT**

- A. Project Description..... 37
- B. Gender Action Plan/Strategy in the Loan Design ..... 38
- C. Discussion of Achievements and Progress toward Results..... 39
- D. Challenges ..... 48
- E. Factors Influencing the Achievement of Gender Equality Results ..... 50
- F. Recommendations ..... 51

## **V. FINDINGS**

- A. Effectiveness of Gender Action Plans/Strategies and Gender Provisions..... 53
- B. Summary of Gender Equality Results Achieved..... 54
- C. Elements of Gender Action Plans that Maximize Gender Equality Results ..... 56
- D. The Role of Local Gender Specialists..... 57

E.	External and Institutional Factors .....	58
<b>VI.</b>	<b>CONCLUSIONS .....</b>	<b>59</b>
	Bibliography .....	61
	Appendix 1. Meetings Undertaken for Cambodia Rapid Gender Assessment .....	67
	Appendix 2. Summaries of Gender Action Plan Elements, Provisions, and Results	
	Table 1. Gender Action Plan Elements and Progress toward Results for Northwestern Rural Development Project .....	71
	Table 2. Gender Provisions and Progress toward Results for Commune Council Development Project .....	83
	Table 3. Gender Action Plan Elements and Progress toward Results for Health Sector Project .....	90

#### **LIST OF BOXES AND TABLES**

Box 1.	Gender Equality Results for Northwestern Rural Development Project (NRDP): Summary of Progress .....	8
Box 2.	Gender Equality Results for Commune Council Development Project (CCDP): Summary of Progress .....	24
Box 3.	Gender Equality Results for the Health Service Support Project (HSSP): Summary of Progress .....	40
Table 1.	Women's Involvement in Northwestern Rural Development Project Community-Based Organizations in Siem Reap .....	14
Table 2.	Village Health Volunteers and Village Health Support Group Members in Kompong Cham .....	46

# Executive Summary

## A. Rapid Gender Assessments

Rapid gender assessments (RGAs) of 12 loans in four countries (Bangladesh, Cambodia, Nepal, and Pakistan) were undertaken as part of the Asian Development Bank's (ADB) review of the implementation of its gender and development policy adopted in 1998. The aim was to determine whether project-specific gender action plans (GAPs) and strategies improved project implementation, outreach, and results for women. Each country assessment reviewed three loans selected from the agriculture, rural development, governance, and human development/social (health or education) sectors.

This report is one of a series of four country reports that assesses results in the following areas: participation in project activities; access to resources; practical benefits delivered to women; and strategic changes in gender relations at individual, household, or community levels. A report synthesizing findings from all four countries compares results and summarizes lessons. Findings in all four countries concluded that including GAPs in the project design resulted in better outreach to women and improved participation, benefits, and progress towards gender equality.

The three loan projects assessed in Cambodia were the following:

- Loan 1862-CAM: Northwestern Rural Development Project (NRDP), approved November 2001 for \$27.2 million;
- Loan 1940-CAM: Health Sector Support Project, approved 21 November 2002 for \$20 million;
- Loan 1953-CAM: Commune Council Development Project, approved December 2002 for \$10 million.

NRDP had a GAP prepared during the loan design that was reinforced by three loan assurances/covenants. One required women to be given equal opportunity for employment in labor-based road construction. A second covenant required women to be involved in prioritizing, planning, implementing, and monitoring village-based infrastructure and the third included special measures to promote 30% women's participation in training and community-based organizations. International and local community development specialists included in project teams were responsible for implementing the GAP/strategy.

HSSP was classified as a "gender thematic" project with women and children targeted in the loan objectives. A project GAP was prepared and included in the report and recommendation of the President to the Board of Directors of ADB (RRP), with its implementation included as a major

loan covenant. Some elements of the GAP focused specifically on maternal and child health while others focused on the conditions needed to increase women's access to public health facilities such as adequate privacy in civil works and equal numbers of women and men on health center committees. Provision for equal training opportunities for women with targets for training females were included in the loan covenants.

CCDP did not have a GAP, but the project design included gender provisions for some activities. These included an assessment of the gender impacts of capacity-building initiatives already undertaken in Cambodia and the development of targeted training for female commune councilors, clerks, and officials. Public awareness activities were to incorporate women's interests, and civil registration activities were to involve women.

## **B. Results for Cambodia**

### **1. Gender action plans are an effective tool for gender mainstreaming and help to achieve results for women.**

GAPs provided a road map for project teams to ensure that women participated and benefited from project activities. NRDP implemented more GAP elements than HSSP and achieved the most comprehensive results. Those elements of HSSP's GAP that were implemented also delivered benefits. In contrast, CCDP's gender provisions provided inadequate guidance to project implementers for addressing gender issues, particularly in capacity-building and civil registration activities. As a result, few benefits for women were achieved.

Benefits from NRDP's GAP included short-term employment in rural infrastructure construction including equal pay for equal work and equal access to labor-based road construction. Increased income was spent on basic needs such as food and clothes. This reduced vulnerability to poverty in the short term and the need for both women and men to migrate to the Thai border for paid work. Women were also involved in decision making regarding rural infrastructure. NRDP's GAP was only partially implemented at the time of the RGA, mainly due to delays in contracting nongovernment organizations (NGOs) to implement community-based capacity building and rural livelihood activities.

In HSSP, GAP elements that focused on maternal and child health were implemented and delivered important practical benefits due to the upgrading of health centers and hospitals to include obstetric facilities and training in maternal and child health. However, most other elements of the GAP were not implemented or monitored.

As CCDP did not include a GAP, some opportunities to support positive changes in gender relations through capacity building, civil registration, and public awareness activities were missed. The project's potential will be maximized if technical assistance resources are dedicated to developing a GAP and implementing it over the remainder of the project.

**2. Gender action plans should be based on high quality, comprehensive gender analysis.**

Although both NRDP and HSSP had GAPs included in the project design (design GAPs), there was a marked difference in their quality which partly accounts for the differences in results achieved by these two projects. NRDP had a comprehensive GAP that was based on systematic gender analysis with targets and strategies for women's participation in each component. In contrast, while HSSP's GAP included some important elements relating to maternal and child health, there was a lack of systematic gender and social analysis and a failure to identify some of the major constraints to improving women's health. Increased utilization of public health facilities by women is constrained by a serious lack of female health professionals in rural and remote areas, particularly midwives, and by the failure of the project design to focus on behavior change communication strategies and women's involvement in health outreach and education activities. CCDP also had an inadequate gender analysis of the roles, responsibilities, and rights of women in local governance and decentralization.

**3. Gender action plans included in project designs should be reviewed early in implementation to develop detailed implementation GAPs.**

Both NRDP and HSSP demonstrate the critical importance of revisiting GAPs/strategies developed during project design. In HSSP, many project staff were unaware of the RRP GAP/strategy and its implications. This resulted in a failure to monitor the loan covenant including training targets for women. Despite high-level commitment in the executing agency to gender equality approaches in NRDP, some important GAP elements were omitted from project guidelines and NGO contract deliverables such as the requirement that 30% of the members of all community-based organizations should be female.

Both NRDP and HSSP should undertake a workshop to review their design GAPs and ensure that all stakeholders are aware of their elements, implications, and rationale. Detailed GAPs need to be developed for project implementation that identify appropriate targets and strategies for women's participation in all activities and components, and clear responsibilities for implementation and monitoring of all elements. RGAs in other countries demonstrated that reviewing GAPs strengthened their effectiveness and ownership by executing agencies and project teams. Workshops to develop detailed implementation GAPs also helped to build gender analysis and mainstreaming capacity.

**4. Monitoring is needed to ensure that gender action plans and gender provisions are implemented.**

All three projects and executing agencies need to improve the monitoring of participation and benefits including the collection, reporting, and analysis of sex-disaggregated data. Project frameworks gave inadequate attention to gender sensitive indicators and to gender strategies and targets regardless of whether a GAP was included in the project design. This increases the risk that differences between women's and men's participation and benefits will be poorly monitored. None of the projects had collected sufficient information to analyze women's participation, benefits, or

progress towards gender equality. ADB loan review missions need to follow up on the implementation of GAPs/strategies and gender provisions and systematically investigate women's participation, access to project resources, and benefits.

NRDP demonstrates that loan covenants can improve monitoring and reporting on GAP implementation and on the achievement of gender equality results. This finding is supported by the RGAs in other countries. However, loan covenants have little effect by themselves when leadership, commitment, and ownership of the GAP are absent. In HSSP, no data were available to verify compliance with a loan covenant on equal training opportunities for women. HSSP's GAP/strategy also required that a sex-disaggregated monitoring and evaluation system be developed and institutionalized and that progress on the implementation of the strategy should be included in progress reports and annual health sector reviews. Neither of these requirements had been met at the time of the RGA.

**5. Gender specialists are needed to support the implementation of gender action plans.**

All three projects were designed before an ADB gender specialist was appointed to the Cambodia Resident Mission, and there was little opportunity for her to shape their implementation before the RGA was conducted. In addition, none of the projects had any resources allocated for local or international gender specialists during implementation. Experience from RGAs in other countries highlights the importance of gender specialists on project implementation teams to assist with both the development and implementation of GAPs. All three projects in Cambodia would benefit greatly from having gender specialists on project teams to assist with reviewing, guiding implementation, and monitoring GAPs and with identifying and analyzing gender differences in participation, benefits, and impacts.

**6. Leadership from the executing agency and the Asian Development Bank are critical for implementing gender action plans and achieving gender equality results.**

Comparing NRDP and HSSP achievements and performance on implementing and monitoring GAPs highlights the fundamental importance of leadership to ensure that GAPs are implemented and monitored. NRDP's executing agency had already demonstrated a commitment to advancing gender equality before the project began by developing structures to promote the participation of women in village development committees. Project staff had taken steps to implement a number of the GAP provisions, and senior managers were willing to undertake dialogue with the RGA team and ADB on their progress, achievements, and areas for improvement. In contrast, there was little evidence of leadership on gender equality and the implementation of the GAP/strategy by either the executing agency for HSSP or by ADB. Joint annual health sector reviews are also a potential forum for demonstrating and nurturing commitment and leadership. To date, this opportunity for raising awareness on gender equality and for monitoring the implementation of the HSSP GAP had been missed.

There are many positive features in the social and institutional context in Cambodia that support progress towards gender equality. Gender mainstreaming structures and processes in local development planning, gender training initiatives, and shifting attitudes in civil society provide opportunities for all ADB loans to deliver positive gender equality results. Findings from RGAs in other countries demonstrate that GAPs improve project implementation, outreach, and results for women.



## Chapter 1

# Introduction

### A. Background

The Asian Development Bank's (ADB) 1998 policy on gender and development identified gender mainstreaming as a key strategy for addressing gender inequity and the empowerment of women in all ADB-financed activities.<sup>1</sup> Several institutional mechanisms have been adopted to ensure policy implementation including the appointment of local gender specialists in six ADB resident missions<sup>2</sup> and the development of gender action plans (GAPs) for several loan projects. Some of these GAPs/strategies were developed during loan design and were included as an appendix to the report and recommendation to the President of ADB (RRP) and were supported by loan assurances and covenants. Others were developed during implementation as part of mid-course corrections.<sup>3</sup> GAPs may have a range of design features including strategies for increasing the participation of and benefits to women during implementation, targets, activities, time-bound actions, monitoring indicators, the use of project gender specialists, and budget allocations.

It has been assumed that GAPs encourage a more systematic and integrated approach to addressing gender issues in project design and implementation including the monitoring of gender-related design features, benefits, and results for women and men. To test this assumption, twelve rapid gender assessments (RGAs) of loan projects under implementation were conducted in Bangladesh, Cambodia, Nepal, and Pakistan as part of ADB's overall review of the implementation of its gender and development policy. Four country reports were prepared along with a report that consolidates findings from all twelve RGAs.

### B. Study Objective and Scope

The objective of the RGAs is to assess whether the introduction of project-specific GAPs and strategies improved implementation, outreach, and results for women. The RGAs focus on the following:

- participation in major project activities including access to project resources;
- actual benefits for females and males including differences in results between females and males;

---

<sup>1</sup> ADB. 1998. *Policy on Gender and Development*: 41.

<sup>2</sup> Ibid: 47 and ADB. 2002. *Interim Progress Report on the Policy on Gender and Development*: iii.

<sup>3</sup> Ibid: ii.

- changes in gender relations especially changes in decision making by women (in the project, community, household, other); control over resources related to loan and technical assistance activities; and changes in livelihoods due to these activities;
- other unplanned changes for women and men where possible.

Where positive results for women were achieved, the assessment investigated the extent to which these were due to project-specific GAPS/strategies. If there was no GAP, the assessment investigated the impact of specific gender provisions included in the loan design. Other factors or conditions which may have had an impact on gender-related results were also considered including the following:

- contributions of resident mission gender specialists;
- project resources dedicated to addressing gender issues;
- external social, political and institutional factors;
- constraints to achieving gender equality results and how they were addressed;
- factors that promoted or reinforced sustainability of gender equality results;
- the extent to which gender equality results contributed to achieving the overall objectives and results of the loan investment.

### **C. Methodology**

Several factors were considered in the selection of loan projects for the RGA.

- To facilitate synthesis and comparison, agriculture and rural development, human development (either education or health), and governance loans were assessed.
- Loans must have been under implementation for 2 years or more in order for results to be demonstrated.
- The sample included a variety of approaches to addressing gender equality issues in project design and implementation within each country to enable valid lessons to be drawn about positive factors that contributed to quality improvements in loan implementation and the impact of GAPS. Some projects developed GAPS or gender strategies during design; others incorporated GAPS during implementation; others had some gender provisions. Some had significant involvement from a gender specialist at the resident mission while others had little or no involvement. This criterion was applied to selecting countries as well as to the selection of projects within each country.

In addition to common terms of reference, a common methodological framework was developed for the RGAs with process and outcome indicators. The indicators were modified as needed to respond to different types of projects, the degree of integration of gender concerns, and different stages of implementation. Both process and outcome indicators were investigated.

An international gender specialist and ADB's resident mission gender specialist carried out the field assessments (14–15 days in country). The international specialist provided a fresh,

independent view while the resident mission specialist contributed extensive field experience and a close association with the project. Project sites were visited and project beneficiaries (women and men), staff, and local stakeholders were interviewed individually and in groups (see Appendix 1) using questions in the methodological framework. Each RGA also reviewed project documents, including RRP, GAPs, back-to-office-reports from review missions, progress reports, ADB case studies, and other relevant documents at the resident missions (see Appendix 2).

The three loan projects included in the Cambodia RGAs are the following:

- Loan 1862-CAM: Northwestern Rural Development Project (NRDP) approved November 2001 for \$27.2 million.
- Loan 1953-CAM: Commune Council Development Project approved December 2002 for \$10 million.
- Loan 1940-CAM: Health Sector Support Project approved 21 November 2002 for \$20 million.

#### **D. Fieldwork for the Cambodia Rapid Gender Assessment**

Fieldwork for NRDP was undertaken in the Moug Russei district of Battambang Province, the Phnom Srok district of Banteay Meanchey Province, and the Angkor Chum district of Siem Reap Province. Meetings were held with 3 local community development specialists and a range of other project staff (14 in total including 2 women), 2 nongovernment organization (NGO) representatives who were likely to be contracted to implement community development activities in Battambang province, 6 commune councils (28 men and 3 women in total),<sup>4</sup> and 20 female road workers at 4 different road rehabilitation and maintenance sites. Other infrastructure site visits included two health centers and wells constructed by NRDP including meetings with one male health center staff and five female patients and one primary school including a meeting with four male teachers, one female teacher, three male commune council members and the male chief of the parent-teacher association (PTA).

Fieldwork for CCDP included discussions with three international consultants, two Ministry of Interior (MOI) representatives, nine representatives from local and international agencies including the Minister of Women's and Veterans' Affairs, Plan International, UNICEF, Gesellschaft für Technische Zusammenarbeit (GTZ), the Commune Council Support Project (CCSP) which is a coalition of local NGOs, and Women for Prosperity (a Cambodian women's organization). A meeting was held with commune councilors from two communes (Sopor Tep and Rokathom in Kompong Speu Province) that included eight male councilors, two female clerks, and one male from the Provincial Office of Local Administration (POLA) District Facilitation Team. Rokathom commune was included in the pilot mobile civil registration program (component 4) whereas Sopor Tep has not yet undertaken an intensive mobile registration of births. A meeting was held with seven female commune/*sangkat*<sup>5</sup> council chiefs from the Phnom Penh area with a

<sup>4</sup> Most commune councils have no female members. For example, according to a senior NRDP staff member, 34% of commune councils in Banteay Meanchey have only one female councilor.

<sup>5</sup> Sangkat are councils within urban municipalities.

representative from the Department of Women's and Veterans' Affairs. In addition, meetings were held with 6 commune councils from 3 northwestern provinces (Battambang, Banteay Meanchey and Siem Reap, 28 men and 3 women in total including 2 male commune clerks). These meetings were undertaken as part of the fieldwork for the RGA of NRDP where issues relevant to CCDP capacity building were also discussed. In total, meetings were held with representatives from 15 commune councils.

Fieldwork for HSSP was undertaken in Ponhea Krek and Memut districts in Kompong Cham Province. Memut was chosen because it was a target area for a pilot approach to delivering health services through contracting NGOs in the Basic Health Services Project<sup>6</sup> that pre-dates HSSP whereas Ponhea Krek is a new district for the contracting of health services to NGOs under HSSP. Discussions were held with three Ministry of Health (MOH) consultants (one female), two provincial health department staff in Kompong Cham (one female), and with seven Save the Children Australia (SCA) and district health staff (one female). Meetings were also held with two groups of village health volunteers (VHVs) including five females from Ponhea Krek and three males and two females from Memut.

---

<sup>6</sup> ADB. 2004. Project Completion Report on the Basic Health Services Project (Loan 1447-CAM[SF]) in Cambodia, PCR: CAM 27410.

## Chapter 2

# Northwestern Rural Development Project

### A. Project Description

The objective of the project<sup>7</sup> is to support the government's effort to reduce poverty through accelerated rural development by establishing physical transport and social infrastructure, by improving socioeconomic conditions, and by enhancing rural livelihoods in northwestern Cambodia. The executing agency is the Ministry of Rural Development (MRD). The project's target population is the rural poor in 50 communes of 14 districts in the northwestern provinces of Battambang, Banteay Meanchey, Oddar Meanchey, and Siem Reap. NRDP has three components.<sup>8</sup>

- (i) **Rural Infrastructure Development:** Activities include extending the rural road network and establishing social infrastructure at the district level including schools, health facilities, and markets. The method for identifying and prioritizing rural infrastructure investments is integrated rural accessibility planning (IRAP), a participatory planning tool adopted by MRD.<sup>9</sup>
- (ii) **Capacity Building:** This will enhance the capacity of the private and public sectors to plan, design, construct, maintain, and monitor project activities.
- (iii) **Rural Livelihood Enhancement:** Contracted NGOs will implement community development initiatives including involving and empowering the beneficiaries, establishing small-scale infrastructure in villages (such as water supply and sanitation, rice drying and storage facilities, and community buildings), and establishing savings and credit initiatives. NRDP will not provide a separate line of credit but will support NGOs to strengthen existing savings and credit groups using group guarantees, to create new groups, and to facilitate beneficiaries' access to the formal financial system.

The Community Based Livelihood Enhancement Project (CBLE) was designed to complement NRDP. CBLE is funded by ADB's Japan Fund for Poverty Reduction (JFPR) and is implemented by CARE Cambodia.<sup>10</sup> CBLE focuses on livelihood development and community-based conflict resolution and counseling. NGOs are to be jointly contracted by CBLE and NRDP to

---

<sup>7</sup> Loan 1862-CAM: Northwestern Rural Development Project approved November 2001 for \$27.2 million. Duration: September 2002–June 2007.

<sup>8</sup> RRP CAM: 34207: 14–19, 22–23.

<sup>9</sup> The IRAP subcomponent is supported by technical assistance from the International Labour Organisation (\$1,415,218 over 3 years) and aims to institutionalize IRAP within MRD. (NRDP IRAP Component Second Quarterly Progress Report April–June 2004: 1).

<sup>10</sup> JFPR: CAM-9017 provides \$1.8 million in grant funds from July 2003–June 2006. CARE Cambodia. 2003. Community Based Livelihood Enhancement for the Rural Poor in Northwest Cambodia (CBLE project): Inception Report, August 2003.

implement the livelihood enhancement components of both projects utilizing a shared, participatory beneficiary monitoring and evaluation system.<sup>11</sup>

## **B. Gender Action Plan/Strategy in the Loan Design**

A comprehensive GAP/strategy was prepared during loan design and is included in the RRP.<sup>12</sup> A number of specific provisions were identified to ensure that women's needs and constraints were addressed and that women were able to participate in the project. These included the following:

- (i) targeting women heads of households for employment and equal pay in labor-based road construction and rehabilitation;
- (ii) training women in management and maintenance of small infrastructure;
- (iii) encouraging women to expand their income-generating activities through membership and active involvement in savings and credit groups (the RRP notes that 75–80% of beneficiaries are women in similar schemes);
- (iv) organizing women-only discussion groups to allow them to speak freely;
- (v) timing training, discussions and planning sessions according to women's availability;
- (vi) providing functional literacy and numeracy training for women;
- (vii) supporting and training female members of village development committees, other community-based organizations (CBOs) and commune councils (CCs) to allow full participation in public meetings;
- (viii) organizing specific awareness campaigns for men and women on joint registration and land titling;
- (ix) undertaking information and awareness-raising campaigns using women-specific information channels;
- (x) seeking cooperation with provincial and district personnel of the Ministry of Women's and Veteran's Affairs (MOWVA);
- (xi) ensuring that two of the four community development specialists should be women, that they should all have a proven track record in gender and development activities, and that they coordinate and supervise the implementation of the gender strategy.<sup>13</sup>

The GAP/strategy was reinforced by three loan assurances in the RRP.<sup>14</sup>

- (i) The poor and very poor, including 50% women subject to availability, will be offered employment in road rehabilitation work, and labor inspectors will be engaged to confirm gender equity in the contractor's employment practices and payments.

---

<sup>11</sup> CBLE Inception Report: 10; McKinnon, John. 2004. NRDP-CBLE Guidelines: Participatory Beneficiary Monitoring and Evaluation: 3.

<sup>12</sup> RRP CAM: 34207: 31.

<sup>13</sup> Ibid: 50.

<sup>14</sup> Ibid: 35–36.

- (ii) Gender sensitive participatory approaches are to be used in prioritizing, planning, implementing, and monitoring village-based infrastructure.
- (iii) The following special measures are to be undertaken to promote the participation of women:
  - training programs in management and maintenance of small infrastructure will have at least 30% women;
  - functional literacy and numeric literacy training will be given;
  - at least 30% of the members of the community-based organizations (CBOs) supported by the project will be females who will receive special support and training to allow them to fully participate in public meetings;
  - awareness campaigns on joint land registration and titling will be organized for men and for women.

The project administration memorandum includes three loan covenants that parallel the assurances listed above. However, no details are provided on special measures required to promote the participation of women.<sup>15</sup>

### C. Discussion of Achievements and Progress toward Results

Due to the GAP/strategy included in the loan design, women benefited from equal access to employment in labor-based road work. In addition, village women and men interviewed during the RGA believed that rural infrastructure investments benefited the whole community. NRDP has significant potential to provide other practical benefits to women and men and to support progress towards strategic changes in gender relations as long as the GAP/strategy is fully implemented in capacity-building and livelihood enhancement activities.

The contracting of NGOs to implement community-based capacity building and rural livelihood enhancement activities (components 2 and 3) had not commenced at the time of the RGA. The project had instead focused on planning and prioritizing infrastructure investments using IRAP; rehabilitation and maintenance of roads; and construction of primary school classrooms, health centers, and water sources.<sup>16</sup> Progress toward gender equality results and benefits is summarized in Box 1 against the major elements of the RRP gender strategy and is discussed in more detail below and in Appendix 3, Table 1 which summarizes results by component.

<sup>15</sup> ADB. 2002. *Loan 1862-CAM[SF], Northwestern Rural Development Project: Project Administration Memorandum*.

<sup>16</sup> NRDP. 2004. *Second Quarterly Progress Report*: 14 notes that the project has only completed a few schools and health centers and that direct project impacts are therefore minimal. See Appendix 3 for details. For example, the one new classroom constructed in Battambang Province had not opened at the time of the RGA. NRDP implementation was initiated in March 2003, and inception reports were endorsed in June 2003 (NRDP. 2003 *Annual Progress Report*: 4). The RGA was undertaken in September 2004.

**Box 1: Gender Equality Results for Northwestern Rural Development Project (NRDP): Summary of Progress**

<b>Project Component</b>	<b>Gender Equality Results</b>
<b>Project Goal:</b> reduce poverty	<ul style="list-style-type: none"> <li>▪ Employment of women in labor road construction and maintenance assists with poverty reduction in the short term.</li> </ul>
<b>Rural Infrastructure Development:</b> <ul style="list-style-type: none"> <li>▪ prioritizing, planning, implementing, and monitoring infrastructure.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In all, 16% of participants in integrated rural accessibility planning infrastructure workshops were women. Women’s attendance was only 5–8% in provincial workshops that prioritize investments but averaged 17% in commune workshops.</li> <li>▪ Women’s attendance at village meetings was about 70%.</li> </ul>
<ul style="list-style-type: none"> <li>▪ road rehabilitation: 50% female employees; equal pay; target female household heads.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A total of 54% of road workers were women in Battambang Province, and 52% were women in Banteay Meanchey Province.</li> <li>▪ Unskilled male and female road workers got equal pay.</li> <li>▪ Female-headed households had not been systematically targeted for labor-based appropriate technology road rehabilitation work.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Land tenure security: joint title; awareness campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>▪ NRDP plans to provide land registration in the names of both spouses. Awareness campaigns on land registration had not been undertaken and were not included in nongovernment organization (NGO) contract deliverables.</li> </ul>
<b>Capacity Building:</b> <ul style="list-style-type: none"> <li>▪ include training on gender- sensitive, participatory approaches.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No information or reports were available on capacity building for gender sensitive, participatory approaches.</li> </ul>
<b>Rural Livelihood Enhancement:</b> <ul style="list-style-type: none"> <li>▪ pre-qualified NGOs to implement livelihood and capacity-building activities;</li> </ul>	<ul style="list-style-type: none"> <li>▪ A sample NGO contract required activities to be undertaken in a “...participatory, pro-poor and gender sensitive” manner, but key elements of the gender strategy were not included in contract deliverables. NGO proposals had inadequate gender analysis and few gender sensitive indicators.</li> </ul>
<ul style="list-style-type: none"> <li>▪ gender sensitive, participatory approaches;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participatory rural appraisals to develop and review village action plans and prioritize small village infrastructure activities had not begun due to delays in appointing NGOs.</li> </ul>
<ul style="list-style-type: none"> <li>▪ training programs in management and maintenance of small infrastructure to include 30% women;</li> </ul>	<ul style="list-style-type: none"> <li>▪ No training had been undertaken at the time of the RGA.</li> <li>▪ The 30% target for women’s participation in training was not included in NGO contract deliverables.</li> </ul>
<ul style="list-style-type: none"> <li>▪ community-based organizations supported by the project will consist of at least 30% women who will receive special support and training;</li> </ul>	<ul style="list-style-type: none"> <li>▪ 20% of NRDP water committees in Siem Reap Province had 30% female members and 7% of parent-teacher associations had 30% female members. No NRDP health center committees had 30% female members.</li> </ul>
<ul style="list-style-type: none"> <li>▪ microfinance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No savings and credit groups had been established yet.</li> <li>▪ NGO contract deliverables did not include targets for women’s involvement. Reporting formats did not include gender sensitive indicators.</li> </ul>
<b>Project Management:</b> <ul style="list-style-type: none"> <li>▪ 2 out of 4 community development specialists to be women;</li> <li>▪ specialists to have proven track record on gender and development.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All four community development specialists were men. One female community development specialist resigned early in implementation.</li> <li>▪ Experience on gender and development was not used as a selection criterion for the appointment of the specialists.</li> </ul>

## 1. Individual and Household Benefits

### a. Rural Infrastructure

Equal access to employment in labor-based road rehabilitation and maintenance provided a significant short-term benefit for women and men. It was difficult to assess the impact of road building on seasonal migration. However, interviews with road workers and commune councils suggested that without these short-term jobs, more women might have migrated to the Thai border to find work after planting or harvesting. Some female road workers said that if road work were not available, they would be doing other, less rewarding income-generating activities such as foraging in the forests or making cakes, activities that provide about half the daily wage of road work. Others said that they would have had no paid work and would have faced more serious food shortages.

Direct observation of road work sites and meetings with contractors indicated that most road workers were women. The percentages of female workers at each road site varied from 50–90%. One NRDP document noted that women made up 70% of road building labor. Internal data available from NRDP project offices showed that since the project began, 54% of road workers in Battambang Province were women, and 52% were women in Banteay Meanchey Province.<sup>17</sup> The high proportion of female road workers during the RGA appeared to be partly due to a lack of male labor. The RGA was undertaken when many men had already left their villages to look for work on the Thai border after plowing and planting following the monsoon rains. Russei Krang commune council and some female road workers reported that men can earn twice as much per day laboring on the Thai border than they can for road rehabilitation work.

These temporary jobs helped to alleviate poverty in the short term and may also contribute to longer-term poverty reduction. For example, most female road workers reported that they would spend their wages on basic needs such as rice, salt, and clothes. Some intended to save their wages or to invest in income generation so that they could keep their children in school.

Interviews with road workers verified that women and men received equal pay (\$1 per day) for unskilled work on the roads. Skilled workers employed in the construction of schools and health centers received higher wages. In Battambang Province, women were employed for only 31% of the work days for construction of other rural infrastructure.<sup>18</sup> Project staff reported that this was because of the greater need for more skilled labor for the construction of health centers and classrooms. Staff and commune council members believed that it would not be possible for women

---

<sup>17</sup> Mao So. 2004. *Key Presentation to ADB Gender Specialist Delegation; Summary Table of Physical Progress for Civil Works and Road Periodic Maintenance as of August 2004* provided by Battambang Project Implementation Unit; *Physical Progress and Employment Generation for the Month of August 2004* (Banteay Meanchey Province) provided by Banteay Meanchey Project Maintenance Unit.

<sup>18</sup> *Summary Table of Physical Progress for Civil Works and Road Periodic Maintenance as of August 2004*, Battambang Project Implementation Unit. Figures were not provided for other provinces. Project staff reported that women and men receive equal pay for equal work for skilled labor, but this could not be verified during the RGA.

to learn the new skills needed while working on the job. More effort is needed to ensure that women have the opportunity to work in skilled construction jobs by providing on-the-job training.

Interviews with contractors indicated that they were aware of the requirement to provide equal employment opportunities and pay to women; however, at the time of the RGA, labor inspectors had not been used to confirm gender equity in employment practices and in the payment of appropriate market-based wages as required by a loan covenant. NRDP planned to address this issue by having community development specialists attend meetings between contractors and communities to observe how labor is selected.<sup>19</sup> Monitoring of contractor employment practices by village labor representatives was also included in NGO contract deliverables, but there was no mention of the need to ensure that women have equal pay and employment opportunities and no mention of the need to target the poorest households or those headed by women.<sup>20</sup>

The GAP/strategy included in the RRP noted that female heads of households would be targeted for labor-based road construction.<sup>21</sup> Interviews with contractors, female road workers, and commune councilors indicated that this had not been systematic and that some commune councils were not even aware of this requirement. In cases where there was a shortage of labor due to seasonal migration, jobs were available for all local people who wanted one or who knew about the road work. In other cases, contractors either held a lottery to ensure that 50% males and 50% females got jobs or shared the work among all those who applied. In most cases in the areas visited, road work jobs were advertised using a public written notice. In some areas loudspeakers were also used. With high proportions of illiterate women and men, loudspeakers may be the fairest way to ensure that all people know about the jobs. However, it was also reported that literate people read the notices out loud so that all villagers heard about it, and that the village chief played an important role in informing villagers about the road work.

#### **b. Land Registration**

No awareness campaigns had been undertaken for men and women on joint land registration and titling, and this activity was not included in NGO contract deliverables. An NRDP quarterly report noted that community development specialists would be reviewing land registration along road alignments, but no mention was made of the importance of joint registration or of registration for female-headed households in any documents reviewed for the RGA.<sup>22</sup> Research shows that about 78% of new land titles issued in Cambodia since 2001 have been

<sup>19</sup> NRDP. 2004. *Second Quarterly Progress Report* Annex 8: 4. Chrey Choeurng commune council reported that the commune council's gender focal point and village development committee would be monitoring contractors to ensure that women and the poor are offered employment.

<sup>20</sup> NRDP. 2004. *First Quarterly Progress Report, Annex 15, Briefing Note for Prequalification Process*; NRDP. *Contract Agreement for the Provision of Livelihood Enhancement and Capacity Building Services* (sample, not signed): 19–21. The format for contracts with road contractors did not allow for these types of issues to be addressed.

<sup>21</sup> RRP CAM: 34207: 31.

<sup>22</sup> NRDP. *Contract Agreement for the Provision of Livelihood Enhancement and Capacity Building Services* (sample, not signed): 19–21; NRDP. 2004. *Second Quarterly Progress Report* Annex 8: 1. See Appendix 2 for a full list of documents reviewed during the RGA.

recorded in the names of both women and men.<sup>23</sup> Project staff reported that NRDP aims to exceed this and to explore ways of ensuring that female household heads also obtain secure land titles.

The omission of awareness-raising activities on land registration from NGO capacity-building activities may have serious consequences for both widows and married women. Of six commune councils visited during the RGA, one had learned about women's rights to own land, and one said that land had always been seen as the common property of both women and men and that a husband would be unable to get the approval of the village chief to sell land unless his wife agreed. While this may be true in some areas, research suggests that women commonly lose control over land even where it is jointly registered and where both names are needed to sign land transfer titles. Due to low levels of education, women often rely on husbands for decisions on signing of official papers. Female-headed households are particularly vulnerable and have a much higher likelihood of having to sell land due to ill health or to other factors related to poverty.<sup>24</sup>

### c. Rural Livelihood Activities

It was not possible to assess results in this area because NGOs had not been contracted at the time of the RGA. However, five NGO proposals were reviewed and discussions were held with two NGOs who were likely to be contracted by NRDP. While women were identified as a target group for selected activities in some NGO proposals, overall there was inadequate gender analysis of women's and men's roles, responsibilities, and decision making and a lack of gender sensitive indicators. In addition, NGO proposals, logframes, and reporting formats provided by NRDP/CBLE did not require sex-disaggregated data, gender sensitive indicators, or gender analysis of the benefits and impacts of activities.<sup>25</sup> NRDP should not assume that local or international NGOs have the capacity to identify critical gender issues and to address them in rural livelihood activities.<sup>26</sup>

Commune councils reported varied experiences with NGOs that currently implement savings and credit programs in NRDP project areas, and the extent to which NGOs establish mixed male-female savings/credit groups is unclear. The Cambodian gender assessment concludes that female-only groups are preferable particularly for female household heads because they empower women to make their own decisions and because women tend to receive considerably smaller and fewer loans than men in mixed-sex groups.<sup>27</sup> NRDP's microfinance guidelines recommended 50% female participation in savings, credit, and other self-help groups.<sup>28</sup> This is a very low target considering that many men are absent for long periods from their villages and that 70–85% of

<sup>23</sup> UNIFEM, World Bank, ADB et al. 2004. *A Fair Share for Women: Cambodia Gender Assessment*: 61.

<sup>24</sup> Ibid: 61–62.

<sup>25</sup> CBLE. *Inception Report*: 28–33; and NRDP. *Contract Agreement for the Provision of Livelihood Enhancement and Capacity Building Services* (sample, not signed): 30–32.

<sup>26</sup> RGA interviews and independent research (Legge. 2004. *Perceptions of and Prospects for Gender Equality: A Case Study*) suggests that many NGOs have limited ability to address gender issues and that most NGOs remain dominated by men.

<sup>27</sup> UNIFEM, World Bank, ADB et al. 2004 Op. cit. 63.

<sup>28</sup> McKinnon, John. *NRDP-CBLE Guidelines: Participatory Beneficiary Monitoring and Evaluation*: 33; NRDP. 2003. *2003 Annual Progress Report*: Annex 15, Microfinance Report: 18, 32–33.

credit program members in Cambodia currently are women.<sup>29</sup> NRDP needs to assess the comparative strengths and weaknesses of mixed-sex savings and credit groups versus female-only groups for different livelihood activities and the different performances of these groups in accessing formal financial systems.

NRDP beneficiary monitoring and evaluation and microfinance guidelines addressed some potential gender issues in microfinance and included some gender sensitive social indicators. However, other important issues were overlooked, and some economic and social indicators did not explicitly require sex-disaggregated data or gender analysis. Further guidance is needed by NRDP on targeting poor women who are also household heads and on developing livelihood activities that reflect their needs and priorities. Economic and capacity-building indicators should have a clear requirement for sex-disaggregated data. Patterns of male, female, and joint control over microfinance should be investigated along with gender differences in the control over and use of income and other benefits. The impact of microfinance activities on girls' and boys' labor and access to schooling should also be explored.

## **2. Community Benefits**

### **a. Rural Roads**

Women interviewed during the RGA believed that rural road construction benefited the whole community because transport time and costs had decreased making markets, health services, and temples more accessible. Some women expected their living conditions to improve because they planned to transport larger quantities of produce to local markets at a lower price due to a decrease in the cost of truck rental. Other women planned to sell to buyers who could come to the farm gate because of improved roads. Commune councilors reported that the cost of transport to markets and health centers had decreased by 50–85%.

### **b. Health Centers**

Two health centers constructed by NRDP were visited during the RGA. NRDP staff, health center staff, and commune councilors reported that the major users of NRDP-constructed health centers are women and children. This was verified by direct observation. NRDP had also rebuilt roads approaching both health centers which increased the impact from both infrastructure investments. It was not possible to verify whether women were more likely to seek health services for their reproductive or other health needs than they were before the health centers were constructed; however, some women reported that they were now more likely to seek medical help for themselves and their children sooner because of lower transport costs and low medical fees.

Both health centers had seven staff, with one or two females working on women's reproductive health needs. Both centers had one male and one female health volunteer from each village who formed a village health support group (VHSG) that assisted with organizing vaccinations, reporting diseases, and recording pregnancies so that health workers could provide

---

<sup>29</sup> UNIFEM, World Bank, ADB et al. 2004 Op. cit. 62.

prenatal and postnatal care during outreach.<sup>30</sup> Despite the GAP/strategy requirement for CBOs supported by NRDP to be 30% female, none of NRDP's three health centers had achieved this goal. One health center management committee (HCMC) in Prek Chik of Battambang Province was 25% female, but two other health centers in Banteay Meanchey and Siem Reap provinces had no female management committee members.

### c. Classrooms

One classroom recently constructed (but not yet operational) at Chrey Primary School in Battambang was visited. NRDP plans to rebuild a road approaching the school which will increase the impact from both infrastructure investments. A well was drilled to 70 meters on the school grounds, but no water was found. Latrines were constructed but were not being used due to lack of water.<sup>31</sup>

Of 930 students at Chrey Primary School, only 45% were girls. Stakeholders reported that both boys and girls are absent for long periods when families travel to the Thai border to work. However, girls were the majority of drop outs, and they had higher repetition and drop-out rates compared with boys because they need to care for siblings in addition to doing household, agricultural, and other work. Absence from school is higher when agricultural labor is needed during harvesting and planting or when children must work to help support their families by collecting wood, fishing, or vending small items. Along with transport constraints, the attitudes of parents were identified as a major obstacle preventing girls from attending school. Most girls do not have access to bicycles. Safety and security were reported as issues when girls need to travel far from home to attend either primary or high school.<sup>32</sup>

NRDP indicated that about 23% of females and 22% of males had no access to schools in the project's four provinces.<sup>33</sup> Road improvements, an increase in the number of classrooms, and rural livelihood investments are designed to address some of the constraints that prevent both girls and boys from achieving and completing school. These investments are needed, but they do not address the social constraints that prevent girls from having equal access to education. NRDP had no plans to conduct awareness-raising campaigns to encourage parents to enroll their children or to ensure that both girls and boys attended school regularly. NRDP's contracts with NGOs focus mainly on assessing and strengthening PTA capacity for maintaining and managing physical facilities (such as classrooms, water, and sanitation facilities) and for collecting school statistics. However, there was no mention of the need to build PTA or CC capacity to raise community awareness about the importance of girls' education and about the need for both girls and boys to attend regularly to reduce repetition rates. If the project does not focus on this aspect of capacity building, a significant opportunity for reinforcing the importance of girls' education will be missed.

<sup>30</sup> This conforms to Ministry of Health policy. See chapter 4 on the Health Sector Support Project.

<sup>31</sup> Apart from the lack of water, maintenance of latrines is also an issue as this is new to many villagers. There is also a lack of hygiene education. To achieve lasting results and appropriate use of latrines, more attention must be given to sanitation and hygiene education along with latrine construction.

<sup>32</sup> Lack of water at the school was not seen as a significant constraint to school attendance by these stakeholders.

<sup>33</sup> Mao So. 2004. *Key Presentation to ADB Gender Specialist Delegation*.

Chrey Primary School had 28 teachers, 9 of whom were women (32%); 2 of these women were kindergarten teachers. This was lower than the national average of 38% female teaching staff.<sup>34</sup> There were no women on the Chrey Primary School PTA. Commune councilors and teachers knew that the PTA should have female members but said that there were no women available because older women are illiterate and younger women are not interested in or able to do voluntary work. Female illiteracy rates are very high (59% for Cambodia as a whole<sup>35</sup>) and were often mentioned during the RGA as a reason why women cannot or do not participate on decision-making committees.

NRDP data from Siem Reap Province (see Table 1) show that of 13 PTAs, 31% had no women, 62% had fewer than 30% female members, and only one PTA (8%) met NRDP's target of 30% or more female members. No PTAs had women in decision-making positions. Increasing women's involvement in PTAs is a strategy that could have a significant impact over the long term for increasing retention and achievement rates for girls<sup>36</sup> and should be included as a focus for NGO work.

**Table 1: Women's Involvement in Northwestern Rural Development Project Community-Based Organizations in Siem Reap<sup>37</sup>**

Type of Community-Based Organization (CBO)	Committees which had no women members	Committees with less than 30% women	Committees with 30% or more women	Totals
<b>Water and Pond Committees: number (%)</b>	35 (64%)	9 (16%)	11 (20%)	55 (100%)
<b>School Parent and Teacher Associations: number</b>	4 (31%)	8 (62%)	1 (8%)	13 (100%)

#### **d. Women's Participation in Community-Based Organizations**

One of the most important provisions in the RRP GAP/strategy is for CBO memberships to be at least 30% women who will receive special support and training to support their full participation in project activities. This strategy has significant potential to ensure that women receive practical benefits from NRDP and to reinforce progress towards strategic changes in gender relations. A review of membership in health committees, PTAs, and water committees shows a consistent pattern of very low female participation in NRDP CBOs. For example, 64% of water

<sup>34</sup> UNIFEM, World Bank, ADB et al. 2004. Op. cit: 71. The teacher-student ratio at Chrey Primary School is lower than the national average at 33 students per teacher compared to 46 for the country as a whole.

<sup>35</sup> Ibid.

<sup>36</sup> United States Agency for International Development. 1999. *More, But Not Yet Better: An Evaluation of USAID's Programs and Policies to Improve Girls' Education*, by Chloe O'Gara, Sharon Benoliel, Margaret Sutton and Karen Tietjen, USAID Program and Operations Assessment Report No. 25.

<sup>37</sup> NRDP. 2004. *All Committees 2003–2004 Workplan* (provided by the project implementation unit; includes a list of members of Siem Reap water, school parent, and health committees).

committees in Siem Reap had no women involved, and 20% of water committees had less than 30% female membership. Only 20% of water committees met NRDP's target to include at least 30% female members, although most of these had women in decision-making positions such as the chair or vice-chair.

NRDP's 30% target for female membership of CBOs was not mentioned in NRDP/CBLE NGO contract deliverables. The NGO contract did note that activities were to be undertaken in a, "...participatory, pro-poor and gender sensitive manner" and did highlight the need to target women in leadership, literacy, and infrastructure maintenance training with CBOs. While these provisions were positive, explicit deliverables and targets are required to provide adequate guidance and accountability to implementing agencies. The data on female participation in CBOs included in this report should be seen as a baseline against which future progress can be measured.

#### **e. Women's Participation in Decision Making on Rural Infrastructure**

The RRP GAP/strategy required gender sensitive, participatory approaches to be used in prioritizing, planning, implementing, and monitoring village-based infrastructure. IRAP is a rural infrastructure information and planning process that gathers and analyzes primary and secondary data from the community and prioritizes investments according to need and potential impact in five sectors: transport, health, education, markets, and water sources. Identifying needs and setting priorities for investments occur in commune, district, and provincial workshops.

Forty-nine IRAP infrastructure planning workshops were conducted from April to June 2004 with 1,508 participants, 16% of whom were women. Commune workshops are supposed to include commune planning and budget committee members including one woman from each village; however, women's attendance at IRAP commune workshops averaged only 17% with many workshops having just one or two women. Low participation by women may be because some communes do not have one woman from each village on their planning and budget committees (such as Prek Chik commune which had 2 women rather than the 10 required).

Women's attendance at IRAP district workshops ranged from 11–25%, and was 5–8% in provincial workshops that prioritized investments. District and provincial staff from MOWVA participated in district and provincial workshops. In contrast, women's attendance at village meetings is about 70%.<sup>38</sup> According to NRDP staff and other stakeholders, this was due to the requirement that village development committees (VDCs) should be 40% female, the fact that women are more able to attend when meetings are held in the village, and because many men are absent working away from home for long periods.

During the RGA, NRDP staff and commune councilors were asked whether it is possible for women to participate meaningfully in IRAP meetings about infrastructure priorities and plans.

---

<sup>38</sup> NRDP. 2004. *Second Quarterly Progress Report: 5*; NRDP IRAP Component. *Second Quarterly Progress Report April–June 2004*; NRDP. 2004. *First Quarterly Progress Report: 4*; and Mao So. 2004. Op. cit. An additional 4,420 people attended 148 workshops from the commencement of NRDP through March 2004, but no sex-disaggregated data were provided in NRDP reports.

Most stakeholders believed that women did express their needs and that their voices were heard during village meetings, particularly when discussions were held in small groups and when women (female councilors or focal points for women appointed from the community) were available to talk with women. Many people indicated that women spoke more freely and confidently in village meetings where more women attended. Many commune councils also said that they held village meetings at times when women were able to attend.

Community development staff indicated that women tended to identify different infrastructure priorities than men did. Whereas men favored large-scale developments such as roads or irrigation systems, women were more likely to prefer small infrastructure such as wells. The project's focus on small water sources suggests that women's priorities have been heard and addressed to some extent. While most stakeholders believed that women's infrastructure priorities were taken into account at commune and district workshops, it was not possible to verify this.

### **3. Sustainability**

It is far too soon to assess the potential sustainability of benefits. Women's participation and decision making in CBOs that manage and maintain rural infrastructure are critical to enhance the sustainability of benefits and project impacts. The sustainability of benefits from road construction depends on a range of factors including ongoing competition among transport operators and the success of CC efforts to raise funds and labor to maintain the roads constructed and rehabilitated by NRDP.

Women's employment in rural road construction is unlikely to be sustained beyond the life of the project. Women's employment in other rural infrastructure construction is also unlikely to be sustained unless women receive on-the-job training to increase their skills. The sustainability of longer-term poverty reduction benefits for women will depend on the effectiveness of NRDP/CBLE livelihood activities that had not begun at the time of the RGA.

### **4. Contribution of Gender Strategy and Results to Poverty Reduction**

Elements of the RRP GAP/strategy that were implemented had a direct short-term impact on poverty reduction. For example, equal employment opportunities and pay in labor-based road construction provided much-needed employment for women who may otherwise have migrated to the Thai border for work during the lean season. Targeting poor women from female-headed households for road construction (an element of the gender strategy that had not been implemented) would also help to reduce poverty in the short term. Most women said that they used their wages to purchase food and other basic needs. Some intended to invest their wages in income generation which has the potential to reduce vulnerability to poverty in the longer term.

NGO capacity to successfully target women and the poorest households in livelihood and capacity building activities is essential for poverty reduction. While not all female-headed households are the poorest, research suggests that they are the most vulnerable to poverty and to

losing their livelihoods and land.<sup>39</sup> NGOs need to ensure that this group receives equal access to benefits from livelihood activities. It is particularly important to ensure that women participate in savings and credit groups and livelihood training and that they benefit from the income earned. Long-term poverty reduction depends on NRDP's success in supporting viable poverty-reduction activities for both women and men. This would reduce seasonal migration and thus address one of the many factors causing high drop-out rates and low achievement at school. Constructing classrooms has the potential to reduce poverty in the long term as long as livelihood activities reduce the need for girls' and boys' labor so that they can attend school regularly all year round. This impact would be enhanced if the project increased PTA capacity to raise parents' awareness of the importance of encouraging girls to attend and achieve as well as boys.

#### **D. Opportunities and Challenges**

There are significant opportunities in the institutional environment that could support and reinforce NRDP's efforts to ensure that women participate in and benefit from the project. For example, MRD has demonstrated a commitment to involve women in decision making by ensuring that 40% female membership is required in key community structures such as VDCs. Commune planning and budget committees are required to include one female and one male from each village. In theory, this should result in approximately 30% female membership on the committee which is responsible for developing and reviewing commune plans and expenditures. These structures pre-date NRDP and apply throughout Cambodia although the RGA found that planning and budget committees do not always include women from each village. All commune councils visited during the RGA had received some gender training from the Provincial Department of Women's and Veterans' Affairs, from NGOs or from both, and some had attended up to three training sessions. Interviews suggested that there is increasing receptiveness to women's rights and to their full involvement in development activities. Staff from the Provincial Department of Rural Development had also received gender training before the project began.

While the institutional context is favorable, significant opportunities for benefiting women and advancing their strategic interests could be missed unless the GAP/strategy is reviewed and fully implemented. Although some project documents referred to the RRP gender strategy, overall there was inconsistent and inadequate attention to it and to gender issues in guidelines for benefit monitoring and evaluation, microfinance, and livelihood enhancement and in sample contracts and proposals for NGO work.<sup>40</sup> For example, project documents gave no indication that the monitoring of livelihood activities (such as training or the activities of savings and credit groups) should assess benefits and impacts for women compared with those for men. Inadequate attention was also given to the needs of poor female-headed households and to achieving targets for female participation in CBOs.

---

<sup>39</sup> UNIFEM, World Bank, ADB et al. 2004. Op. cit. 61.

<sup>40</sup> NRDP. 2003. *Annual Progress Report: Annex 15 and 16*; and McKinnon, John. *NRDP-CBLE Guidelines: Participatory Beneficiary Monitoring and Evaluation*.

Attention to gender issues and to gender analysis in NRDP and CBLE project reports needs to be improved. For example, only one project report<sup>41</sup> reviewed during the RGA includes any sex-disaggregated data on who is involved in planning and prioritizing infrastructure investments, although raw data on women's involvement in infrastructure planning and construction are available from project offices. There appears to be an assumption among some stakeholders that key gender provisions relating to the prioritization of infrastructure and measures to promote women's participation relate only to the work of NGOs. On the contrary, they should be applied across the whole range of NRDP activities. The CBLE progress report also includes no gender analysis of participation or benefits. Sex-disaggregated data were presented for literacy classes and for one counseling activity only and not for livelihood support activities such as the provision of agricultural inputs, farmer training, village veterinary training, marketing, or training and support to VDCs.<sup>42</sup> It was not possible to assess whether NRDP/CBLE NGOs are addressing gender issues effectively in the field. Much depends on the capacity of NGOs to target both women and men, and to monitor benefits for women compared with those for men. Whether or not NGOs have this capacity, key elements of NRDP's GAP/strategy need to be explicit in NGO contract deliverables. Any training or briefing provided by NRDP/CBLE to NGOs also needs to explicitly address gender strategies for ensuring that both poor women and men participate and benefit.

Elements of the gender strategy relating to the appointment of community development specialists were not implemented: all four are male rather than two females and two males as specified. One female specialist was appointed initially, but stakeholders reported that she resigned due to safety concerns during field trips. In addition, experience on gender and development was not taken into account when appointing community development specialists.

## **E. Factors Influencing the Achievement of Gender Equality Results**

### **1. Project Gender Action Plan/Strategy**

The inclusion of a project GAP/strategy ensured that women were targeted for employment in labor-based rural road work and other infrastructure construction. It also resulted in positive attention to gender issues in documents designed to guide implementation of capacity building and livelihood enhancement activities to be carried out by NGOs, even though some specific elements of the GAP/strategy were omitted from guidelines and NGO contract deliverables. The project GAP/strategy included clear expectations about women's involvement in decision making, and management and maintenance of rural infrastructure and set targets for women's participation in NRDP CBOs and training. NRDP has great potential to benefit women, reduce poverty, and support strategic changes in gender relations as long as key elements of the GAP/strategy are implemented.

---

<sup>41</sup> NRDP. 2004. *Second Quarterly Progress Report: 5*.

<sup>42</sup> *CBLE Bi-Annual Progress Report January to June 2004*. ADB's own reporting on loan covenants which requires gender sensitive, participatory approaches and special measures to promote the participation of women notes that these areas are covered under the JFPR-financed CBLE project (NRDP. 2003. *Annual Progress Report: Annex 17, ADB. Project Performance Report*).

## 2. Institutional Factors

The institutional environment provides a solid foundation for implementation of the GAP/strategy.

- **Leadership and Commitment:** Senior project staff are committed to ensuring that women participate and benefit. MRD has put structures in place that promote the participation of women in decision making in VDCs.
- **Institutional and Policy Environment:** There are clear requirements for CCs to involve women in planning and budget committees, and gender training appears to have raised awareness at the commune level of women's rights. These factors will directly support the implementation of the GAP/strategy.
- **Selection of NGOs:** NRDP has selected local NGOs already working in the four northwestern provinces which will enable them to build on the trust already established with communities and to make the most of community development work already undertaken. However, NRDP needs to ensure that NGOs have the capacity and commitment to implement the GAP/strategy.

## F. Recommendations

It is recommended that NRDP hold a workshop to revisit the design GAP/strategy and develop a detailed implementation GAP. The aims of the workshop would be the following:

- to ensure that all key NRDP and NGO staff are aware of the detailed provisions included in the GAP/strategy, why they are necessary, how they will improve project implementation and the achievement of NRDP's goal of reducing poverty, and how the GAP/strategy should be implemented;
- to modify elements of the RRP gender strategy if necessary, and identify gender sensitive indicators and targets for monitoring benefits and impact on women as well as men;
- to strengthen the capacity of staff and NGOs to analyze gender issues in NRDP implementation and to devise strategies to address these issues to ensure that women participate and benefit.

The workshop should be participatory and should result in a shared commitment to implement gender provisions that are owned and understood by all participants. Workshop sessions could address the following questions.

- What are the most important gender issues in each area of NRDP's work (prioritizing and planning rural infrastructure, labor-based construction, infrastructure management and maintenance, capacity building for communities, rural livelihood initiatives)? Why is it important to ensure that women participate and benefit from each of these areas, and how will this help to reduce poverty?

- What available evidence and experience exists on women’s participation and likely benefits in each area of NRDP’s work? What issues and constraints are there to women’s and men’s participation in each area, and how should these be addressed?
- What gender sensitive indicators are needed, and how will information be collected and analyzed?
- Are any modifications needed to the RRP gender strategy? Who is responsible for ensuring that the various elements of the gender strategy are implemented?
- Is any further capacity building needed for NRDP and NGO staff to assist them to implement the gender strategy and to monitor differences in benefits and impacts between women and men?

It is recommended that the ADB Cambodia Resident Mission gender specialist assist with facilitation of the workshop in cooperation with an international gender specialist to maximize learning and sharing of experiences with gender issues in similar loan projects.

A local gender specialist should be appointed to the NRDP team. The specialist should work across all four northwestern provinces. S/he should be expected to work closely with community development specialists (who should continue to have primary responsibility for implementation of the GAP/strategy) as well as NGOs, IRAP staff, other project staff, and community members involved in benefit monitoring and evaluation. It is also recommended that the resident mission gender specialist have regular contact with key project staff, for example, by attending NRDP community development monthly meetings.

The NRDP mid-term review should assess the extent to which the gender strategy has been implemented, with particular attention to (i) the achievement of targets for women’s participation in CBOs; (ii) the development and review of village action plans (VAPs); (iii) all capacity-building training provided by NRDP; (iv) women’s participation and benefits from rural livelihood activities compared with those of men; and (v) the capacity of NGOs to implement the GAP/strategy. It is also recommended that the resident mission gender specialist be included as a member of the mid-term review team.

All NRDP reports should routinely include sex-disaggregated data and gender analysis for all project activities. Without ready access to such information, it is not possible for staff and other stakeholders to assess NRDP’s progress in reducing poverty for both women and men.

NGO contract deliverables and guidelines should be revised to ensure that key elements of the GAP/strategy are given adequate attention, particularly the targets for training and CBOs established or supported through NRDP to have at least 30% female participation.

## Chapter 3

# Commune Council Development Project

### A. Project Description

The project<sup>43</sup> goal is enhanced poverty reduction through more participatory, transparent, and accountable governance at the commune/*sangkat* level throughout Cambodia. The purpose of the project is to help commune councils (CCs) effectively manage the democratic development of their communes.<sup>44</sup>

The executing agency is the Ministry of Interior (MOI) which has a project technical cell within the Department of Local Administration (DoLA). CCDP has four components.

- (i) **Commune and Provincial Facilities:** This component is implemented by commune/*sangkat* councils with support from DoLA. It finances the construction, rehabilitation, and furnishing of 440 council buildings; the provision of cell phones, radios and motorcycles; and the refurbishment of 12 Provincial Offices of Local Administration (POLAs).
- (ii) **Capacity Building:** This component is implemented by the DoLA Capacity Building Office utilizing local training providers, media agencies, and international technical assistance. Activities include preparation of a comprehensive capacity-building analysis and annual training plans, and training for commune councilors, clerks, and local and national officials to implement decentralization effectively. An annual mass media public awareness campaign will be undertaken focusing on concepts of local democracy; on citizen, councilor, and officer rights, roles and responsibilities; and on council service delivery.
- (iii) **Commune/Sangkat Photomapping:** This component finances aerial photomaps to enable commune councils to implement the land law.
- (iv) **Civil Registration:** This component is implemented by MOI's Office of Civil Registration. It aims to produce a fully operational national civil registration system of births, deaths, and marriages. Activities include training councilors in the civil registration system, providing an instruction manual and other documents for the civil registration system, a public awareness and mobilization campaign to

---

<sup>43</sup> Loan 1953-CAM: *Commune Council Development Project*, approved December 2002 for \$10 million, with technical assistance co-financed by the Swedish International Development Agency (Sida) and the Netherlands for a total project cost of \$17.4 million. Sida co-financing is to cover the training fund and public awareness mass media campaign in component 2, and the technical assistance for components 1, 2 and 3. Netherlands finance supports the whole of component 4. Duration: March 2003–August 2006.

<sup>44</sup> RRP CAM: 35274: 45. *Sangkat* are councils within urban municipalities.

encourage households to complete registrations, and providing basic equipment to commune/*sangkat*, district and provincial offices and MOI's Office of Civil Registration.

## **B. Gender Analysis and Provisions in the Loan Design**

The loan design had inadequate gender analysis of the roles, responsibilities and rights of women in local governance processes and decentralization, and the factors which constrain and enhance women's participation in and benefits from the project. However, some gender provisions were included in the description of components 2 and 4.<sup>45</sup>

- (i) Component 2 on capacity building included the following:
  - an assessment of the gender impact of capacity building to date and identification of concrete capacity-building measures to enhance the role and representation of women in decentralization;
  - targeted training programs for female and ethnic minority councilors, clerks, and officials;
  - strengthening DoLA's capacity for gender analysis.
- (ii) Component 4 on civil registration included these activities:
  - training for commune councils to ensure that women and ethnic minority councilors and officials are fully involved, and adapting training materials and methodologies to meet women's and ethnic minorities' needs;
  - a media campaign and selection of NGOs that will prioritize reaching women and disadvantaged groups such as homeless people and orphans and ensure that they understand the importance of registration.

The discussion of project benefits noted that women will benefit particularly from civil registration because of the legal foundation that it provides for marriage, divorce, property rights, inheritance, and parentage.<sup>46</sup> The Summary Poverty Reduction and Social Strategy Form annexed to the RRP identified gender issues as significant but despite this indicated that no gender plan was required. However, it did state that capacity building and public awareness activities should fully incorporate the needs and interests of women and should take steps to meet the needs of female councilors, district/provincial officials, and female citizens.<sup>47</sup>

These gender provisions were not included in the RRP project framework which had no gender sensitive indicators. Neither the RRP nor the inception report had any assurances related to the need to target or to involve women.<sup>48</sup> However, RRP terms of reference for some international

---

<sup>45</sup> RRP CAM: 35274: 6–10.

<sup>46</sup> Ibid: 17.

<sup>47</sup> Ibid: 25, Appendix 3.

<sup>48</sup> Ibid: 20; Office of Civil Registration. 2003. *Commune Council Development Project: Component 4 Civil Registration, Inception Report*: 10–11.

consultants (team leader/decentralization, the mass media specialist and the civil registration specialist) required them to consider the needs and interests of women and of ethnic minorities.<sup>49</sup>

### **C. Discussion of Achievements and Progress toward Results**

At the time of the RGA, CCDP had conducted a pilot mobile civil registration program in six communes of three provinces focusing on registering births and was poised to launch a national mobile birth registration initiative. CCDP had only just begun to formulate options for capacity building with female and ethnic minority councilors, clerks, and officials. Major public awareness and media campaigns had not been launched at the time of the RGA.

The RGA revealed there were clear benefits for women from civil registration activities. There was also anecdotal evidence that these benefits were understood and valued by village women. Plans for mass media and education activities using dramas appeared to have taken gender issues into account. No information was available on results for women from capacity-building activities. Progress toward gender equality results is summarized in Box 2 against the major gender provisions included in the RRP with more details provided in Appendix 3, Table 2.

#### **1. Individual and Community Benefits**

##### **a. Civil Registration<sup>50</sup>**

During the pilot mobile birth registration drive, 52% of registered births were female.<sup>51</sup> This is a satisfactory result that compares with a female population in Cambodia of approximately 52%.<sup>52</sup> CCDP reports focused on the number of females registered but overlooked other gender issues in this subcomponent. For example, no data were collected by CCDP on who in the family (males or females) registered births during the pilot program. When questioned about who takes responsibility for registering children, some stakeholders estimated that 60–90% of registrations (more in rural areas) were done by women who generally knew more about the process than men. Registration of births is considered a woman's job, and they are generally responsible for registering the whole family.<sup>53</sup>

A household survey following the pilot program showed that female respondents generally understood the benefits from registering births,<sup>54</sup> and the RGA confirmed this finding. Benefits identified by women included the right for their children to have legal marriages, inheritance rights including access to land, access to schooling, and political rights. Some women mentioned the importance of identity and nationality, and some registered so that they could get a voting card that

<sup>49</sup> RRP CAM: 35274: 33–37. Other terms of reference do not note the need to target or involve women.

<sup>50</sup> The RGA did not focus on gender implications related to the registration of deaths.

<sup>51</sup> CCDP. 2004. *Civil Registration Pilot Studies Final Analysis* (Annex 3 of Mid-term Review Report).

<sup>52</sup> UNIFEM, World Bank, ADB et al. 2004. Op cit: 3.

<sup>53</sup> Interviews with Rokathom commune councilors and Plan International which provides UN volunteers at the district and provincial levels to assist with all aspects of civil registration.

<sup>54</sup> CCDP. 2004. *Civil Registration Pilot Studies Final Analysis* and interviews with Plan International staff in Phnom Penh and Kompong Speu.

would enable them to get a job in a garment factory when they were 18 years old. Commune councilors reported that most women came to register births because they wanted to rather than because they were told to do so. Benefits mentioned by other stakeholders were that civil registration is essential when trying to address problems such as child sexual abuse, child labor, and trafficking.

**Box 2: Gender Equality Results for the Commune Council  
Development Project (CCDP): Summary of Progress**

Project Component	Gender Equality Results
<p><b>Goal:</b> poverty reduction through participatory, transparent, and accountable governance</p>	<ul style="list-style-type: none"> <li>▪ It was too soon to assess the project’s contribution to the goal, and attribution is complex with a number of donors active in the sector. Participation of women and accountability to their needs in commune planning and decision making was difficult to verify.</li> <li>▪ Female-led commune councils (CCs) are seen as competent, transparent, and accountable and are considered more likely to promote meaningful participation by women in commune planning, but the project had not targeted them for training.</li> </ul>
<p><b>Capacity Building:</b></p> <ul style="list-style-type: none"> <li>▪ assess gender impacts to date;</li> <li>▪ identify measures to enhance the role and representation of women;</li> <li>▪ targeted training programs for female councilors, clerks and officials;</li> <li>▪ strengthen Department of Local Administration (DoLA) gender analysis capacity.</li> </ul>	<ul style="list-style-type: none"> <li>▪ CCDP’s capacity-building analysis did not assess the gender impact of capacity-building initiatives to date and did not identify measures to enhance women’s roles and representation in local governance and decentralization.</li> <li>▪ Capacity-building measures and targeted programs for women were being formulated at the time of the rapid gender assessment (RGA). Options include collaboration with UNICEF (strengthening commune committees for women and children), and with Women for Prosperity, a local Cambodian women’s organization that has undertaken extensive work and research on governance issues, (empowering, training and mentoring a network of female councilors).</li> <li>▪ Gender awareness workshops with DoLA and provincial staff were planned for late in 2004. (Consultations with the Ministry of Women’s and Veteran’s Affairs regarding this training began after the RGA.)</li> </ul>
<p><b>Mass Media and Public Awareness:</b></p> <ul style="list-style-type: none"> <li>▪ incorporate needs and interests of women.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Major public awareness and media campaigns had not been launched at the time of the RGA.</li> <li>▪ Male and female media preferences were investigated.</li> <li>▪ Drama education was planned to reach both women and men in rural areas. The drama featured a female commune council chief.</li> <li>▪ Women were to be portrayed in active, visible roles.</li> </ul>
<p><b>Civil Registration:</b></p> <ul style="list-style-type: none"> <li>▪ ensure women are fully involved in training;</li> <li>▪ monitor the effects on women.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A pilot mobile birth registration targeted communes with female councilors. In all, 16% of registration team members were female. Programs training trainers for the national mobile registration initiative included approximately 12% women.</li> <li>▪ Most birth registrations were done by women who take most responsibility for this task in the family; and 52% of the births registered were female.</li> </ul>

Marriage registration is included in commune council training and will also be included in CCDP public awareness campaigns on civil registration. However, the national mobile registration campaign planned for late 2004 was to focus on birth registration. While MOI's focus on clearing the birth registration backlog is understandable, most female stakeholders feel very strongly that marriage registration needs to be prioritized. Marriage registration is important for women to prevent men from marrying more than one wife and for children to be born within a legal union.<sup>55</sup> The practice of men having multiple partners and its implications for civil registration activities had not been seriously considered by CCDP. Omitting marriage registration from the national registration drive could be a missed opportunity to promote the rights of women.

For births registered after 1 August 2002, mobile teams are required to record whether or not the child was born to a legal marriage. It is up to commune clerks and mobile registration teams to ask women whether or not they also want to register their marriages since marriage registration is not mandatory. Women for Prosperity suggests that registration teams should always ask women whether they also want to register their marriages. Many stakeholders argue that the presence of females on mobile registration teams is crucial to ensure that this happens. A lack of marriage registration materials and a lack of staff in many places was a constraint raised by female commune chiefs, councilors, and clerks. MOI plans to focus on marriage registration in 2005.

The pilot mobile birth registration drive included a selection criterion that one of two pilot communes per province would have a female councilor. Six women (16%) were included on the pilot mobile birth registration teams out of a total of 38 team members. The national training of trainers for civil registration included 10 women out of a total of approximately 86 (12%).<sup>56</sup> Training selection criteria are that teams should include commune councilors who are able to write. As very few women are elected to commune councils, this means that many mobile teams would not include any women.

CCDP had no plans to target women for mobile registration teams. This is a significant missed opportunity. Commune councilors and clerks argued strongly that women are needed on registration teams particularly when sensitive situations arise during registrations with single mothers and where men have multiple partners.<sup>57</sup> Stakeholders asserted that women are

---

<sup>55</sup> While there is no quantitative data available, it is not uncommon for married Cambodian males to have a long-term relationship with another woman sometimes called a "sweetheart" (see UNIFEM, World Bank, ADB et al. 2004. *Op cit*: 25, 108). Women for Prosperity (a local Cambodian women's organization that has undertaken extensive work and research on governance issues) has undertaken research on civil registration in 11 provinces. They found that village women want marriage registration in order to protect their rights to property in case of divorce or abandonment. Their research also indicates that while women may want to legally register their marriages, husbands who have more than one wife are reluctant. These findings were confirmed by the Ministry of Women's and Veterans' Affairs and female commune chiefs.

<sup>56</sup> No written data were provided on the number of male and female commune councilors trained.

<sup>57</sup> In one instance, a single mother reported that the father of her child was dead when in fact he was alive and living elsewhere. This has implications for the validity of civil registrations and highlights the need for training to encourage sensitivity and privacy.

conscientious, careful, and hard-working, that there are capable women in villages who can write, and that they would want to do this work as long as they receive some sort of incentive.

### **b. Public Awareness**

CCDP utilized local government structures including commune councils and village chiefs to raise public awareness about the pilot mobile birth registration drive. Commune councilors believed that this was effective at reaching both women and men. No other public awareness or mass media activities had been implemented at the time of the RGA, so no materials or activities could be assessed. CCDP was in the process of contracting the Neutral and Impartial Committee for Free and Fair Elections (NICFEC), a Cambodian NGO that has undertaken education campaigns using drama prior to national and commune elections, to implement a nation wide drama education campaign. According to the CCDP mass media specialist, NICFEC had a good track record working on gender issues. Drama education was chosen as the major activity for 2004 because of its effectiveness at reaching both women and men in rural communities. The main character in the drama was to be a female commune chief. Each performance was to be followed by a question and answer session where issues concerning women could be raised.

Other planned activities included radio spots to be produced by the Women's Media Centre, a film, and TV spots. These products were supposed to portray women in active and visible roles in daily life and to highlight the fact that women are part of local governance and democracy. One radio spot planned to focus on domestic violence recognizing that commune councils have an important conflict resolution role. Two call-in radio programs were also planned, one of which was to utilize the Women's Media Centre.

### **c. Capacity Building**

In February 2002, 11,261 councilors were elected to 1,621 new commune councils which have 5–11 elected members. Of these, 954 councilors were female (8.5%) and 10.2% were from ethnic minorities. At the time of the RGA, there were 988 female councilors (8.8%), and about 34 of them held the position of commune or *sangkat* council chief (that is, about 2% of commune councils were headed by women). Only about one third of commune councils had an elected female member.<sup>58</sup>

Eight training courses were delivered to commune councils in 2003 and four courses were delivered by mid-July 2004 with a further five planned. Courses in planning, project implementation, administration, governance and land management, and conflict resolution were

---

<sup>58</sup> RRP: CAM 35274: 1, 21; McGrew et al. 2004. *Good Governance from the Ground Up: Women's Roles in Post-Conflict Cambodia*: vii; Mansfield and McLeod. 2004. *Commune Councils and Civil Society*: 6; UNIFEM, World Bank, ADB et al. 2004. Op cit: 136; and Ministry of Interior interviews. Different documents provide different figures for the number of female commune councilors. The RGA team was unable to find out how many of the ethnic minority councilors are women.

targeted at all commune officials. Commune planning and budget committees (which are supposed to include one man and one woman from each village) also participated in courses on planning.<sup>59</sup>

No sex-disaggregated data were available on course attendance by councilors, clerks, and planning and budget committee members. Hence, it was difficult to assess whether women had equal access to training opportunities. Anecdotal evidence from some female councilors and other stakeholders indicated that women did not always receive equal access to training. Disaggregated data would also provide some insight into the extent to which women were participating in commune planning and budget committees that determine commune plans.

Some training financed by CCDP, particularly refresher training, was targeted at commune chiefs and deputy chiefs rather than at councilors in general. Some stakeholders argued that this increased the capacity gap between male and female councilors and the marginalization of female councilors. Separate training programs for women are needed to empower and inform female councilors so that they have the confidence and capacity to participate equally with men. At the time of the RGA, CCDP had just begun to formulate capacity-building strategies for female and ethnic minority councilors. Options included collaboration with UNICEF's program to strengthen commune council women's and children's committees and with Women for Prosperity's networking and training program for female councilors.

It is critical that any gender training initiatives developed by CCDP be demand driven and based on thorough training needs analysis, taking into account the impact of gender capacity-building activities already targeted at commune councils by other training providers. During the RGA, all the female councilors and most of the male councilors interviewed had already received some form of gender training from either provincial and district departments of women's and veterans' affairs, NGOs or both. DoLA had demonstrated a capacity for undertaking training needs analyses for courses provided under the auspices of the National Committee for Support of Communes/*Sangkats* (NCSC) and according to a 2004 review of CCDP capacity building had an efficient training design and delivery system.<sup>60</sup> It is important that gender capacity-building initiatives are not removed or marginalized from these established MOI systems and that the most is made of opportunities for collaboration with other providers such as MOWVA, Women for Prosperity, and UNICEF.

## 2. Sustainability

The sustainability of benefits to women would be significantly enhanced if CCDP developed a comprehensive GAP for each component of the project. The GAP needs to address women's needs and interests in each activity undertaken by CCDP and should take into account the strengths and weaknesses in the current institutional context of gender mainstreaming in Cambodia. To ensure that gender equality benefits and outcomes are sustainable, the CCDP GAP should also be closely linked to a broader MOI gender strategy for local governance and decentralization.

---

<sup>59</sup> Turner. 2004. *Study to Assess Effectiveness of the National Committee for the Support of Communes' National Training Program: Draft*.

<sup>60</sup> Turner. 2004. Op cit.

Benefits to women from CCDP’s civil registration activities are likely to be sustained as long as the registration system is properly maintained. Public awareness and mass media messages need to ensure that all opportunities are taken for portraying women’s rights and positive roles in local governance and decentralization. This will help to ensure that gender equality benefits from all components are sustained by building on the positive institutional and policy context for progress towards strategic changes in gender relations.

The possibility that female councilors may not stand again in the next commune election is a risk to the sustainability of benefits from capacity-building activities. Commune council salaries are low, and both male and female councilors need to spend time earning their livelihoods in addition to performing their council duties. Financial problems have been identified by female councilors as a significant constraint, particularly transport costs to villages to fulfill their duties as commune focal points for women and children.<sup>61</sup> In addition, many female councilors have been marginalized and excluded from commune decision making and activities by their male colleagues. Difficulties faced by female councilors include lack of information from the commune council executive, poor transparency regarding commune finances, the failure of some commune council executives to delegate functions to female councilors, and lack of access to training opportunities. In some cases, female councilors have not even been informed of commune meetings.<sup>62</sup> One stakeholder commented that some councils see their female members as potential “whistle-blowers” who may expose poor planning, meeting, and financial practices.

These problems make it difficult for women to participate meaningfully in this male-dominated environment and underscore the importance of mentoring, support, capacity, and confidence building for female councilors. The formation of a network of female councilors based on the network resourced by Women for Prosperity in seven provinces would enhance the sustainability of benefits from CCDP capacity building activities by supporting women and increasing the likelihood that they will stand again.

Some stakeholders asserted that female councilors get less support from district facilitator teams that provide a range of training, information, and ongoing support to commune councils.<sup>63</sup> Sustainability of gender-related results from CCDP capacity-building activities would also be significantly enhanced if steps were taken to ensure that DoLA, POLAs, and district facilitator teams have a strong capacity for and commitment to gender mainstreaming.

---

<sup>61</sup> According to a study undertaken by the Policy Oriented Research Program on Decentralization, the salaries that councilors receive do not compensate them for the work that they are required to do, and many do not plan to stand again in the next election (Rusten et al. 2004. *The Challenges of the Decentralization of Design in Cambodia*: 76, 84, 96 and McGrew. Op. cit: 21).

<sup>62</sup> Women for Prosperity. 2004. *First Female Councilor Forum: Battambang*: 2; and Rusten et al. 2004. Op. cit.: 83–84, 96.

<sup>63</sup> Ibid: 80.

### **3. The Contribution of Gender Provisions to Good Governance and Poverty Reduction**

Good governance and poverty reduction hinge on the capacity of local representatives to facilitate community participation in decision making by poor women and men, to identify the needs and priorities of poor women and men, and to implement local development activities to effectively address these needs and priorities. If CCDP capacity-building and public-awareness activities enhance female and male councilors' abilities to involve poor women in commune planning and to respond to their needs, this is likely to assist with progress toward achieving the project goal of poverty reduction. A comprehensive GAP would facilitate this outcome.

Anecdotal evidence strongly suggests that women's leadership in commune councils enhances participation, transparency, and accountability in local governance for both women and men. While there is a prevailing myth among some men that women are not capable of participating in local governance, research suggests that there is a growing popular belief that women are capable and transparent leaders and are at the forefront of promoting peaceful resolution of local disputes.<sup>64</sup> A number of stakeholders including representatives from MOI, MOWVA, and female commune chiefs also believed that councils led by women have proved themselves to be highly competent, efficient, financially trustworthy, effective at resolving local community conflicts, and responsive to community problems and needs. District governors have favorably compared the work of female-led councils with those led by males noting that female chiefs get the work done more quickly and require less follow-up from district officials. Women are far more likely to speak and share their views in village and commune meetings when a woman leads the commune council.

#### **D. Opportunities for Advancing Gender Equality in Capacity Building**

CCDP has significant opportunities to benefit women through its capacity-building activities by building on a range of Cambodian government gender mainstreaming structures already in place in CC development planning and by working in collaboration with local advocates for women's rights in local governance from both the government and nongovernment sectors. The RGA has identified 3 types of gender capacity building that could be provided by CCDP:

- for female commune councilors
- for female commune council chiefs
- targeted at male commune councilors

##### **1. Capacity Building for Female Commune Councilors**

Little is known about either the backgrounds or capacities of female councilors compared with those of male councilors. While researchers typically describe male councilors as elderly with a long-term association with politics, this may not be the case for female councilors. Although there is an education gap between rural men and women, one report concludes that female

---

<sup>64</sup> McGrew et al. 2004. Op. cit: iv, viii; and UNIFEM, World Bank, ADB et al. 2004. Op cit: 137.

councilors are not less educated than their male counterparts, that many have a previous association with NGOs, or that they may have gained some previous experience in VDCs.<sup>65</sup> This does not necessarily mean, however, that they are well educated or more than functionally literate given the lack of reading materials available in rural areas. Many female councilors have also gained experience from the Women’s Association of Cambodia’s network which existed before the 1993 elections.

MOWVA sees the major training needs of female councilors as building confidence and self-esteem to enable women to participate on an equal basis with men in commune councils and to carry out their work in commune development planning and implementation. These needs are echoed by Women for Prosperity which has reliable information based on needs identified by female councilors themselves. Leadership, communication, advocacy, and lobbying skills are needed for female councilors to perform their roles effectively. Areas identified by women where they need more knowledge relate both to general council business and procedures as well as to areas typically seen as “women’s issues” such as commune/*sangkat* law, land law and land dispute resolution, marriage and family law, trafficking, domestic violence, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Female councilors have also identified the need to network with one another. This is an activity that holds great promise for building capacity. Networking and mentoring can provide a training forum that enhances follow-up and the practical application of skills—thereby enhancing the sustainability of training outcomes—in addition to providing opportunities for sharing experiences and solidarity. These activities have significant potential for increasing women’s effectiveness. Networking and mentoring would also be useful to counter the likelihood of women resigning in the face of ongoing criticism and undermining by men.<sup>66</sup>

## **2. Capacity Building for Female Commune Council Chiefs**

Currently there are no female district chiefs or provincial governors. Female commune chiefs identified a need for long-term training at the Royal School of Administration to enable them to qualify for such positions and for overseas exposure. More knowledge on decentralization and management is also needed along with language training so that they can access materials on these topics from overseas. Female commune chiefs did not identify any specific gender training needs; however, the challenges of working with men in a highly discriminatory environment were highlighted along with the need to be able to nurture and gain men’s support. Networking initiatives would help to address these problems.

## **3. Capacity Building Targeted at Male Commune Councilors**

In order to promote understanding and support, the need for gender sensitivity training for male councilors was raised by a number of stakeholders including female councilors in the Women

---

<sup>65</sup> Rusten et al. 2004. Op. cit: 83.

<sup>66</sup> Two stakeholders noted that some women have already resigned due to the problems and constraints outlined in this report. This issue is also raised in Rusten et al. 2004. Op cit: 84.

for Prosperity network. This is critical for gender mainstreaming in commune council development planning. At the time of the RGA, UNICEF was undertaking a training needs analysis of commune council focal points for women and children and of commune committees for women and children (CCWCs) which include men and the commune chief. UNICEF's method was to observe commune planning processes and the success with which focal points and CCWCs were able to ensure that women's and children's interests were incorporated into commune development plans. This was an important initiative, and these findings should be taken into account in the formulation of CCDP's gender capacity-building activities targeted at men.

## **E. Factors Influencing the Achievement of Gender Equality Results**

### **1. Comprehensive Gender Action Plan**

CCDP needs to develop and implement a GAP with detailed indicators, targets, and strategies for each component. Comprehensive gender analysis needs to be undertaken of gender issues in local governance and decentralization to ensure that opportunities for advancing strategic changes in gender relations are not overlooked. This is especially important for future capacity-building activities. The CCDP GAP needs to be closely linked with an MOI gender strategy for decentralization.

### **2. Leadership and Commitment**

Senior MOI officials are committed to addressing gender issues and have requested further technical assistance to ensure that this happens in a comprehensive way. This is a positive opportunity that can be maximized if a GAP is developed and implemented.

### **3. Gender Mainstreaming Policy Context**

Significant gender mainstreaming initiatives have already been put in place by the ministries of interior and planning. These provide a sound foundation for CCDP capacity-building and public awareness-raising activities on gender equality and include the following provisions.

- A government subdecree requires every commune council to appoint a woman to be in charge of women's and children's affairs. If there is a female councilor, she automatically becomes this focal point. If not, a nonvoting woman from outside the council is appointed to undertake this task.<sup>67</sup>
- The 11-step commune council development planning process that leads to the production of commune/*sangkat* investment program plans (C/SIPs) advises councils to have separate groups of women and men at village meetings where development needs and priorities are identified. Gender is one of five categories of projects for

---

<sup>67</sup> UNIFEM, World Bank, ADB et al. 2004. Op cit: 135–136.

which councils may request funds. Some sex-disaggregated data must be included in the C/SIPs.<sup>68</sup>

- The commune council planning and budget committee has primary responsibility for commune development plans, facilitating villagers to identify development needs and priorities, disseminating information from the government, and raising local contributions for development projects. The committee must include one man and one woman from each village who may come from the VDC if one exists. In practice, composition of the committee appears to vary in different provinces,<sup>69</sup> and the RGA was not able to establish how many women actively participate.
- Subdecrees have been issued to establish commune committees for women and children (CCWCs) in six provinces where UNICEF's Seth Koma program is operational and to guide district and provincial working groups tasked with building the capacity of the committees. CCWCs were set up in June 2004 and will be piloted in about 50 communes. Responsibilities of the CCWCs include the dissemination of information on women's and children's rights; assisting councils to integrate women's and children's interests into the C/SIP; monitoring the implementation of commune projects related to women and children; community awareness raising, mobilization, and monitoring through woman and child assessments three times per year focused on health and nutrition, education, and child protection; and advocacy for women to participate in decision making. CCWCs and their district and provincial working groups are all required to be at least 40% female and will be chaired by the commune chief. The focal point for women and children is a permanent member of the CCWC and has major responsibility for CCWC tasks, including liaison with the planning and budget committee and ensuring that women's and children's interests are included in the C/SIP.<sup>70</sup>

These mainstreaming structures help to create a favorable institutional environment for CCDP capacity-building initiatives to address gender equality; however, there are also some serious structural inconsistencies and constraints including the following.

- There is no formal requirement for commune councils to resource the focal point on women and children whether or not she is an elected councilor. Her responsibilities are extensive, and institutional expectations of her capacity are significant. Travel costs would be regularly incurred, and she would also have opportunity costs from loss of livelihood while she carries out her duties. According to MOWVA, some focal points receive incentives from the council's administrative budget, but others do not.

---

<sup>68</sup> National Committee for the Support of Communes. 2002. *Training Manual: Planning Workshop on Commune/Sangkat Development Planning Process*.

<sup>69</sup> Rusten et al. 2004. Op cit: 76–77 and UNIFEM, World Bank, ADB et al. 2004. Op cit: 136.

<sup>70</sup> MOI. 2004. *Guideline on the Establishment of The Commune/Sangkat Committee for Women and Children* (005, 23 April); MOWVA. 2004. *Decision on the Establishment of the District/Khan Working Group for Capacity Building of Commune/Sangkat Committee for Women and Children* (033), and MOWVA. 2004. *Decision on the Establishment of the Provincial/Municipal Working Group for Capacity Building of Commune/Sangkat Committees for Women and Children* (034, 10 May).

- According to MOWVA, the focal point on women and children is not necessarily included on the commune council planning and budget committee, and there is no guarantee that her views on women's interests will be taken into account during commune planning. This will depend on a whole range of skills including organizational, communication, negotiation, and advocacy skills and her capacity to articulate gender dimensions in commune development plans and priorities.
- Gender mainstreaming provisions were not systematically included in all commune council guidelines reviewed during the RGA, and there is a lot of reliance on the capacity of the focal point on women and children. The whole council needs to take responsibility for ensuring that women's needs and interests are reflected in commune development plans. The planning and budget committee plays a particularly important role here as a driver and facilitator of commune development plans.
- Assigning responsibility for women's and children's affairs to the sole female member on the commune also includes the risk that women may be marginalized from the mainstream of commune council work. Evidence suggests that this may already be happening in some cases when the term "gender" is identified with a rather narrow group of sectors such as health, education, and nutrition.<sup>71</sup> While these are clearly important areas for women to be involved in, economic empowerment and decision making is equally critical for reducing the poverty of women and of their families.
- Gender mainstreaming capacity at all levels is weak.<sup>72</sup> While commune councils have demonstrated a capacity to identify and undertake infrastructure projects, the capacity to identify, prioritize, plan, and implement social development projects is reported to be very weak, as is the capacity to identify and address gender issues in these projects.

#### 4. Institutional Environment

Other government agencies, NGOs, and other donors are actively working on gender mainstreaming in local governance and have already conducted some gender capacity building with commune councils. These agencies are willing to collaborate with CCDP to maximize impact.<sup>73</sup> For example, the provincial and district departments of women's and veterans' affairs have provided training to focal points for women and children. The NGO Women for Prosperity has also undertaken training and capacity-building activities. Before the commune council elections, the NGO provided training to 5,527 female candidates to help them prepare themselves. After the elections, training on good governance including public speaking and participatory processes was provided to all elected female councilors. At the governance training, female councilors decided to form a network with six volunteers (female chiefs and deputy chiefs) from each province working together across political party lines.<sup>74</sup> Due to lack of funding, the network

---

<sup>71</sup> Rusten et al. 2004. Op cit: 83-84.

<sup>72</sup> This is confirmed by the Cambodia gender assessment and applies to line agencies as well as to MOWVA itself at various levels (UNIFEM, World Bank, ADB et al. 2004. Op cit: 172-174).

<sup>73</sup> This review of training providers is not comprehensive. Partnership for Local Governance/Seila Program staff were not interviewed during the RGA due to time limitations.

<sup>74</sup> These women were active in a campaign to lobby their own parties to increase the representation of women in the 2003 general election.

has continued in 7 provinces only, with 33 councilors meeting 4 times per year. This network has combined nonformal and formal training and support activities with the capacity-building agenda set by the female councilors themselves.

Both MOWVA's and Women for Prosperity's work were positively received by the commune councils interviewed by the RGA. Outcomes include a demonstrated increase in councilors' self-confidence, leadership, self-esteem, and management capacity and an ability to engage on an equal basis with men in a range of council activities.

UNICEF's Seth Koma program will also be a major provider of training in the future in the six pilot provinces where CCWCs have been established. This will be provided through capacity-building committees at the district and provincial levels that are to be established under the auspices of MOWVA.

At the time of the RGA, CCDP had an informal liaison with MOWVA. This needs to be formalized given the crucial role played by MOWVA in providing gender capacity building to commune councils. MOWVA has a government mandate to monitor gender mainstreaming policy implementation including through projects such as CCDP, but it needs resources to do this effectively.

While the obstacles to gender equality remain formidable, there is some evidence that gender training initiatives combined with structural requirements for gender mainstreaming by the government may be contributing to a shift in attitudes and increasing receptiveness to women contributing to planning and decision making in commune councils. There is also evidence that villagers see female leaders and councilors as trustworthy, conscientious, and competent.

## **F. Recommendations**

CCDP has significant potential to support progress towards strategic changes in gender relations in its capacity-building activities if a comprehensive GAP is developed by reinforcing gender equality initiatives put in place by the Cambodian government and by working in collaboration with local advocates for women's rights in local governance. It is recommended that resources be provided using grant funds for a CCDP gender specialist as a matter of urgency to develop a comprehensive GAP/strategy and to provide advice to MOI on the development of a 3–5 year gender strategy for decentralization.

It is recommended that the CCDP gender specialist review all components of the project and make recommendations on how gender equality issues should be addressed in all activities. Specific tasks may include the following.

- Assist MOI to develop, review, and prioritize gender capacity-building initiatives formulated by CCDP for implementation over the remainder of the project.
- Review gender capacity-building initiatives currently undertaken with commune councils by major training providers, assess their impact to date, and identify gaps that could be addressed by CCDP, by other ADB loan projects, or by other training

providers/projects. This task should be undertaken collaboratively with other major training providers such as MOWVA, the Partnership for Local Governance/Seila Program, Women for Prosperity, and UNICEF. The gender capacity-building needs of female councilors, female commune chiefs, and male councilors should all be considered.

- Assist MOI with the development of a 3–5 year strategy for gender capacity building with commune councils.
- Assist MOI to undertake a training needs assessment and develop a strategy for gender capacity building for DoLA, POLAs, and district facilitator teams. One potential focus is DoLA’s capacity for conducting gender sensitive training needs assessments with commune officials and other local stakeholders, and for developing and delivering gender sensitive training in all areas.
- Review CC training materials, manuals, and guidelines; identify gaps in attention to gender equality issues; and recommend realistic strategies for addressing them.
- Assist DoLA to undertake a gender analysis of course outlines and training materials for key capacity-building topics (such as monitoring and evaluation, civil registration, commune development planning, land management/conflict resolution, governance, and decentralization); identify significant gaps in attention to gender equality issues; and strengthen DoLA’s capacity to address them.
- Review all proposed CCDP activities relating to the decentralization of service delivery and recommend strategies to ensure that gender equality issues are addressed.
- Provide advice on the development and monitoring of gender sensitive performance indicators for all CCDP’s components.

Consideration should be given to supporting the work of Women for Prosperity to establish and maintain a nation wide network or association of female commune councilors. Consideration should also be given to recruiting Women for Prosperity to undertake some of the research tasks listed above.

Incentive and travel payments for focal points for women and children should be formalized to ensure that they have the means to undertake their responsibilities in annual commune council development planning.

MOI should consider selecting female commune chiefs for long-term administrative training. It is also recommended that affirmative action principles be applied to promoting female and male commune chiefs to higher positions. Where there are male and female candidates for such positions with equal capacity, it is recommended that preference be given to female candidates.

The CCDP mid-term and annual review teams should include the resident mission gender specialist. The mid-term review should assess plans for undertaking marriage registration and the gender implications of CCDP’s work on decentralization. The gender equality results that should be investigated include the following:

- the gender impacts of public awareness activities including the effectiveness of targeting methods and of images/messages portrayed about women's and men's roles, rights, and responsibilities in local governance;
- public awareness about marriage registration;
- the attendance of male and female councilors and planning and budget committee members at CCDP training;
- women's and men's views of commune council planning processes including their involvement in decision making and the extent to which their needs and priorities have been included in commune development plans.

It is recommended that MOI consider giving MOWVA a formal advisory and monitoring role in CCDP planning and implementation.

## Chapter 4

# Health Sector Support Project

### A. Project Description

The project<sup>75</sup> goal is to improve health status, especially of women, children and the poor in targeted regions of Cambodia. The project's objectives are to (i) increase the institutional capacity to plan, finance, and manage the health sector; (ii) develop affordable, quality, basic curative and preventive health services especially for women, the poor, and the disadvantaged; (iii) increase the utilization of health services especially by women and the poor; and (iv) control and mitigate the effects of infectious epidemics and of malnutrition.<sup>76</sup>

The Department of Planning and Health Information in MOH is responsible for coordinating implementation under the guidance of a Health Sector Steering Committee. ADB financing covers nine provinces. The project is cofinanced with the United Kingdom's Department for International Development and the International Development Association and covers 21 provinces in total. HSSP has a sector-wide approach (SWAp) that includes an annual health sector review. The loan's objectives are achieved through three components.

- (i) **Improved Delivery of Health Services:** This component covers civil works for the renovation or construction of 128 health centers, 9 health posts and 14 referral hospitals including 10 emergency and safe motherhood facilities. The provision and maintenance of supplies, drugs, kits, and medical and auxiliary equipment aims to provide a minimum package of activities in health centers (MPA), and a complementary package of activities in referral hospitals (CPA). This component also funds the training of health service providers including training of trainers and training in MPA and CPA. NGOs will be contracted to deliver health services in 11 poorer operational districts.<sup>77</sup> The project will finance the establishment of social protection/equity funds in 10 districts to help the poor pay for catastrophic or chronic health conditions.<sup>78</sup>

---

<sup>75</sup> Loan 1940-CAM: *Health Sector Support Project* approved 21 November 2002 for \$20 million. Duration: February 2003–December 2007; cofinanced with Department for International Development (DFID) and the International Development Association (IDA) for a total cost of \$77 million. ADB administers part of DFID's contribution with a total cost of \$35 million, including DFID Technical Assistance Grant 3994.

<sup>76</sup> RRP CAM 32430: 4.

<sup>77</sup> ADB and DFID financing will support contracting NGOs in 10 districts and IDA will support 1 district. Operational districts are service delivery units used by MOH that may cover more than one administrative district, and include one referral hospital to serve between 100,000–200,000 people.

<sup>78</sup> DFID and IDA will finance these funds in seven further districts (RRP. CAM 32430: 7).

- (ii) **Support to Programs Addressing Public Health:** This component finances national programs to control and prevent communicable diseases (HIV/AIDS, malaria, and tuberculosis) and support for public health activities (safe motherhood, immunization, and nutrition). ADB financing is not used for this component, and there was no detail on project activities included in the RRP.<sup>79</sup>
- (iii) **Strengthened Institutional Capacity:** This component includes training for 123 provincial, district, and referral hospital managers and the preparation of a health workforce development plan. A primary nurse training course for the northeastern provinces will be developed with scholarships for participants from communities without adequate health services. Incentive structures for health providers working in remote areas will be improved. Community participation in health service management will be supported through health center committees that equally represent women and men. This component also includes monitoring and evaluating health status and the use of health services by disadvantaged groups including women, ethnic groups, and the poor.

## **B. Gender Action Plan/Strategy in the Loan Design**

HSSP was classified as a “gender intervention” in the RRP because women were identified as a specific target group in the loan objectives and were expected to receive significant benefits. Safe motherhood and improving access to better quality reproductive health care were highlighted in the loan design, and the project framework included a number of health indicators designed to measure improvements in antenatal and postnatal care and safe delivery.

The RRP included a design GAP/strategy. Implementation of the gender strategy was included as a major loan covenant, but some key elements of the strategy were not incorporated into the project framework. Elements of the GAP/strategy included the following.<sup>80</sup>

- (i) Equal training opportunities were to be provided for women (defined as the same proportion of female trainees as in the overall pool of targeted staff) with the ultimate goal of reaching gender equality in the training and placement of health workers.<sup>81</sup> This provision was covenanted. A target was set for 5,200 female health workers to be trained in CPA and MPA with at least 40% female trainees by 2007 and more than 50% of trainees in remote provinces to be women from ethnic minorities.
- (ii) There was to be adequate visual and auditory privacy in civil works.
- (iii) Ensuring that health services meet the needs of both women and men would be achieved by involving one man and one woman per village in health center community committees or by establishing health center feedback committees with

---

<sup>79</sup> RRP CAM 32430: 7–8, 23.

<sup>80</sup> RRP: CAM 32430:17, 58–59; ADB. 2003. *Project Administration Memorandum for Loan 1940-CAM(SF)*: 16.

<sup>81</sup> *Ibid*: 16.

- equal representation of women and men where other committees do not exist. These committees are now village health support groups (VHSGs).
- (iv) MPA and CPA were to be incorporated into the health delivery system to increase women's access to reproductive health services.
  - (v) The relevance of messages that encourage women's health seeking behavior for themselves and their children was to be improved.
  - (vi) A gender-disaggregated monitoring and evaluation system was to be institutionalized within MOH.
  - (vii) Progress on implementing the gender strategy was to be included in progress reports and annual sector reviews conducted jointly by all partners.

### **C. Discussion of Achievements and Progress toward Results**

HSSP's GAP/strategy will result in practical benefits to women. Better quality health services will be more accessible due to the construction and rehabilitation of health facilities and to the provision of equipment and drug supplies and training to staff focused on maternal and child health. Contracting health services to NGOs in 11 operational districts is likely to decrease family expenditures on health in those districts. In the first year of project implementation, there were modest increases in women's access to reproductive health services.

At the time of the RGA, construction and renovation of health centers and referral hospitals was still at the bidding stage. NGOs contracts from a previous ADB-financed project (the Basic Health Services Project) were in place, and some additional contracts for new operational districts had been signed. No detailed information was available to the RGA team on training activities undertaken to date. Progress towards gender equality results and benefits is summarized in Box 3 with more details provided in Appendix 3, Table 3 which details results by component.

#### **1. Individual, Household, and Community Benefits**

##### **a. Construction and Rehabilitation of Health Facilities**

No HSSP-constructed health centers or hospitals were visited because survey and bidding for construction was ongoing at the time of the RGA; however, staff and consultants consistently reported that both visual and auditory privacy were adequately addressed in construction and renovation with a separate room in health centers for labor and delivery. Although it is too soon for benefits to be demonstrated from HSSP's civil works, the construction and upgrading of hospitals and health centers will improve access to better quality health services including obstetric facilities and reproductive health services.

**Box 3: Gender Equality Results for the Health Service  
Support Project (HSSP): Summary of Progress**

Project Component	Gender Equality Results
<b>Project Goal:</b> to improve health status, especially of women, children and the poor	<ul style="list-style-type: none"> <li>▪ From 2002 to 2003, indicators showed modest improvements in access to antenatal care, deliveries attended by trained public health staff, access to contraception, and child immunization.</li> </ul>
<b>Improved Delivery of Health Services:</b> <ul style="list-style-type: none"> <li>▪ civil works;</li> <li>▪ obstetric services at health centers;</li> <li>▪ equal opportunity in access to training;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Women’s needs for privacy have been taken into account in the design and construction of health centers. Lack of respect and confidentiality by health staff remained significant issues.</li> <li>▪ Lack of trained midwives and poor distribution of trained female staff in the health service were major constraints to improving reproductive health services in rural areas.</li> <li>▪ A primary nurse training course in the northeast included 34 women (81%) who will qualify as primary midwives.</li> <li>▪ Sex-disaggregated data on other training were not available.</li> </ul>
<ul style="list-style-type: none"> <li>▪ services contracted to NGOs;</li> <li>▪ equity funds.</li> </ul>	<ul style="list-style-type: none"> <li>▪ NGO-managed services are likely to deliver significant benefits for women’s reproductive health, and to reduce family expenditures on health.</li> <li>▪ The ADB/Japan Fund for Poverty Reduction equity fund was not operational with no agreed guidelines at the time of the RGA. Equity funds supported by other donors have been piloted, but no sex-disaggregated analysis was available on their use or impact.</li> </ul>
<b>Strengthened Institutional Capacity:</b> <ul style="list-style-type: none"> <li>▪ training of health managers;</li> <li>▪ community participation in health center management by women and men;</li> <li>▪ monitoring and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ It was not possible to verify compliance with the loan covenant on equal opportunities for women in all training since no sex-disaggregated data were available on training participants.</li> <li>▪ The 2004 Joint Annual Health Sector Review reported that 10% of health centers had re-activated management committees or village health support groups. No information was provided on the numbers of women or men involved in these groups.</li> <li>▪ Progress reports, back-to-office reports, project performance reports, and joint annual health sector reviews have not monitored or reported on most key elements of the gender strategy. Information has been available on obstetric-related targets and strategies only.</li> </ul>

**b. Utilization of Health Services**

Health indicators showed modest benefits for women over the first year of the project; however, the 2004 Joint Annual Health Sector Review concluded that the utilization of public health services remained low.<sup>82</sup> Performance will need to improve considerably if Millennium Development Goal (MDG) targets are to be achieved. The proportion of pregnant women receiving at least two antenatal visits increased from 29% in 2002 to almost 33% in 2003, compared with an

<sup>82</sup> MOH. 2004. *Joint Annual Health Sector Review*: 4, 9–10.

MDG target of 60%. Deliveries attended by trained public health staff increased from 20% in 2002 to 22% in 2003, again compared with an MDG target of 60%. Access to contraception increased from 17% in 2002 to 20% in 2003, compared with an MDG target of 30%. Immunization was provided to 69% of children under 1 year of age; the MDG target is 80%.

National health statistics do not present sex-disaggregated data on the utilization of health services by adults and children.<sup>83</sup> Figures from April and July 2004 from Kompong Cham Province show that 54% and 58% respectively of consultations at health centers were with females.<sup>84</sup> Taking into account the fact that 52% of the population is female, these figures suggest that females may not be utilizing public health services on an equal basis with males since their reproductive health needs should result in significantly higher utilization rates. In other words, equal or nearly equal rates of health service utilization indicate that women's health care needs are not being adequately met.<sup>85</sup>

A number of factors are critical for increasing women's utilization of public health services for their reproductive and nonreproductive health needs and for the health of their children. High quality, comprehensive services including a 24-hour obstetric and emergency response capacity are essential. Health posts do not provide obstetric services and are located in remote areas. However, both health centers and health posts are supposed to be provided with battery-operated radio communication or mobile phones to enable them to respond to obstetric and other emergencies. In Kompong Cham, the NGO Save the Children Australia (SCA), which is contracted to provide health services under HSSP in 2 operational districts, provides an ambulance service to the referral hospital for emergencies. Nevertheless, many health posts may be inaccessible for 6–8 months of the year. Health centers are supposed to provide 24-hour services, and this was the case in the two districts managed by SCA. Opening hours in other health centers were variable with only 24% providing 24-hour emergency services.<sup>86</sup>

Women will benefit from the improved delivery of basic reproductive and other health services due to the upgrading of health centers to provide the minimum package of activity (MPA) though these benefits may well be undermined by an acute nation wide shortage of secondary midwives and other female health staff, particularly in rural areas. This is a serious disincentive to increased utilization of public health services by women for both their reproductive and nonreproductive health needs and was not addressed in the project design. Increases in antenatal and postnatal care and in the number of deliveries attended by trained staff are likely to be limited by the availability of midwives and female nurses at health centers. HSSP's Health Workforce Development Plan had been delayed and was not available for review by the RGA. The plan needs to identify strategies and incentive structures to increase the number of trained midwives and other female health professionals in rural areas.

---

<sup>83</sup> MOH. 2004. *National Health Statistics 2003*. One stakeholder indicated that such data are available though the RGA was not able to access this at either the central or provincial level.

<sup>84</sup> MOH. Ibid. and Kompong Cham Public Health Department. 2004. *Monthly Monitoring Report of Consolidated Health Performance* (April and July).

<sup>85</sup> UNIFEM, World Bank, ADB et al. 2004. Op cit: 9.

<sup>86</sup> MOH. 2004. *Joint Annual Health Sector Review*: 9–10.

According to the 2004 Joint Annual Health Sector Review, there were no trained midwives in 42% of health centers.<sup>87</sup> These centers would be unlikely to provide any reproductive health services for women unless there were female primary and secondary nurses available. In Kompong Cham Province, only 45% of health centers had trained secondary nurses or secondary midwives; this figure has remained static since 2000. These staff are skilled to deal with emergencies and practice at a much higher level than primary nurses and primary midwives. The ratio of population per secondary midwife in the province increased markedly since 2000 from 9,998 people per midwife to 16,253 in 2004.<sup>88</sup> This is a serious problem that will have a detrimental effect on project efforts to improve infant and maternal morbidity and mortality. In theory, each health center should have at least one secondary midwife and preferably two to meet the sexual and reproductive health needs of women. With only one midwife, women who come for antenatal checks and find that the midwife is off-duty are unlikely to return.

The shortage of midwives and other female health staff was illustrated in Ponhea Krek and Memut in Kompong Cham Province. Ponhea Krek is a “new” district where SCA had recently been contracted to manage health services under HSSP. “New” in this context means that Ponhea Krek was not a target district for the Basic Health Service Project (BHSP) whereas health services in Memut had been managed by SCA during both BHSP and HSSP.<sup>89</sup> At the time of the RGA, only 29% of health centers in Ponhea Krek had a secondary midwife, 29% had primary midwives only (who cannot manage any complications in deliveries), 14% had a female primary nurse (which would enable them to offer some reproductive health services such as contraception and antenatal care), and 29% had no female staff at all. In Memut, 57% of health centers had two or more female staff which enabled them to provide full reproductive health services.<sup>90</sup>

Attitudes of health workers can also be a serious disincentive to increasing women’s utilization of public health services. Annual health sector reviews indicated that there were widespread problems with the way public health staff related to their patients, and most stakeholders interviewed during the RGA agreed with this assessment. For example, an MOH survey on clients’ rights found that rights to confidentiality, privacy, and respect were rarely implemented by health staff.<sup>91</sup> Stakeholders believed that poor attitudes and motivation by staff were due to low salaries and poor living conditions and that increases in salaries through staff performance contracts (funded by user fees) could play a role in addressing this problem. This issue also needs to be addressed in training as well as in ongoing supervision of staff practices. According to an HSSP consultant, professional ethics and the treatment of patients were not

---

<sup>87</sup> Ibid.

<sup>88</sup> Data provided by Kampong Cham Public Health Department, 6 September 2004.

<sup>89</sup> HSSP. 2004. *ADB Loan No. 1940-CAM(SF)*, DFID *Grant Technical Assistance 3994*: Contract agreement between MOH and SCA (27 May 2004).

<sup>90</sup> Information supplied by district health staff in Memut and Ponhea Krek. Note that some of the health centers in Ponhea Krek may actually be health posts that service smaller populations in very remote areas and that staff allocations in Ponhea Krek under contract with SCA were not finalized at the time of the RGA.

<sup>91</sup> MOH. 2004. *Joint Annual Health Sector Review*: 53, Part II, 14. The MOH survey included Kompong Cham.

included in MPA and CPA training.<sup>92</sup> SCA provided additional training to staff on professional ethics along with staff appraisals, peer supervision, and staff rotation to encourage appropriate behavior towards patients. Village health volunteers (VHVs) from Memut said that the behavior of health staff had improved since SCA took over management of public health services. This increases the likelihood that both women and men will use these services.

### c. User Fees, Fee Exemptions, and Equity Funds

In Kompong Cham Province, about 30 out of 99 operational health centers had permission to charge user fees, but many of the remainder took unofficial payments from patients without permission from MOH. In the Basic Health Services Project, user fees were introduced with transparency and accountability in NGO-contracted health services which enforced a ban on private fee-taking from health center staff. This resulted in a reduction in family expenditures on health care;<sup>93</sup> similar results can be expected from HSSP. This will benefit women directly because they are often responsible for family expenditures on health.

Health centers use different fee exemption criteria, some of which are more sensitive to women's particular needs than others. For example, of the two districts managed by SCA in Kompong Cham, only one explicitly identified poor widows as eligible for fee exemptions.<sup>94</sup> SCA estimated that about 8–10% of health facility users are currently exempted from fees in Memut and Ponhea Krek districts of Kompong Cham. The 2004 Joint Annual Health Sector Review reports that the proportion of poor patients exempted from fees increased from 14% in 2002 to 17% in 2003 with 19% of exemptions at health centers and 14% at referral hospitals.<sup>95</sup> However, no sex-disaggregated information was provided on the type of health needs addressed through these exemptions (for example, female reproductive or nonreproductive health problems or children's health). This compares with an estimated 36% of the rural population below the poverty line and a further 36% who are at risk of becoming poor as a result of a health crisis that requires treatment at hospital.<sup>96</sup>

Many stakeholders believed that health center fees were generally not prohibitive because they were set low enough to be affordable for most villagers,<sup>97</sup> as long as unofficial fees were not charged by health staff. These stakeholders argued that equity funds should therefore be primarily targeted at hospitals where much higher fees are charged. User fees that have been approved by the MOH are required to be divided as follows: 50% is to be used for operational services such as equipment or drugs; 49% may be given to staff as a supplement to their government salaries; and 1% is transferred to MOH.<sup>98</sup>

<sup>92</sup> It was not possible to verify this during the RGA.

<sup>93</sup> Keller and Schwartz. 2001. *Final Evaluation Report: Contracting for Health Services Pilot Project (HSPP)*: 7.

<sup>94</sup> Cuturilo. 2002. *User Fees Pilot Scheme: Proposal for Implementation Save the Children Australia, Basic Health Services Project*.

<sup>95</sup> MOH. 2004. *Joint Annual Health Sector Review*: 42.

<sup>96</sup> MOH. 2003. *Strategic Framework for Equity Funds Fourth Draft* (10 July 2003): 11.

<sup>97</sup> The RGA team was told that 500 riels is the charge for a booklet and four consultations at health centers.

<sup>98</sup> MOH. 2002. *Guidelines Related to the Management of Health User Fees at Provincial Level*.

Equity funds are designed to address the problem of health staff not exempting the poor from user fees and of poor people not coming to public health facilities due to lack of money. At the time of the RGA, finances had been approved for the ADB HSSP Equity Fund, but ADB and MOH had not agreed on guidelines for its operation.<sup>99</sup> The 2004 Annual Health Sector Review showed that 18,591 patients had used equity funds provided by other donors in 2003 in seven operational districts; however, no sex- or age-disaggregated data were provided on the use of these funds, and no details were available on the types of health problems that the funds had been used for.<sup>100</sup>

A draft strategic framework and guiding principles for equity funds was reviewed by the RGA.<sup>101</sup> The funds are to be used to reimburse public facilities for healthcare user fees for any catastrophic condition that is unaffordable by the poor. According to the framework, priority should be given to (i) maternal and child health services including antenatal care, emergency obstetric services and the management of childhood infections; (ii) treatment and management of infectious diseases; and (iii) treatment for accidents and injuries. The draft framework also proposed that information campaigns on equity funds should be targeted to pregnant women, families with children under 2 years of age and people with major communicable diseases. Community involvement in defining local poverty indicators and in identifying the poor was canvassed in the framework, including the use of Village Health Support Groups (VHSGs). The draft framework also raised the possibility of using some funds for transport costs and for ensuring that the family was cared for during hospitalization. These are critical factors that prevent women from accessing health services for themselves and their children, and hopefully some portion of funds will be used for these measures. The RGA found, however, that health service providers would prefer to see all equity funds used to offset exemptions in user fees so that they can be used to supplement the salaries of health staff.

Monitoring the uses of equity funds was not discussed in the draft framework. Monitoring indicators should require that data on their utilization be disaggregated by sex and age as well as by category of health problem and type of health facility (health centers and hospitals). It will then be possible to assess whether funds have been targeted at women for reproductive and nonreproductive health needs, at male and female children, and at women and men with major communicable diseases.

---

<sup>99</sup> Interview with HSSP consultant; and ADB. 2004. *Aide Memoire: HSSP Joint Follow-Up Mission, 17 May–4 June 2004*:2; and ADB. 2004. *Aide Memoire: HSSP Joint Project Mission, 15–26 March*:2. The ADB/JFPR Equity Fund has been financed for \$1.8 million. There is also a DFID initiative to fund safe motherhood equity funds but no information on this was available to the RGA team.

<sup>100</sup> MOH. 2004. *Joint Annual Health Sector Review*: 35–37, 41–42.

<sup>101</sup> MOH. 2003. Op. cit. However, it should be emphasized that these were draft guidelines only and their status was not known.

**d. Community Participation in Public Health Service  
Management and Outreach**

Current MOH policy is for each health center to have a Health Centre Management Committee (HCMC), and a Village Health Support Group (VHSG). No baseline data on community participation in either committee were provided in the 2003 Joint Annual Health Sector Review, although the 2004 Review reported that these committees have been "...reactivated in approximately 10% of health centers".<sup>102</sup> MOH guidelines require that community representatives on the HCMC should be 50% female.<sup>103</sup> No sex-disaggregated data were available to assess female membership in HCMCs or VHSGs. Stakeholders commented that HCMCs rarely had women as members. This was verified during fieldwork in three northwest provinces and in Kompong Cham Province.

The RGA team was told that in theory, all health centers in Kompong Cham have HCMCs. In reality, community members need to be trained to fulfill their roles. Only 20 people had been trained in Kompong Cham due to a lack of funds. HCMCs include local authorities such as village chiefs and commune councilors in addition to the health center chief, some representatives from VHSGs, and locally respected people such as monks or teachers. Commune council focal points for women and children may also be members of the HCMC. The roles of the HCMC include hearing feedback from the community regarding the quality of services and solving problems regarding community involvement (for example vaccinations), in addition to approving and monitoring expenditures of user fees. Much more effort is needed to ensure that women play a role in HCMCs.

The RGA was informed that no data had been collected on the membership of VHSGs. MOH guidelines require VHSGs to include one woman and one man elected from each village. This predates HSSP when VHSGs were known as health center feedback committees. In Kompong Cham Province, SCA had village health volunteers (VHVs) who had the same functions as VHSG members in both Memut and Ponhea Krek operational districts. According to an HSSP consultant, it was unlikely that VHVs/VHSGs would be functioning in most HSSP target areas. Although VHSGs were more likely to be established in districts where health services were contracted to NGOs, there was no funding or requirement in the HSSP NGO performance contract for VHVs/VHSGs to be used in outreach or health education activities or for their membership to include at least 50% women. Provincial health department staff indicated that in some villages most VHVs and VHSG members were women because men traveled far from home to get work and were not available.

There was a considerable difference in approach in the two districts visited by the RGA team in Kompong Cham. Table 2 shows that 98% of VHVs and of VHSG members were women in Ponhea Krek, compared with only 14% in Memut. Most stakeholders agreed that it is very important to have female VHVs and VHSG members to educate and mobilize village women, particularly on matters related to women's reproductive health and children's health. VHVs in both

---

<sup>102</sup> MOH. 2004. *Joint Annual Health Sector Review*: 17; and MOH. 2003. *Joint Annual Health Sector Review*: 7, 14. The VHSG replaces the health center feedback committee referred to in the RRP.

<sup>103</sup> MOH. no date. *Module 8 MPA Training*.

Ponhea Krek and Memut argued strongly that women are needed in these roles to talk with women and to facilitate health outreach activities such as immunizations and reproductive health services. The small numbers of female VHVs in Memut is a missed opportunity to achieve both practical benefits and strategic results for women.<sup>104</sup>

**Table 2: Village Health Volunteers and Village Health Support Group Members in Kompong Cham<sup>105</sup>**

Ponhea Krek Operational District			Memut Operational District		
Male	Female	Female %	Male	Female	Female %
27	1592	98%	338	54	14%

VHVs and VHSGs have enormous potential to enhance health outreach services and behavior change communication strategies and to increase the impact of health outcomes, as long as volunteers are supported with regular refresher training and appropriate materials. In Ponhea Krek, mobile teams of health staff undertook at least five visits per year to very remote rural areas. These visits focused on both curative and preventative health measures including two antenatal visits and full immunization coverage. For less remote areas, outreach visits occurred monthly and focused on preventative services only such as antenatal care, birth spacing, and immunizations. These services were a significant benefit for women and children living in rural areas. Their success depended to a great extent on VHVs who mobilized communities to be available for outreach visits and followed up with ongoing health education. VHVs in Ponhea Krek had been working in their communities for many years before HSSP commenced, with support and regular training provided by World Relief, an international NGO.

A baseline survey of health indicators in Ponhea Krek (undertaken to develop a performance-based contract for SCA's management of the district's public health services) demonstrated the potential impact of working with a group of well-resourced female VHVs. There were significantly higher rates of contraceptive prevalence and child immunization in communes where World Relief had trained and supported female VHVs to mobilize and educate communities.<sup>106</sup> A meeting with a group of these VHVs at Ponhea Krek demonstrated that they were highly committed to their voluntary work; able to discuss their knowledge, skills, and applications in the field; able to identify effective strategies for undertaking effective public health education; and able to debate their views with a group of senior male health staff in our meeting. A number of factors have led to the success of this program. Selection criteria for VHVs included an ability to listen, learn, and communicate with others in addition to commitment. VHVs informed

<sup>104</sup> This was also graphically demonstrated in the meeting with Memut VHVs during the RGA, when the female VHVs took the opportunity to ask the RGA team (both female) some basic questions about HIV transmission and testing because they felt easier talking with women. SCA argued that they attempted to get commune chiefs to nominate women but were unsuccessful due to lack of education and cultural obstacles with local communities. SCA also argued that male VHVs and VHSG members were able to communicate with and educate women, but both male and female VHVs strongly disagreed with this.

<sup>105</sup> Email communication from SCA, 20 September 2004

<sup>106</sup> Keller. 2002. *Report on the Baseline Survey of Ponhea Krek Operational District, Kampong Cham Province*: 8, 11, 12, 15.

the RGA team that high levels of education were not needed. Only the VHV chief (each group of about six VHVs had a chief) needed to be literate and able to travel to the health center to provide regular reports. Each VHV was responsible for between 20 and 30 families. Their roles were to educate the community on health issues; mobilize them to participate in outreach activities; and collect information on the number of pregnant women, newborn babies, and deaths. Regular monthly meetings were held where VHVs received refresher training and follow-up to check what they had learned and where they received materials that were easily understood. World Relief monitored VHVs' work with communities, and provided incentives in-kind (such as soap, sarongs, and mats) directly linked to health education and mobilization outcomes with villagers. VHVs were encouraged to take every opportunity that presented itself in daily life for health education and worked this into their regular daily routines, such as on their way to the rice field, or during a break in their work in the fields.

There is great potential for further practical benefits to be delivered to communities through the work of these VHVs, who are justly proud of their achievements and who themselves are role models for strategic changes in gender relations. However, it should be stressed that these achievements are due to the efforts of the NGO World Relief and predate HSSP. Nevertheless, they demonstrate the significant potential for HSSP to deliver both practical and strategic benefits if women from target communities have resources and support to participate in public health service delivery and outreach.

## **2. Sustainability**

Increased utilization of public health services by women is unlikely to be sustainable unless the national shortage of midwives is addressed. With the exception of the training for primary nurses in the northeast, HSSP does not focus on pre-service training. The Health Workforce Development Plan needs to include realistic strategies for increasing the number of midwives and other female health professionals in rural areas with attention to both pre-service and in-service training and to the provision of incentives to encourage women to work in rural and remote areas. Realistic strategies are more likely to be developed if a systematic social and gender analysis is undertaken to identify the constraints to women's employment in the public health sector in rural areas.

The experience with VHVs and VHSG members from Ponhea Krek district suggest that health benefits will be improved and are more likely to be sustained if HSSP dedicates more effort to ensuring that male and female community members are involved in health service management and delivery. There is little evidence that HSSP has dedicated adequate attention to behavior change communication strategies. More effort in these areas would increase the effectiveness and sustainability of benefits from health outreach mobilization and education activities and from other HSSP inputs such as improved health facilities and staff training. For example, stakeholders noted that some villagers typically do not believe that they have received good quality care unless they have received either an injection or an intravenous line, and these types of treatments are frequently provided by some private health services regardless of whether they are needed. VHVs and VHSG members can play an important role in educating the community about both preventative health

measures and curative treatments so that family expenditures on health can be reduced and this benefit sustained.

### **3. Contribution of the Gender Strategy to Project Objectives**

The GAP/strategy had a positive focus on maternal and child health with health facilities, equipment, supplies, and training focused on improving obstetric and basic health care. By upgrading the quality of services, these approaches will deliver important practical benefits to women and will directly contribute to achieving the project goal of improving the health status of women, children, and the poor. Several indicators were incorporated into the project framework to measure progress toward improvements in antenatal and postnatal care and safe deliveries. This was a critical concern given the high rates of maternal mortality in Cambodia and of women's and children's poor health status in general.

The loan design, however, lacked systematic social and gender analysis and did not address other gender issues in the health sector that were critical for achieving the project goal and sustaining project benefits such as the availability of female health professionals in rural areas, the importance of outreach strategies, and the impact of these factors on women's willingness to utilize public health services for themselves and their children. In addition, one critical element of the gender strategy—to improve the relevance of messages that encourage women's health seeking behavior—was not linked to any specific component or activity in the project design despite its importance for achieving project objectives and sustaining benefits.

## **D. Challenges**

### **1. Awareness of the Gender Strategy and Compliance with Loan Covenants**

Project staff, consultants, and NGO contractors were either unaware of the RRP GAP/ gender strategy, or unaware of the detail contained in the strategy, including the loan covenant relating to equal opportunity for women in all training and related targets and their implications. The gender strategy appears to have been equated with the project's focus on maternal and child health.

ADB's project performance report indicated that compliance with the loan covenant relating to implementation of the gender strategy was satisfactory. It noted that various training programs had been conducted and that these gave priority to qualified women. HSSP's progress report makes similar remarks.<sup>107</sup> This may well be the case, but no data were provided to verify this in any HSSP or ADB reports reviewed by the RGA, and no such data were provided to the RGA team by MOH.<sup>108</sup>

---

<sup>107</sup> ADB. 2004 *Project Performance Report, 31 August*; ADB. 2004 *Project Performance Report 31 January*; HSSP. 2004. *Six Monthly Progress Report: September 2003–February 2004*.

<sup>108</sup> There is one exception to this: the MOH Joint Annual Health Sector Review 2004: 30 included data on attendance at a primary training course targeted at participants from the northeast. Efforts were made to obtain training data including follow up by email, but no responses were forthcoming.

A gender breakdown of MOH staffing in 2001 showed that 48% of all MOH staff were female and 43% were female at the provincial and district levels. This ranged from a low of 31% female staff in Rattanakiri to a high of 56% female staff in Phnom Penh. There were no national data available by category of staff at the provincial and district levels. In Kompong Cham Province, 39% of all health staff were female, but only 15% of secondary nurses and 33% of primary nurses at health centers were female.<sup>109</sup> Assertive strategies will be needed to ensure that training targets included in the GAP/strategy are achieved.

The RRP gender strategy has only been partially implemented and has been poorly monitored by the executing agency, ADB, and health sector reviews. The joint annual health sector reviews conducted in 2003 and 2004 reported on a range of important maternal and child health indicators, but there was no reporting on any other aspects of the gender strategy.<sup>110</sup> Three key elements of the GAP/strategy have not been implemented. HSSP has failed to ensure that there is equal representation of men and women on village health support groups (VHSGs), even where services have been contracted to NGOs. A gender-disaggregated monitoring and evaluation system has not been set up or institutionalized within MOH, and there has been inadequate reporting on implementation of the strategy in progress reports and annual health sector reviews.

## 2. Sector-Wide Approach

Annual sector reviews provide an opportunity to discuss gender issues, review progress on the implementation of the gender strategy, develop policies for ensuring that benefits for women are maximized, and share effective strategies. To date, these opportunities appear to have been missed. For example, an appraisal of client rights in the health sector was undertaken for the 2004 sector review using focus group discussions with a range of stakeholders, including health providers, VHSGs and commune councils. No information was provided on whether women attended the focus groups. There was no investigation of whether women and men have different understandings of their rights or different experiences when they seek health care, both of which would provide important insights into the status of patients' rights in practice and the reasons why public health services remain underutilized.<sup>111</sup> Both the 2003 and 2004 joint health sector reviews have included the participation of consumer groups such as commune councils or VHSGs, but there is no information on the number of women participants from these groups.

The shortage of midwives and other female health professionals in rural areas is a problem that needs to be addressed at the policy level by developing appropriate incentive and training strategies. Workshops, research, and monitoring undertaken through annual sector reviews could assist to address this serious structural constraint that undermines the impact of the HSSP loan

---

<sup>109</sup> National data for 2001 were provided by Dr. John Dewdney on 8 September 2004. Data from Kompong Cham Province were current in April 2004 and were provided by Kompong Cham Public Health Department on 6 September 2004.

<sup>110</sup> MOH. 2004. *Joint Annual Health Sector Review*; and MOH. 2003. *Joint Annual Health Sector Review*.

<sup>111</sup> MOH, Department of Preventive Medicine, Gesellschaft für Technische Zusammenarbeit and University Research Company- National Institute of Public Health. 2004. *Appraisal on Client Rights in the Health Sector*. In all other respects, the research report on clients' rights is of high quality.

investment. Effective behavior change communication strategies, community involvement in health service management, and the impact of efforts to involve VHSGs in health education and outreach activities should also be considered in annual sector reviews.

## **E. Factors Influencing the Achievement of Gender Equality Results**

### **1. Gender Action Plan/Strategy in the Report and Recommendation to the President**

Elements of the GAP/strategy that relate directly to maternal health are being implemented. These will achieve important practical benefits for women. Further benefits and progress towards strategic changes in gender relations will be achieved if a more concerted effort is made to implement and monitor other elements of the GAP/strategy such as the involvement of both women and men in Health Centre Management Committees and in Village Health Support Groups. HSSP's effectiveness would be enhanced if project consultants and staff re-visit the gender strategy to develop awareness of its elements among project implementation staff and consultants. A detailed implementation GAP should be developed, including strategies for behavior change communication, for community involvement in health education and outreach activities, and for encouraging more women to work as midwives and other health professionals in rural and remote areas.

### **2. Other Factors**

Other factors that provide both opportunities and challenges for enhancing benefits for women include the following.

- **Services Contracted to NGOs:** Performance-based contracts with NGOs for the management of public health services in selected districts was a positive innovation introduced by the Basic Health Services Project that resulted in reduced family expenditures on health care and positive improvements in health indicators. Benefits for women may be further strengthened if selection criteria for NGOs include a demonstrated capacity to ensure that women participate equally in HCMCs; VHSGs; and in health education, mobilization, and outreach activities.
- **Lessons Learned Regarding the Potential for VHVs/VHSGs:** Experience in Ponhea Krek district suggests that effective outreach activities combined with the use of well-trained and supported VHVs and high quality service at health facilities can yield significant improvements in women's and children's health. These lessons should be shared with public health staff and other NGOs, along with lessons learned by other NGOs regarding successful strategies for involving women in health education and outreach, to increase the effectiveness of HSSP in other districts.
- **Leadership:** Leadership is needed to address gender inequalities in all aspects of project implementation, particularly in relation to the implementation of the GAP/strategy. Joint annual health sector reviews are a potential forum for demonstrating leadership and commitment, for raising awareness of the GAP/strategy, and for monitoring its implementation. Annual health sector reviews can also

demonstrate leadership by ensuring that all information is disaggregated by sex wherever possible, and that research and workshops adequately analyze social and gender issues.

## **F. Recommendations**

The RRP gender strategy needs to be revisited by stakeholders, and a detailed GAP should be developed for the remainder of the project. ADB project reviews should assertively follow up on the implementation of all elements of the gender strategy by ensuring that all key project personnel are aware of the strategy, its contents, and its implications. ADB project reviews should make recommendations to strengthen implementation and monitoring of the gender strategy with a specific focus on the following elements:

- equal access to training opportunities;
- community participation by women and men in health center delivery and management particularly through the use of VHSGs (and VHVs);
- ways to improve the relevance of messages that encourage women's health seeking behavior for themselves and their children;
- the institutionalization of a gender-disaggregated monitoring and evaluation system;
- ensuring that progress on implementing the gender strategy is included in project progress reports and in annual sector reviews conducted jointly by all partners;
- piloting strategies and incentives to increase the number of female health professionals in rural and remote areas.

The following recommendations are offered for HSSP.

- Joint annual health sector reviews should include reports on the implementation of the project's gender strategy/GAP.
- A joint annual health sector review should commission research and conduct a workshop to investigate the impact of using female and male VHVs and VHSG members in health education promotion and outreach, to learn lessons for maximizing the gender-related impact of HSSP and the achievement of the project goal, so that successful programs can be replicated and expanded.
- HSSP and joint annual health sector reviews should monitor the gender impacts of equity funds by analyzing the utilization of funds by age, sex, and category of health problem.
- All monitoring and evaluation activities including sample surveys and focus group discussions carried out on the recommendation of joint annual reviews should disaggregate data by sex wherever possible and should investigate and analyze differences in access to services and benefits by women and men and for women's reproductive and nonreproductive health needs. For example, any research on financing schemes for increasing access to health services among the poor should investigate potential gender differences to provide lessons for more accurate targeting of resources. Data on health service utilization and family spending should be

disaggregated by age and sex wherever possible to assess whether access to health services has increased for women compared with men, taking into account women's reproductive health needs.

It is recommended that ADB ensure that the Health Workforce Development Plan incorporates a commitment to gender equality in training, recruitment, and promotion. Strategies for increasing the number of midwives and other female health professionals and for providing incentives for them to work in rural and remote areas should be given the highest priority. Baseline data for the plan should include data disaggregated by sex and ethnicity for public health staff by province and level/category of staff. This should be accompanied by an analysis of the impact of gender and ethnic balance on public health service utilization by women and ethnic groups for both reproductive and nonreproductive health needs.

## *Chapter 5*

# Findings

This chapter summarizes experience from all three projects to assess whether GAPs/strategies and gender provisions improved implementation, outreach, and results for women. The following questions are discussed.

- How effective have GAPs/strategies and gender provisions been at improving implementation, outreach and results for women?
- What results were achieved due to GAPs/strategies?
- What elements of GAPs/strategies and gender provisions make them more effective?
- How important is the role of a local gender specialist in achieving gender equality results?
- What external and institutional factors played an important role in achieving results for women?

### **A. Effectiveness of Gender Action Plans/Strategies and Gender Provisions**

NRDP and HSSP both had GAPs/strategies developed during project design, whereas CCDP had some gender provisions that were not linked to an overall strategy or GAP. Comparing the approaches taken by the three projects provides evidence that GAPs are a useful tool for gender mainstreaming as long as they are based on quality gender analysis. NRDP implemented more GAP elements than HSSP and has achieved the most comprehensive results. CCDP has achieved the least results.

NRDP had a comprehensive design GAP that was reinforced by three loan assurances and covenants that included strategies and targets to ensure women's participation in each component. As a result of the design GAP, NRDP successfully targeted women for employment in labor-based road construction, and there was a relatively high level of awareness of how gender issues needed to be addressed in most project activities. Guidelines for capacity-building and livelihood activities included requirements for the involvement of women in decision making, training, and CBOs; however, there were also some key elements of the gender strategy that needed to be strengthened in project guidelines and NGO contract deliverables. There is also a need to revisit the design GAP/strategy to ensure that all members of the project team and contracted NGOs are clear about its contents and implications, and to refine strategies and responsibilities for implementation in a detailed implementation GAP.

The implementation of HSSP's design GAP/strategy was also included as a loan covenant. GAP elements that focused on maternal and child health were implemented, but most other elements of the gender strategy were not, despite the fact that women were highlighted as a specific

target group in the project objectives. One of the most important features of the HSSP gender strategy, the provision of equal training opportunities for women, appeared to have been overlooked or at the very least was not adequately documented. Poor gender analysis in the project design failed to identify one of the major constraints to increasing women's utilization of public health services—the lack of midwives and female health professionals in rural areas. Another critical issue was included in the gender strategy—the need to encourage women's health-seeking behavior—but there was no project component or activity directly linked to it. Some practical benefits will be achieved due to HSSP's upgrading of health centers and hospitals to include obstetric facilities and due to the provision of in-service training on maternal and child health; however, there were missed opportunities to address other gender issues that have an impact on women's health due to poor gender analysis during design and a lack of awareness of the gender strategy during implementation.

The policy and institutional context provides CCDP with enormous potential to advance the strategic interests of women and to reinforce attitude shifts on gender relations already occurring in Cambodian society. At the time of the RGA, little had been done to make the most of these opportunities. The development and resourcing of a comprehensive gender action plan would ensure that these opportunities are not missed. With the exception of CCDP's planned public awareness and media activities, there had been little awareness demonstrated of key gender issues in project components.

The inclusion of a GAP in the project design did not guarantee that key GAP elements would be routinely integrated into project frameworks. In HSSP, indicators for women's sexual and reproductive health and for the provision of medical equipment and training related to obstetric care were included in the project framework. Other elements of the gender strategy were, however, overlooked, and there were no indicators for monitoring training targets for women. Overarching indicators for the Health Sector Strategic Plan were also gender blind, with the exception of indicators relating to women's sexual and reproductive health. NRDP's project framework did not include any of the detailed elements of the design GAP/strategy. There were no gender sensitive indicators, and relevant gender-related risks and assumptions were not identified. Similarly, there was no reference to any of the CCDP gender provisions in the RRP project framework, and there were no gender sensitive indicators.

## **B. Summary of Gender Equality Results Achieved**

### **1. Participation in Project Activities**

Due to its gender strategy, women participated in NRDP's labor-based road construction and in infrastructure planning using the IRAP method, particularly at the village level, although less so at the commune, district, and provincial levels. As long as the GAP/strategy is fully implemented, women will also participate in village-based infrastructure planning, training, and management; in capacity building and rural livelihood activities; and in CBOs. In contrast, there was no information available on women's participation in HSSP training activities (apart from a primary nurse training course in the northeast), nor were there any data available about women's participation in Health Centre Management Committees or Village Health Support Groups.

No information was available on women's participation in CCDP capacity-building activities. Women took the major responsibility for registering births because culture dictates that they take responsibility for family matters. Some women participated as mobile registration team members, but there were no plans to ensure that women would participate equally on mobile registration teams for the national birth registration campaign. It was not known whether women would participate equally in CCDP public awareness raising activities, but this was likely with the use of drama education in villages, and a call-in radio program to be done by the Women's Media Centre.

## **2. Access to Resources**

Access to short-term employment through labor-based infrastructure construction increased for women due to NRDP's GAP/strategy. Rural infrastructure activities that provided roads, health centers, and classrooms also increased women's access to these basic resources. Women will receive equal access to skills, savings, and credit facilities through NRDP's capacity-building and microfinance activities if the RRP gender strategy is revised, and if a detailed implementation GAP is developed.

The construction of health centers and health posts by HSSP will increase the availability of health services for women and men. Women's utilization of public health services is likely to be higher in NGO-contracted areas where health outreach services are well developed and where women are also involved in health service delivery and management, both as health staff and as village health volunteers or members of village health support groups. CCDP has the potential to increase women's access to services, but this was not demonstrated during the RGA and depends on developing and implementing a comprehensive GAP.

## **3. Practical Benefits**

NRDP's GAP/strategy delivered practical benefits to women by ensuring equal access to employment opportunities in road construction. This helped to reduce poverty in the short term as income was spent on basic needs such as rice, salt, and clothes. It also reduced the number of women who needed to migrate to the Thai border for work after planting and harvesting. In some cases, women planned to save or invest their earnings which will help to reduce poverty for some families in the longer term. Other practical benefits enjoyed by the whole community included transport savings from rural road rehabilitation. NRDP promises to provide further practical benefits for women through the provision of village-based infrastructure and livelihood activities as long as the GAP/strategy is revised and implemented.

The focus on maternal and child health in HSSP's GAP/strategy delivered practical benefits to women who now have higher quality, more accessible services. In areas where public health facilities are managed by NGOs, women are also likely to spend less money on health care due to greater accountability and transparency in user fees. CCDP has the potential to indirectly deliver practical benefits to women, but only if capacity building activities assist male and female commune councilors to include poor women's and men's needs in commune development

planning. This would be greatly facilitated by the development and implementation of a GAP and by appointing a gender specialist to the project team who can provide technical assistance for the development and review of capacity-building activities.

#### **4. Strategic Changes in Gender Relations**

No strategic changes in gender relations can be demonstrated yet from any of the projects included in the RGA though NRDP has significant potential to support progress towards strategic changes, as long as targets and training strategies are implemented to support women's participation in community-based organizations (CBOs). HSSP also offers some potential to advance women's strategic interests through their membership in village health support groups (VHSGs) if this element of the GAP/strategy is implemented. Strategic and structural changes are needed to increase the number of female health professionals in rural areas, and to ensure that HSSP maximizes its potential to provide practical benefits to women and their families. This will be facilitated if the HSSP Health Workforce Development Plan addresses gender issues in training, recruitment, and promotion.

CCDP has significant potential to support changes in gender relations. Civil registration provides a legal foundation for women to claim their rights. Public awareness and media activities have great potential for reinforcing the positive changes in gender relations that are already beginning to take place in Cambodian society. Capacity building targeted at female commune councilors and chiefs has the potential to assist women to enhance and demonstrate their considerable management and leadership capacities. These women can be powerful role models for changes in gender relations. This potential will be maximized if technical assistance resources are dedicated to developing a GAP and implementing it over the remainder of the project.

### **C. Elements of Gender Action Plans that Maximize Gender Equality Results**

#### **1. Review Design GAPS/Strategies Early in Implementation**

Even if a comprehensive gender strategy has been prepared during project design, it is critical to revisit it during implementation to develop a more detailed GAP with specific strategies for each component and with clear responsibilities for implementation. This process needs to ensure that key project team members and other stakeholders, such as NGOs, understand the details of GAP elements and their rationale, and that targets and specific strategies are realistic and owned by project implementers. Despite high-level commitment in the executing agency to gender equality approaches in NRDP and CCDP, some project team members were not aware of the implications of GAP elements and gender provisions. This was also the case with HSSP. Reviewing gender design strategies and gender provisions may also be seen as a way of building gender mainstreaming capacity within the executing agency and project team.

#### **2. Gender sensitive Monitoring**

With the exception of the maternal and child health provisions in HSSP, key elements of NRDP's and HSSP's GAPS/plans and CCDP's gender provisions were not integrated into project

frameworks. This oversight, especially the lack of attention to gender sensitive indicators, increased the likelihood that project team members would be unaware of the details of GAP elements and gender provisions and decreased the likelihood that they would be monitored. While NRDP did collect some information to facilitate gender analysis of participation, benefits, and impacts, the other two projects did not. All projects need to improve monitoring and reporting related to the implementation of GAP elements, gender provisions (in the case of CCDP), and gender equality results.

### **3. Quality Gender Analysis**

CCDP had inadequate gender analysis of the roles, responsibilities, and rights of women in local governance and decentralization and of the factors that might constrain or enhance women's participation and benefits from the project. One gender provision included in the loan design (for an assessment of the gender impact of capacity building to date with a view to developing concrete measures to enhance the role and representation of women) was a sound recommendation and a good place to start. However, this gender analysis had only recently begun at the time of the RGA. Similarly, HSSP's design had inadequate analysis of gender issues in the health sector beyond the obvious albeit critical acknowledgment of women's serious reproductive health needs. In contrast, NRDP's gender analysis was more comprehensive and resulted in strategies that were directly relevant to project components and activities. More detailed gender analysis will be needed as NGOs are contracted to undertake capacity-building and livelihood activities. A workshop to review the RRP gender strategy and to develop an implementation GAP is one way in which such gender analysis can take place.

#### **D. The Role of Local Gender Specialists**

All three projects were designed before an ADB gender specialist was appointed to the Cambodia Resident Mission. While the resident mission gender specialist has been involved in recent mid-term reviews for components of NRDP and CCDP, there had not been an opportunity for her to shape the design or implementation of these projects.

None of the projects had any resources allocated for local or international gender specialists, and all would benefit from such technical assistance during implementation. Most stakeholders agreed that a gender specialist was needed on CCDP to maximize the gender impacts from all components. In NRDP, four community development specialists were to coordinate and supervise the implementation of the GAP/strategy. While these staff appear to be aware of gender issues, this does not necessarily equate with having a capacity to devise and monitor strategies for equal participation of and benefits for women, and these skills were not explicitly addressed during recruitment. The NRDP gender strategy required that two of these four community development specialists should be women. Only one woman was employed, and she resigned early in implementation due to inadequate security in transport arrangements during fieldwork. This highlights the need to incorporate adequate resources and support into project designs for gender specialists and female field staff and for the implementation of GAPs.

**E. External and Institutional Factors**

While the constraints to involving women are formidable, there are many positive features in the institutional and policy context in Cambodia. Specifically, NRDP and CCDP have senior leadership committed to ensuring that both men and women participate and benefit equally from project activities. Gender mainstreaming structures are also in place for NRDP and CCDP to build on, and much can be made of those opportunities. All 15 commune councils visited during the RGA had received some gender training, sometimes from NGOs but more often from provincial and district departments of women's and veterans' affairs. The RGA found evidence that there is some receptiveness in commune councils to changes toward gender equality. These efforts need to be reinforced in the design and implementation of all ADB loans.

## *Chapter 6*

# Conclusions

Findings demonstrated that NRDP's GAP was an effective tool for promoting more systematic attention to gender issues. The GAP ensured that women participated in project activities that resulted in practical benefits. Those elements of HSSP's GAP that were implemented also delivered benefits. Developing and implementing GAPs provided a framework for identifying constraints, opportunities, and strategies for addressing women's needs and advancing their interests.

HSSP highlighted the importance of ensuring that GAPs are based on comprehensive and quality gender analysis, with each GAP element closely linked to project components and activities. While it was useful and important to identify women as beneficiaries in project objectives, HSSP also showed that this is not enough to ensure that adequate gender analysis is undertaken or that adequate strategies are developed to address women's needs.

NRDP and HSSP demonstrated the importance of revisiting design GAPs early during implementation to develop a comprehensive implementation GAP that will maximize benefits from the loan investment. The use of loan assurances and covenants helped to strengthen implementation in NRDP's case but appears to have had little impact in HSSP. Partial and delayed implementation of GAPs in NRDP and HSSP demonstrate the need for consistent and systematic follow-up by ADB to ensure that ADB's policy on gender and development is implemented.

All three projects and executing agencies shared the following common weaknesses that need to be addressed in the design and implementation of loans.

- Project frameworks had very few gender sensitive indicators. These are necessary to ensure that differences in participation and benefits between women and men are monitored.
- Where gender strategies and provisions were included in the loan design, they were not adequately or systematically reflected in project frameworks. This increases the risk of marginalizing the GAP as demonstrated in HSSP where key project team members appeared to be unaware of the GAP/ strategy and its implications.
- Monitoring of participation and benefits should be improved in all projects. This requires the systematic collection, reporting, and analysis of sex-disaggregated data in all project components.
- ADB loan review missions should play a greater role in investigating and analyzing differences in participation and benefits between men and women.

Lessons and findings from the Cambodia RGAs are confirmed and reinforced by the RGAs in Bangladesh, Nepal, and Pakistan. These include the following.

- GAs should be prepared for projects and incorporated in loan designs to provide a road map for executing agencies and project teams during implementation.
- GAs need to have quantifiable targets and strategies for each component including gender sensitive monitoring indicators integrated into project frameworks.
- Gender strategies need to be reviewed early during implementation to develop a more detailed GA.
- GAs should be owned by the executing agency and implementing teams and should clearly specify responsibilities for implementation.
- When the GA is developed, key project team members and other stakeholders (such as NGOs) must understand the GA elements and their rationale including how they assist in implementing the overall loan objectives.
- Reviewing design GAs during implementation may also be a way of building gender mainstreaming capacity within the executing agency and project team and of ensuring that the GA is owned by all stakeholders.
- Local gender specialists are needed on project teams to oversee GA implementation and to provide ongoing gender capacity building.

The RGAs in all four countries demonstrate that involvement of the ADB resident mission gender specialist is critical for improving loan design and implementation. The appointment of gender specialists to project teams and executing agencies and adequate resources for GAs to ensure that there is ongoing capacity building are also common factors for success among the four countries.

# Bibliography

## Northwestern Rural Development Project (NRDP)

- ADB. 2001a. *Proposed Loan—Northwestern Rural Development Project, R208-01* (RRP: CAM 34207). Manila.
- ———. 2001b. *Box 3: Cambodia: Northwestern Rural Development Project (2001)*. Manila.
- ———. 2002. *Loan 1862-CAM[SF] Northwestern Rural Development Project: Project Administration Memorandum*.
- ———. 2004. *Northwestern Rural Development Project, ADB Review Mission / Progress January 2004*. PowerPoint File.
- ADA. No date. *Agricultural Development Action* (brochure).
- Care Cambodia. 2003. *Community Based Livelihood Enhancement for the Rural Poor in Northwest Cambodia (CBLE project) (JFPR: CAM-9017) Inception Report*. August. Prepared for the Ministry of Rural Development and the Asian Development Bank. Phnom Penh.
- ———. 2004. *Community Based Livelihood Enhancement (CBLE) for the Rural Poor in Northwest Cambodia (JFPR: CAM-9017) Bi-Annual Progress Report, January to June*. Prepared for the Ministry of Rural Development and the Asian Development Bank. Phnom Penh.
- Cambodia Department of Planning. 2003. *Provincial Profile for 2003, Province: Battambang Code: 02*.
- Mao So. 2004. *Key Presentation to ADB Gender Specialist Delegation*. Banteay Meanchey Province. Provincial Department of Rural Development. Project Implementation Unit.
- McKinnon, John. 2004. *NRDP-CBLE Guidelines: Participatory Beneficiary Monitoring and Evaluation 18 November 2003 – 27 July 2004*.
- McKinnon, John, Harry Gray, and Philip Warren. 2003. *Briefing Note for Livelihood Enhancement, CBO Capacity Building and BME Implementation Methodology: Main Text*. NRDP, Banteay Meanchey Project Management Unit.
- Ministry of Rural Development. 2004a. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF) Briefing Note No. 4 for Commune Council Fund Allocation and Distribution*. Philip Warren, Team Leader.
- ———. No date (2004b). *Northwestern Rural Development Project ADB Loan 1862-CAM(SF) IRAP Component Annual Report 2003*.
- ———. 2004c. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF) IRAP Component Draft PRDC IRAP Review Meeting of Angkor Chum, Angkor Thom*,

- Banteay Srei, Puok, Svay Leu and Varin Districts, Siem Reap Province.* Ministry of Rural Development, Asian Development Bank and International Labour Organisation.
- ———. 2004d. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF), IRAP Component Work Plan IRAP/GIS Project.* Ministry of Rural Development, Asian Development Bank and International Labour Organisation.
  - ———. 2004e. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF), IRAP Component Second Quarterly Progress Report April-June 2004.*
  - ———. 2004f. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF), IRAP Component: IRAP Data Book, District: Samlout, Battambang Province, July 2004.* Battambang.
  - ———. 2004g. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF), IRAP Component: Accessibility Action Plan Rotonak Mondol District, Battambang Province, March 2004.* Battambang.
  - ———. 2004h. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF): Contract Agreement for the Provision of Civil Works in Road Rehabilitation between Ministry of Rural Development, NRDP Project Management Unit and Sor Kan Construction.* (Sample construction contract).
  - ———. 2004i. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF): Contract Agreement for the Provision of Livelihood Enhancement and Capacity Building Services between Ministry of Rural Development, NRDP Project Management Unit and Handicap International (France).* (Sample NGO contract).
  - ———. 2004j. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF), All Committees 2003-2004 Workplan.* Siem Reap.
  - ———. 2004k. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF), Summary Table of Physical Progress for Civil Works and Road Periodic Maintenance as at August 2004.*
  - ———. 2004l. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF), Physical Progress and Employment Generation for the Month of August 2004. (Banteay Meanchey Province).* Banteay Meanchey.
  - ———. 2004m. *Northwestern Rural Development Project ADB Loan 1862-CAM(SF), Work Programme of the Project for Calendar 2004”* Project Implementation Unit. Battambang Province.
  - *Northwestern Rural Development Project. 2003. Northwestern Rural Development Project 2003 Annual Progress Report December 2003.* Report No. 4.
  - ———. 2004a. *Northwestern Rural Development Project First Quarterly Progress Report 2004.* Report No. 5.
  - ———. 2004b. *Northwestern Rural Development Project Second Quarterly Progress Report 2004.*
  - ———. 2004c. *Northwestern Rural Development Project Battambang Proposed Focus Villages (21 July 2004).*
  - Proposals to NRDP from ADA, HI-F, KBA, PADEK and SEADO.

### Commune Council Development Project

- ADB. 2002. *Proposed Loan and Technical Assistance Grant - Commune Council Development Project, R268-02 (RRP: CAM 35274)*. Manila.
- ———. 2004a. *Commune Council Development Project Component 4 – Civil Registration: Mid-Term Review Terms of Reference, Stage 1, 12-30 July 2004*. Manila.
- ———. 2004b. *Participation in Mid-term Review Technical Assistance 4008-CAM: Commune Council Development Project-Component 4: Civil Registration- 26-30 July 2004*. 6 August. Manila.
- Blunt, Peter. 2004a. *Notes on Capacity Building of Female and Ethnic Minority Commune Councilors and Clerks in the Kingdom of Cambodia*. Phnom Penh.
- ———. 2004b. *Note on Training of Female Councilors and Note of Training of Provincial Staff*. 24 August. Phnom Penh.
- Commune Council Development Project. 2003a. *Component 4 – Civil Registration, Inception Report, 31 May*. Phnom Penh.
- ———. 2003b. *Technical (Re)assessment of Component 4 Civil Registration, 18 June*. Phnom Penh.
- ———. 2003c. *Component 4 – Civil Registration, (Draft 1) Quarterly Report 2, 31 December*. Phnom Penh.
- ———. 2003d. *Project Quarterly Report 2 (Draft 1), 31 December*. Phnom Penh.
- ———. 2004a. *Project Annual Report, 31 March*. Phnom Penh.
- ———. 2004b. *Analysis of First Two Weeks of Pilot Study*. (For pilot mobile registration). Phnom Penh.
- ———. 2004c. *Female Participation in Civil Registration (update 30 April 04)*. Phnom Penh.
- ———. 2004d. *Status of Civil Registration Component (input for the review mission, 13-21 May 2004)*. Phnom Penh.
- ———. 2004e. *Component 2-Capacity Building Draft Quarterly Report 30 June*. Phnom Penh.
- ———. (2004f.) No date. *Q Report Notes on Gender and Ethnic Minorities*. Phnom Penh.
- Commune Council Support Project. 2004. *Commune Council Support Project Bulletin Volume 4, No. 2, Second Quarter*. Phnom Penh.
- Clive, William and Piseth Vann. 2004. *Commune Council Development Project Component 4 – Civil Registration Mid-Term Review 12-30 July 2004*. Prepared for Ministry of Interior, Department of Local Administration and the Asian Development Bank. Phnom Penh.
- Department of Local Administration. 2004. *The Strategic Management of Capacity Building for Decentralization and Deconcentration in the Kingdom of Cambodia: Contextual Analysis, Volume 1, Summary of Main Findings and Implications*. April. Phnom Penh.
- Kingdom of Cambodia. 2003. *Technical Guideline for Facilitators to Prepare Commune/Sangkat 3-Year Rolling Investment Program*. Prepared by the Working

- Group of the Subcommittee for Planning and Socio-Economic Development. Phnom Penh.
- Mansfield, Cristina and Kurt MacLeod. 2004. *Commune Councils and Civil Society: Promoting Decentralization through Partnerships* Pact Cambodia. Phnom Penh.
  - McGrew, Laura, Kate Frieson, and Sambath Chan. 2004. *Good Governance from the Ground Up: Women's Roles in Post-conflict Cambodia*. Women Waging Peace Policy Commission. www.womenwagingpeace.net .
  - Ministry of Interior. No date. *Guidelines on Commune Sangkat Development Planning Process*. Phnom Penh.
  - Ministry of Interior. (2002.) No date. *Summary Result of District Integration Workshop 2002; and Comparison of District Integration Workshop 2002 and District Integration Workshop 2003*. Phnom Penh.
  - Ministry of Women's and Veteran's Affairs. 2004a. *Decision on the Establishment: The District/Khan Working Group for Capacity Building of Commune/Sangkat Committee for Women and Children*. (Unofficial Translation 02 June). Phnom Penh.
  - ———. 2004b. *Decision on the Establishment: The Provincial/Municipal Working Group for Capacity Building of Commune/Sangkat Committees for Women and Children*. (Unofficial Translation 02 June). Phnom Penh.
  - National Committee for Support of Communes/Sangkat. 2002a. *Training Manual: Planning Workshop on Commune/Sangkat Development Planning Process*. Updated 03 April. Phnom Penh.
  - ———. 2002b. *Is There Anything You Would Like to Know about Decentralisation and the Commune/Sangkat Councils in Cambodia?* (Khmer and English versions). GTZ. Phnom Penh.
  - ———. 2003. *Commune/Sangkat Fund Project Implementation Manual*. Phnom Penh.
  - Royal Government of Cambodia. No date. *Sub Decree on Civil Registration No. 103 ANK/BK*. Phnom Penh.
  - ———, No date. *The Law on The Administration and Management of Commune/Sangkat*. 0301/05. Phnom Penh.
  - ———, Ministry of Interior., 2004. *Guideline on the Establishment of The Commune/Sangkat Committee for Women and Children*. (Unofficial Translation 02 June). Phnom Penh.
  - Rusten, Caroline, Kim Sedara, Eng Netra, and Pak Kimchoeun. 2004. *The Challenges of the Decentralisation of Design in Cambodia*. Cambodia Development Resource Institute. Phnom Penh.
  - Women for Prosperity. 2003. *Annual Report on Women's Participation in Politics October 1, 2002 through September 30, 2003*. Phnom Penh.
  - ———. 2004. *First Female Councilor Forum: Battambang, February 23 and 24*. Phnom Penh.
  - ———. No date. *Project Proposal: Strengthening and Capacity Building of Female Commune Councils Network*. Phnom Penh.

### Health Sector Support Project

- Action For Health in collaboration with HealthNet International. 2002. *Pearang Equity Fund Management Pilot Project: Project Design Document*.
- ADB. 2002a. *Proposed Loan – Health Sector Support Project, R234-02 (RRP: CAM 32430)*. Manila.
- ———. 2002b. *Achieving the Twin Objectives of Efficiency and Equity: Contracting Health Services in Cambodia*. Indu Bhushan, Sheryl Keller and Brad Schwartz. Manila.
- ———. 2002c. *Cambodia: Health Sector Support Project: Minutes of Loan Negotiations*. 22 October.
- ———. 2003a. *Project Administration Memorandum (PAM) for the Loan to the Kingdom of Cambodia for the Health Sector Support Project [Loan 1940-CAM(SF)] February*.
- ———. 2003b. *Loan Agreement (Special Operations) (Health Sector Support Project) between the Kingdom of Cambodia and Asian Development Bank Loan No. 1940-CAM, 7 February*.
- ———. 2003c/2004. *CAM-1940: Health Sector Support Project: Back-to-Office Reports of Loan Review Missions*. (For Loan Review Missions 5-7 February 2003; 28-30 April 2003; 4-10 December 2003; 11-13 February 2004).
- ———. 2003d. *CAM: Safe Motherhood Component of the Health Sector Support Project: Back-to-Office Report of Exploratory Mission 26 February*. Manila.
- ———. 2003e. *Promoting Child Survival: Issues and Options and Loan 1940: Health Sector Support Project. Back-to Office Report of Fact Finding Mission for Proposed SS Technical Assistance and Health Sector Support Project Consultation (30 May – 5 June 2004)*. 25 June.
- ———. 2004a. *Project Completion Report on the Basic Health Services Project (Loan 1447-CAM[SF])*. March.
- ———. 2004b. *Aide-Memoire, Health Sector Support Project, Cambodia, Joint Project Mission, March 15 to 26, 2004*.
- ———. 2004c. *Aide-Memoire, Health Sector Support Project, Joint Follow-Up Mission, Equity Fund Preparation Mission, and High-Level Visit for the Global Child Survival Partnership 17 May to 4 June 2004*.
- ———. 2004d. *Health Sector Support Project Performance Report as of 31 August*.
- ———. 2004e. *Healing Cambodia's Health Care*. Eric Van Zant. Manila. [www.adb.org/Documents/Periodicals/ADB\\_Review/2004/vol36\\_3/healing.asp](http://www.adb.org/Documents/Periodicals/ADB_Review/2004/vol36_3/healing.asp), accessed 15/06/04.
- Cuturilo, Mira. 2002. *Basic Health Services Project: User Fees Pilot Scheme, Proposal for Implementation*. Save the Children Australia. Phnom Penh.
- Health Sector Support Project. 2004a. *Six Monthly Progress Report, Health Sector Support Project, ADB Administered Component, for the Period September 2003 – February 2004*.

- Keller, Sheryl and J. Brach Schwartz. 2001. *Final Evaluation Report: Contracting for Health Services Pilot Project (CHSPP): A Component of the Basic Health Services Project, ADB Loan No. 1447-CAM*. November.
- Keller, Sheryl. 2002. *Narrative Report of HSSP Appraisal Mission Consultancy. Contract Number DFID/SEA/CAM/02-03*.
- ———. 2002. *Report on the Baseline Survey of Ponhea Krek Operational District, Kampong Chang Province, November – December*. Submitted to Department for International Development and Asian Development Bank.
- Ministry of Health. 2002. *Guidelines Related to the Management of Health User Fees at Provincial Level*. (Khmer). Phnom Penh.
- ———. No date. *Module 8 MPA Training* (Khmer).
- ———. 2003. *Strategic Framework for Equity Funds: Promoting Access to Priority Health Services Among the Poor, Guiding Principles for Design, Monitoring and Evaluation Fourth Draft for Consultation, 10 July*.
- ———. 2004. *Cambodia ADB Loan No. 1940-CAM (SF) DFID Grant TA3994 Contract Agreement between Ministry of Health and Save the Children/Australia for the Provision of Health Services in Memut and Ponhea Krek Operational Districts, Kampong Cham Province* (Sample contract).
- Ministry of Health, Department of Planning and Health Information. 2003. *Joint Annual Health Sector Review (Achievement 2002 and Priorities/Targets for 2003-2004)*. Phnom Penh.
- ———. 2004a. *Joint Annual Health Sector Review 22-23 March*. Phnom Penh.
- ———. 2004b. *National Health Statistics 2003*. Phnom Penh
- ———. 2004c. *Monthly Report of Activities: Province Kampong Cham, April and July*. Kampong Cham.
- Nguon Sim An. 2004. *Brief Report on the Health Situation in Kampong Cham Province, Cambodia*. August 26.

#### **Other References**

- ADB. 1998. *Policy on Gender and Development*. Manila.
- ADB. 2002. *Interim Progress Report on the Policy on Gender and Development*. Manila.
- Legge, Michele. (2004). No date. *Perceptions of and Prospects for Gender Equality: A Case Study of the Nature of Gender Awareness among Nongovernment Organization Staff in Banteay Meanchey, NW Cambodia*.
- UNIFEM, World Bank, ADB et al. 2004. *A Fair Share for Women: Cambodia Gender Assessment*. UNIFEM, World Bank, ADB, the United Nations, UNDP and DFID/UK. Phnom Penh.

## APPENDIX 1

### Meetings Undertaken for Cambodia Rapid Gender Assessment 25 August–9 September 2004

Date	People Met	Loan
Thurs 26 Aug	<p><i>Arrival in Phnom Penh</i></p> <ul style="list-style-type: none"> <li>• Mr. Sophea Mar, Social Sector Coordinator, CARM</li> <li>• Mr. Peter Blunt, Consultant, Capacity Building</li> <li>• Mr. Parvinder Singh, Consultant, Civil Registration</li> <li>• Mr. Dan Radulescu, Regional Coordinator, Plan International Cambodia</li> <li>• Ms. Iris Friedrichs, Regional Coordinator, Plan International Cambodia</li> </ul>	<p>HSSP CCDP CCDP CCDP  CCDP</p>
Friday 27 Aug	<ul style="list-style-type: none"> <li>• Ms. Shelley Flam, Capacity Building – Civil Society, GTZ</li> <li>• Mr. Ismael E. Trasmonte Jr, Project Leader , Commune Council Support Project</li> <li>• Ms. Nanda Pok, Executive Director, Women For Prosperity</li> <li>• Tan Seok Ho Sharonne, Consultant, Seth Koma Programme, UNICEF Cambodia</li> </ul>	<p>CCDP CCDP  CCDP CCDP</p>
Sat 28 Aug	Document review	CCDP NRDP
Sun 29 Aug	<p><i>Drive to Battambang Province</i></p> <ul style="list-style-type: none"> <li>• Mr. Cheap Sam Oeurn, Community Development Specialist, NRDP/Battambang</li> <li>• Mr. Kak Ravy, Administrative Assistant, PIU/Battambang</li> <li>• Mrs. Kuoch Savy, Finance Assistant, PIU/ Battambang (PDRD/ Battambang)</li> </ul> <p><i>Drive to Moung Russei District, Battambang Province</i></p> <ul style="list-style-type: none"> <li>• Interview with female road workers, Road Rehabilitation, Prek Chik Commune</li> <li>• Meeting with Prek Chik Commune Council Chief, 2<sup>nd</sup> Deputy Chief and member (3 men) at Prek Chik Health Centre (constructed by NRDP)</li> </ul>	<p>NRDP  NRDP NRDP  NRDP  NRDP</p>
Mon 30 May	<p><i>Drive to Moung Russei District, Battambang Province</i></p> <ul style="list-style-type: none"> <li>• Meeting with Russei Krang Commune Council (8 men and 1 woman)</li> <li>• Meeting at Chrey Primary School (classroom constructed by NRDP), Chrey Choeurng Commune (3 male commune council members), 4 male teachers (including the director of the primary school), 1 female teacher, and 1 male chief of the parent-teacher association</li> </ul>	<p>NRDP  NRDP</p>

Date	People Met	Loan
	<ul style="list-style-type: none"> <li>• Meeting at Battambang project implementation unit: Mr. Somali (HI), Mrs. Bun Kimsan (ADA), Mr. Tu Panya (IRAP)</li> </ul> <p><i>Drive to Sisophon, Banteay Meanchey Province</i></p> <ul style="list-style-type: none"> <li>• Meeting with Provincial Department of Rural Development project implementation unit, Banteay Meanchey Province: Mr. Mao So (Deputy Director), Mr. Douch Sarin (community development), Mr. Je Sok Noh (Chief, Rural Credit Office), Mr. Suy Mour (Deputy Chief, Community Development Bureau), Mr. Dy Tith (Community Development Specialist), Ms. Koe Pecheta (community development staff), Ms. Him Sokhom, Rural Economic Development Bureau)</li> <li>• Dr. John McKinnon, Community Development Specialist</li> </ul>	NRDP  NRDP  NRDP
Tues 31 Aug	<p><i>Drive to Phnom Srok District, Banteay Meanchey</i></p> <ul style="list-style-type: none"> <li>• Nam Tau Health Centre (constructed by NRDP): Meeting with 5 female patients, and meeting with 1 male health center staff</li> <li>• Meeting with Nam Tau Commune Council members and clerk (4 men and 1 woman)</li> <li>• Meeting with female road workers and female contractor (3 women), road rehabilitation, Sam Raung village</li> <li>• Meeting with 5 female road workers</li> <li>• Meeting with Poay Cha Commune Council members and clerk (9 men and 1 women)</li> </ul> <p><i>Drive to Siem Reap Province</i></p>	NRDP
Wed 1 Sept	<ul style="list-style-type: none"> <li>• Mr. Ith Loeur, Director, Provincial Department of Rural Development, NRDP</li> <li>• Mr. Pen Thay, Community Development Specialist, Siem Reap</li> <li>• Meeting with Kok Doung Commune Council clerk (1 man)</li> <li>• Meeting with female road workers (4 women)</li> </ul> <p><i>Drive to Phnom Penh</i></p>	NRDP
Thurs 2 Sept	<ul style="list-style-type: none"> <li>• His Excellency Sak Setha, Director General, Department of General Administration, Ministry of Interior</li> <li>• Mr. Suy Serith, Deputy Director, Department of Local Administration (DoLA), Ministry of Interior</li> <li>• Dr. Ing Kantha Phavi, Minister of Women's Affairs (female)</li> <li>• Mr. Paul Van Im, Programs Officer, Cambodian Resident Mission</li> </ul>	CCDP  CCDP  CCDP NRDP
Fri 3 Sept	<p><i>Drive to Kompong Speu</i></p> <ul style="list-style-type: none"> <li>• Ms. Chiyuki Inoue, UN volunteer, Plan International</li> <li>• Meeting with commune councilors (8 men) and clerks (2 women) from Sopor Tep and Rokathom Communes, and Provincial Office of Land Administration District Facilitation Team (1 man)</li> <li>• Ms. Ky Nimol, Assistant Project Officer, Seth Koma and UNICEF Team Leader, Kompong Speu</li> </ul>	CCDP CCDP  CCDP

Date	People Met	Loan
	<p><i>Drive to Phnom Penh</i></p> <ul style="list-style-type: none"> <li>• Mr. Suy Serith, Deputy Director, Department of Land Administration, Ministry of the Interior</li> <li>• Dr. Krang Sun Lorn, ADB Operation Unit Chief, Ministry of Health</li> <li>• Dr. John Dewdney, Visiting Fellow, Ministry of Health</li> </ul>	CCDP HSSP  HSSP
Sat 4 Sept	Document review	CCDP HSSP
Sun 5 Sept	Document review	CCDP HSSP
Mon 6 Sept	<p><i>Drive to Kompong Cham Province</i></p> <ul style="list-style-type: none"> <li>• Dr. Krang Sun Lorn, ADB Operation Unit Chief, Ministry of Health</li> <li>• Dr. Nguon Sim An, Director, Kompong Cham Provincial Health Department</li> <li>• Dr. Tran Chheng Kruy, Chief of Technical Bureau, Kompong Cham Provincial Health Department</li> <li>• Dr. Reginald Xavier, Health Sector Support Project Manager, Kompong Cham Province, Save the Children Australia</li> </ul>	HSSP
Tues 7 Sept	<p><i>Drive to Ponhea Krek District</i></p> <ul style="list-style-type: none"> <li>• Dr Reginald Xavier, HSSP Manager, Kompong Cham Province, Save the Children Australia</li> <li>• Meeting with 5 female village health volunteers, Ponhea Krek District Referral Hospital (Ms. Roth Yeng, Ms. Cheuk Taing Hoeun, Ms. Phok Sokum, Ms. Chhay Sanom, Ms. Yea Srey Beth), Provincial Health Department</li> <li>• Mr. Try Kea, Deputy Director, Health Centre Chief, Ponhea Krek</li> <li>• Mr. Hokkien, Operational District Manager, Ponhea Krek, Provincial Health Department</li> <li>• Mr. Hang Vuthy, Operations Manager, HSSP, Kampong Cham Province, Save the Children Australia</li> <li>• Mr. Ek Kheang, Chief, Ponhea Krek District Hospital</li> </ul> <p><i>Drive to Memut District</i></p> <ul style="list-style-type: none"> <li>• Dr. Un Sok Run, Save the Children Australia Memut Operational District Manager, HSSP</li> <li>• Meeting with 3 male and 2 female village health volunteers, Memut</li> <li>• Ms Pol Naren, Maternal Child Health Chief, Memut</li> </ul>	HSSP
Wed 8 Sept	<p><i>Drive to Phnom Penh</i></p> <ul style="list-style-type: none"> <li>• Dr. Tran Chheng Kruy, Chief of Technical Bureau, Kompong Cham Provincial Health Department</li> <li>• Dr. John Dewdney, Visiting Fellow, Ministry of Health</li> <li>• Meeting with 5 female commune/<i>sangkat</i> council chiefs (Si Ton Psar Thmei; Prak Mali, Beung Keng Kang 1; Tigh Sam On, Sak Sampeou; Buth Thyda, Chief; Pen Inn, Chief of Quartier Phsar Kandal II; Keo Sakal, Chief Veal Vong; Seng Vannary, Chief of</li> </ul>	HSSP  HSSP CCDP

Date	People Met	Loan
	Olympic Quarter) and Touch Sarom, Director, Phnom Penh Municipal Department of Women's and Veteran's Affairs.	
Thurs 9 Sept	<i>Departure from Phnom Penh for Bangkok</i> • Sheryl Keller, International Technical Assistant, Contracting, HSSP	HSSP
By email	<ul style="list-style-type: none"> <li>• Madeleine Elmqvist, International Technical Assistant, CCDP</li> <li>• Sheryl Keller, International Technical Assistant, Contracting, HSSP</li> <li>• Dr. Reginald Xavier, Health Sector Support Project Manager, Kompong Cham Province, Save the Children Australia</li> <li>• Mr. Peter Blunt, Consultant, Capacity Building, CCDP</li> <li>• Dr. John McKinnon, Community Development Specialist, NRDP</li> </ul>	CCDP HSSP HSSP CCDP NRDP

## APPENDIX 2

### Summaries of Gender Action Plan Elements, Provisions, and Results

**Table 1: Gender Action Plan Elements and Progress toward Results for Northwestern Rural Development Project**

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
<p>The project objective is to reduce poverty through accelerated rural development by establishing physical transport and social infrastructure, improving socioeconomic conditions, and enhancing rural livelihoods</p>	<ul style="list-style-type: none"> <li>• The report and recommendation to the President (RRP) includes a comprehensive gender strategy.</li> <li>• Three loan covenants refer to special measures to promote the participation of women (in road construction; the prioritization, planning, implementation and monitoring of village-based infrastructure; and other measures relating to training, land registration and support for community-based organizations [CBOs]).</li> </ul>	<ul style="list-style-type: none"> <li>• Project achievements in Battambang province include 31.5 kilometers (km) of roads rehabilitated or maintained by August 2004, along with the construction of 2 classrooms, 1 health center, 2 wells, and the excavation of 6 ponds.<sup>114</sup> In Banteay Meanchey province, 65 km of roads have been rehabilitated or maintained with 14 new school buildings, 1 health center constructed, and 23 wells dug.</li> <li>• Interviews with a range of project staff indicate that some elements of the gender strategy have been implemented such as equal employment of women in road rehabilitation.</li> <li>• Other elements of the gender strategy are not referred to in key project documents (sample contract with nongovernment organizations (NGOs), benefit monitoring and evaluation guidelines, or other project reports) and do not appear to be widely known by project staff. Examples include at least 30% women to be trained in management and monitoring of infrastructure and 30% female members in CBOs who are to receive support and</li> </ul>

<sup>112</sup> Based on ADB 2001 RRP: CAM 34207 *Proposed Loan: Northwestern Rural Development Project (Cambodia)*.

<sup>113</sup> Based on document review and interviews with project stakeholders during the rapid gender assessment.

<sup>114</sup> *Summary Table of Physical Progress for Civil Works and Road Periodic Maintenance as at August 2004* provided by Battambang project implementation unit. A further 4 wells had been constructed, but no water was available.

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
	<ul style="list-style-type: none"> <li>• The RRP notes that cooperation will be sought with provincial and district personnel of the Ministry of Women’s and Veterans’ Affairs</li> <li>• Community development specialists are responsible for supervising implementation of the gender strategy.</li> <li>• Two out of four specialists were to be women and all 4 are to have track records on gender and development activities.</li> </ul>	<p>training to encourage full participation in project activities.</p> <ul style="list-style-type: none"> <li>• Contracting of NGOs to undertake community-based capacity building and rural livelihood enhancement activities (components 2 and 3) had not commenced at the time of the rapid gender assessment (RGA) nor had the collection of baseline data for measuring impact. Due to delays in implementation, few gender-related results can be demonstrated.</li> <li>• Provincial and district staff from the Ministry of Women’s and Veterans’ Affairs are involved in integrated rural accessibility planning (IRAP) district and provincial planning workshops, including in the provincial rural development committee which has 1 representative from the ministry.</li> <li>• All four specialists are men. One woman was appointed to work in Oddar Meanchey Province, but she resigned due to security problems traveling on her own to undertake field work.</li> <li>• While specialists appear to be aware of gender issues, their capacity to devise and monitor strategies for equal participation and benefits by women was not addressed explicitly during recruitment.</li> <li>• Benefit monitoring and evaluation guidelines were to provide an example of gender mainstreaming in project activities.<sup>115</sup> While this document does address gender issues in some areas, this is not consistent or systematic enough to provide adequate guidance to local specialists or to NGOs.<sup>116</sup></li> </ul>

<sup>115</sup> NRDP. 2003. *2003 Annual Progress Report: Annex 14, Community Development Report: 5.*

<sup>116</sup> McKinnon, John. *NRDP-CBLE Guidelines: Participatory Beneficiary Monitoring and Evaluation.*

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
<b>1. Rural Infrastructure Development</b>		
Identification and prioritization of large-scale infrastructure using (integrated rural accessibility planning) IRAP	Gender sensitive participatory approaches to be used in prioritizing, planning, implementing and monitoring village-based infrastructure ( <i>covenanted</i> )	<ul style="list-style-type: none"> <li>NRDP's second quarterly report for 2004 notes that 1,508 stakeholders participated in 49 IRAP infrastructure workshops in 7 districts from April to June 2004, 16% of whom were women. Women's participation is higher in some commune and district workshops and much lower (between 5% and 8%) in provincial workshops where there is often only 1 female participant in provincial rural development committees (PRDCs). A total of 4,420 people participated in 148 IRAP planning workshops up to March 2004, but no disaggregated data is provided in NRDP or IRAP reports.<sup>117</sup></li> </ul>
Construction of markets, schools and health facilities	Gender sensitive participatory approaches to be used in prioritizing, planning, implementing and monitoring village-based infrastructure ( <i>covenanted</i> )	<ul style="list-style-type: none"> <li>Two health centers were visited in Battambang (Prek Chik in Moung Russei district) and Banteay Meanchey (Nam Tau in Phnom Srok district). Both have two female staff (including one volunteer at Nam Tau Health Centre) and one male and one female health volunteer from each village. There are three women (total 12 people) on the Prek Chik Health Center Management Committee, but no women are on the Nam Tau Health Center Committee nor on the committee from Vat village in Sre Noy Commune of Siem Reap.<sup>118</sup></li> <li>Of 13 school parent-teacher associations in Siem Reap, 31% have no women on the committee, and 62% have fewer than 1/3 female members (usually one woman on a committee of five or six); and no</li> </ul>

<sup>117</sup> NRDP Second Quarterly Progress Report 2004: 5; NRDP IRAP Component Second Quarterly Progress Report April–June 2004: 1; and NRDP 2003 Annual Progress Report: Annex 7, Work Plan IRAP/GIS 2004: 9; NRDP First Quarterly Progress Report 2004: 4.

<sup>118</sup> Meetings with health center staff; and NRDP. 2004. *All Committees 2003-2004 Workplan*: 15.

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
		committees have women in decision-making positions. <sup>119</sup> One NRDP-built classroom was visited in Battambang province (Chrey Primary School) which had no women on the school parent-teacher committee. <sup>120</sup>
Road construction technology: 60% of road rehabilitation or reconstruction is to use labor-based appropriate technology (LBAT)	<ul style="list-style-type: none"> <li>• Target women heads of households for employment and provide equal pay for women in LBAT road construction.</li> <li>• The poor and very poor to be offered employment including 50% women if available.</li> </ul>	<ul style="list-style-type: none"> <li>• In Battambang province, all physical infrastructure activities (roads, schools, health centers, ponds, and wells) have generated a total of 49,022 work days. Women have been employed for 45% of these work days and men for 55%. In all, 29,152 of these work days have been used for road rehabilitation and maintenance including 54% by women. This compares with 31% work days for women on other infrastructure activities.<sup>121</sup> Project staff report that the lower proportion of women employed in other infrastructure construction is due to the need for more skilled labor in these activities. In Banteay Meanchey province, women have been employed for 52% of work days on road construction.<sup>122</sup></li> <li>• Meetings with female road workers and commune council (CC) members across three provinces indicate that men and women receive equal pay of approximately \$1 per day for road rehabilitation work. Observation of four different road construction sites in three provinces indicates that more women may be employed on some sites during the rainy season when many men are working away from their</li> </ul>

<sup>119</sup> Ibid. See Table 1 in chapter 2 for a summary of available data on women's participation in CBOs.

<sup>120</sup> Meeting with teachers and committee members at Chrey Primary School.

<sup>121</sup> *Summary Table of Physical Progress for Civil Works and Road Periodic Maintenance as at August 2004*, provided by Battambang Project Implementation Unit.

<sup>122</sup> *Physical Progress and Employment Generation for the Month of August 2004* (Banteay Meanchey Province), provided by Banteay Meanchey PMU.

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
	<ul style="list-style-type: none"> <li>• Labor inspectors to confirm gender equity in contractor's employment practices and payment of market-based wages. <i>(covenanted)</i></li> </ul>	<p>home villages.</p> <ul style="list-style-type: none"> <li>• Female-headed households including widows have not been systematically targeted for LBAT road construction by contractors. Where there are more women and men who want to work than the contractor can employ, a lottery is held in some areas to ensure that 50% males and females get employment, but this process does not target the poorest or single household heads.</li> <li>• Labor inspectors have not been used. Monitoring of contractor employment practices is included in NGO contract deliverables, but there is no mention of the need to ensure that women have equal pay and employment opportunities. Selection criteria for contractors do not highlight the need to ensure that contractors equally target women for LBAT employment.<sup>123</sup> However, meetings with contractors and road workers indicate that contractors are aware of and are meeting the requirement to provide equal employment opportunities to women. Community development specialists will now be attending meetings between contractors and communities to see how labor is selected.<sup>124</sup></li> </ul>
Establishment of rural road maintenance committees and training of local road maintenance groups to be paid on a daily basis		Little information was obtained on the involvement of women and men in rural road maintenance committees. In some areas, such as Russei Krang Commune, villages are responsible for maintaining a section of the road. In Russei Krang there is one woman on each village road maintenance committee.

<sup>123</sup> NRDP. 2004. *First Quarterly Progress Report Annex 15*, Briefing Note for Prequalification Process.

<sup>124</sup> NRDP. 2004. *Second Quarterly Progress Report Annex 8*: 4.

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
Land tenure security	Specific awareness campaigns for men and women on joint registration and land titling to be undertaken. The RRP notes that about 70% of land titles issued to married couples are in the name of both husband and wife and that the project will continue this practice. <sup>125</sup>	<ul style="list-style-type: none"> <li>• Awareness campaigns on joint land registration have not been carried out, and are not included in NGO terms of reference or list of contract deliverables.<sup>126</sup></li> <li>• NRDP's most recent quarterly report notes that community development specialists are reviewing land registration along road alignments to ensure that land is properly registered, but no mention is made of joint registration.</li> <li>• An agreement is needed between NRDP and the Ministry of Land Management regarding the cost of providing legal land title. This is currently priced at \$23 per plot, which may be too expensive for the project to meet for all land owners along road alignments.<sup>127</sup></li> </ul>
<b>2. Capacity Building</b>		
The provincial department of rural development (PDRD) staff: technical and managerial skills in planning, implementing and monitoring rural infrastructure and community development activities	Capacity building is to include training in gender sensitive community participatory approaches <sup>128</sup>	<ul style="list-style-type: none"> <li>• No sex-disaggregated data on numbers of women and men trained is included in NRDP reports. Currently, about 30% of government employees are women. The Battambang project implementation unit has 7 staff, with 2 women (finance assistant and clerk). Banteay Meanchey project management unit has 9 staff, with 2 women in counterpart CD and rural credit positions. PDRD has a total of 51 staff including 8 women (16%).</li> <li>• No reports were provided on training in gender sensitive community participatory approaches since</li> </ul>

<sup>125</sup> RRP: CAM 34207: 22 (paragraph 81).

<sup>126</sup> NRDP. *Contract Agreement for the Provision of Livelihood Enhancement and Capacity Building Services*. (sample, not signed): 13–22; and NRDP. 2004. *Briefing Note No. 4 for Commune Council Fund Allocation and Distribution*: Annex on NRDP Contract Deliverables.

<sup>127</sup> NRDP. 2004. *Second Quarterly Progress Report*: 13 and Annex 8: 1.

<sup>128</sup> RRP: CAM 34207: 17 (paragraph 63).

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
		the commencement of NRDP. However, PDRD staff received gender training before NRDP began, from district women's and veterans' affairs personnel and from NGOs. <sup>129</sup>
Commune and village level: support commune councils (CCs) in prioritizing, planning and implementing small-scale village infrastructure (NRDP's main involvement in this process is to provide training in leadership, participatory approaches, roles and responsibilities)	<p>Gender sensitive participatory approaches to be employed in planning, prioritizing, implementing and monitoring village-based infrastructure (<i>covenanted</i>)</p> <ul style="list-style-type: none"> <li>• Female-only discussion and planning groups</li> <li>• Timing of training, discussion, and planning sessions according to women's availability</li> <li>• Functional literacy and numeracy training</li> <li>• Training in management and maintenance of small infrastructure to include 30% women</li> <li>• Training and supporting female members of village development committees (VDCs), other CBOs and CCs to allow full participation in public meetings; supported CBOs will consist of at least 30% female members who will receive special support and training to allow full participation in public meetings.</li> </ul>	<p>Capacity building at the commune and village levels is to be undertaken by NGOs, but no NGO contracts had been awarded at the time of the RGA. Meetings with six CCs, NRDP and IRAP staff and two NGOs focused on assessing current practices in planning and prioritizing infrastructure activities through IRAP and the CC local planning process (LPP), including women's participation and the extent to which their priorities are likely to be reflected in village, commune and IRAP Plans.</p> <ul style="list-style-type: none"> <li>• Senior NRDP staff reported that women's participation in village planning meetings for IRAP averages around 70%.<sup>130</sup> This is partly due to the fact that VDCs are required to include 40% women, and because commune planning and budget committees are required to include one man and one woman from each village (although this is not always the case in practice such as in Prek Chik commune where it has only been possible to find two literate women to participate in this committee from 10 villages in the commune). These structures have been established to support the participation of women in village and commune planning and decision making. They apply throughout Cambodia and predate the NRDP. An additional factor is that men are often absent, particularly in the poorest communities where they work far from home. This increases the proportion of women in village</li> </ul>

<sup>129</sup> Meeting with NRDP senior staff.

<sup>130</sup> Mao So. 2004. *Key Presentation to ADB Gender Specialist Delegation.*

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
		<p>meetings.</p> <ul style="list-style-type: none"> <li>• CCs admit that women are very busy and consistently described two strategies to encourage women to come to village planning meetings: making the agenda known in advance so that women can decide whether the meeting is important enough for them to come; and holding meetings at a time which suits women’s and men’s workloads (e.g., in Prek Chik and Chrey Choeurng communes, meetings are held early in the morning so that women can come).</li> <li>• In the communes visited for the RGA, it was a female CC (also the gender focal point for the commune) who initiated meetings with village women. CCs and NRDP staff noted that women are more comfortable participating when meetings are held in their villages and when women are able to speak to women.</li> </ul>
<p>Improving management skills of pre-qualified NGOs (participatory approaches) and private sector (LBAT)</p>		<p>No activities have been undertaken for this sub-component. One NRDP staff member noted that NGO capacity building may not be needed because the project has selected NGOs that already have capacity in participatory planning and monitoring approaches.</p>
<p><b>3. Rural Livelihood Enhancement</b></p>		
<p>Selection of pre-qualified NGOs to implement joint Community-Based Livelihood Enhancement Project (CBLE)/NRDP livelihood and community</p>	<p>Gender sensitive participatory approaches to be employed in planning, prioritizing, implementing, and monitoring village-based infrastructure (<i>covenanted</i>):</p> <ul style="list-style-type: none"> <li>• Female-only discussion and planning</li> </ul>	<ul style="list-style-type: none"> <li>• CBLE selection criteria require NGOs to have institutional capacity to target the most vulnerable poor households and communities including women and other disadvantaged groups and to have “fair representation of female staff.” However, these</li> </ul>

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
capacity building activities	<p>groups</p> <ul style="list-style-type: none"> <li>• Timing of training, discussion and planning sessions according to women’s availability</li> <li>• Functional literacy and numeracy training</li> <li>• Training in management and maintenance of small infrastructure to include 30% women</li> <li>• Training and supporting female members of VDCs, other CBOs and CCs to allow full participation in public meetings; supported CBOs will consist of at least 30% female members who will receive special support and training to allow full participation in public meetings.</li> </ul>	<p>criteria are not included in the NGO ranking form for selecting NGOs.<sup>131</sup></p> <ul style="list-style-type: none"> <li>• NGO proposal, logframe, and reporting formats provided by NRDP/CBLE do not require or encourage sex disaggregation of data, gender sensitive indicators, or gender analysis of the benefits and impacts of activities.<sup>132</sup></li> <li>• The sample NGO contract refers to the need for activities to be undertaken in a “...participatory, pro-poor and gender sensitive” manner.<sup>133</sup> However, gender issues are not systematically addressed in the contract deliverables. For example, the need for separate groups of women and poorer households is noted for review of village action plans (VAPs), but not for participatory rural appraisal and VAP preparation; and benefit monitoring and evaluation activities do not note the need to involve both women and men. Significant elements of the RRP gender strategy are omitted including 50% women, targeting of female heads of households and equal pay for women in LBAT; training in management and maintenance of small infrastructure through water user committees; supported CBOs to have at least 30% female members (this applies to water user committees, health center committees, parent -</li> </ul>

<sup>131</sup> *CBLE Inception Report*: 25–26. These criteria are echoed in NRDP’s Microfinance Guidelines which add that NGOs should have a philosophy of empowering rural communities, particularly women and equitable representation of female staff. (NRDP. 2003. *2003 Annual Progress Report: Annex 15, Microfinance Report*: 9.

<sup>132</sup> *CBLE Inception Report*: 28–33; NRDP. *Contract Agreement for the Provision of Livelihood Enhancement and Capacity Building Services* (sample, not signed): 30–32. Four gender and development marker questions are included in the NGO proposal format, but a review of a sample of NGO proposals indicates that this does not result in adequate gender analysis of planned activities or their likely results, such as potential differences in benefits between males and females.

<sup>133</sup> NRDP. *Contract Agreement for the Provision of Livelihood Enhancement and Capacity Building Services* (sample, not signed): 5, 13–15.

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
		<p>teacher associations, and savings/ credit and self-help groups).<sup>134</sup></p> <ul style="list-style-type: none"> <li>• 5 NGO proposals were reviewed. While women are identified as a target group for selected activities in some proposals, overall there is inadequate gender analysis of women's and men's roles and responsibilities and a lack of gender sensitive indicators.<sup>135</sup></li> <li>• One CBLE progress report was reviewed. There was no gender analysis of participation, benefits, or likely impacts. Sex-disaggregated data were presented for literacy classes and one counseling activity only and not for livelihood support activities such as the provision of agricultural inputs, farmer training, village vet training, marketing or training and support to VDCs.<sup>136</sup></li> </ul>
Community development: participatory screening of small infrastructure using commune investment plans prepared under the LPP/Seila process	Gender sensitive participatory approaches to be employed in planning, prioritizing, implementing, and monitoring village-based infrastructure ( <i>covenanted</i> ). See all the above gender provisions.	<ul style="list-style-type: none"> <li>• No NGOs have been contracted to undertake this work yet.</li> <li>• While NGOs are required to carry out their work in a gender sensitive manner, the NGO contract deliverables do not explicitly require sex-disaggregated groups in PRAs or village action plan preparation. (See the cell above for more detail.)</li> </ul>
Village infrastructure investments: water and sanitation schemes, rice drying pads and storage facilities, community halls	<p>Gender sensitive participatory approaches to be employed in planning, prioritizing, implementing, and monitoring village-based infrastructure (<i>covenanted</i>)</p> <ul style="list-style-type: none"> <li>• Training in management and maintenance of small infrastructure to include 30% women</li> </ul>	<ul style="list-style-type: none"> <li>• Women are to be involved in planning and prioritizing of village infrastructure activities through PRAs and through the development and review of village action plans. This process will begin once NGOs are contracted to begin working in target villages. As noted above, NGO contract deliverables do not systematically refer to the need to ensure that</li> </ul>

<sup>134</sup> Ibid: 19–21.

<sup>135</sup> Proposals from the following organizations were reviewed: ADA, HI, KBA, PADEK, and SEADO.

<sup>136</sup> *CBLE Bi-Annual Progress Report January to June 2004*.

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
	<ul style="list-style-type: none"> <li>• Training and supporting female members of VDCs, other CBOs and CCs to allow full participation in public meetings; supported CBOs will consist of at least 30% female members who will receive special support and training to allow full participation in public meetings.</li> </ul>	<p>women's needs and priorities are considered.</p> <ul style="list-style-type: none"> <li>• NRDP staff report that there is an intention to include women in infrastructure management and maintenance committees, but also observe that it is difficult to get women's involvement due to time and literacy constraints. However, there is no mention of the importance of involving and training women in water user committees in NGO contract deliverables, and no mention of the 30% target for women.<sup>137</sup></li> <li>• In all, 64% of NRDP water committees in Siem Reap Province have no women members; 20% have 1 woman on a committee of 3 or 5; and 18% have women in decision making positions.<sup>138</sup></li> <li>• NGO contract deliverables include three activities to be undertaken in relation to school management, parent-teacher associations and the collection of enrolment data, but there are no references to gender issues or to the need to involve women in any of these activities.<sup>139</sup></li> </ul>
Microfinance	<ul style="list-style-type: none"> <li>• Encourage women to expand income-generating activities through membership and active involvement in savings and credit groups.</li> <li>• Supported CBOs will consist of at least 30% females who will receive special support and training to allow them full participation in public meetings</li> </ul>	<ul style="list-style-type: none"> <li>• No savings and credit groups have been established yet because NGO contracts had not been awarded at the time of the RGA.</li> <li>• Benefit monitoring and evaluation and microfinance guidelines for NRDP address some potential gender issues in microfinance activities. Microfinance guidelines recommend 50% women's participation in savings, credit, and other self-help groups and include some gender sensitive social indicators.</li> </ul>

<sup>137</sup> NRDP. *Contract Agreement for the Provision of Livelihood Enhancement and Capacity Building Services* (sample, not signed): 20–21; and NRDP. 2004. *Briefing Note No. 4 for Commune Council Fund Allocation and Distribution*: Annex on NRDP Contract Deliverables.

<sup>138</sup> NRDP. 2004. *All Committees 2003–2004 Workplan* (see also Table 1).

<sup>139</sup> NRDP. *Contract Agreement for the Provision of Livelihood Enhancement and Capacity Building Services* (sample, not signed): 20; and NRDP. 2004. *Briefing Note No. 4 for Commune Council Fund Allocation and Distribution*: Annex on NRDP Contract Deliverables.

Project Component	Gender-Related Strategies and Targets <sup>112</sup>	Progress toward Gender-Related Results <sup>113</sup>
		However, other issues are overlooked, and some economic and social indicators do not explicitly require disaggregated data or analysis. <sup>140</sup>

---

<sup>140</sup> McKinnon, John *NRDP-CBLE Guidelines: Participatory Beneficiary Monitoring and Evaluation*: 33; NRDP. 2003. *2003 Annual Progress Report*: Annex 15, *Microfinance Report*:18, 32-33.

**Table 2: Gender Provisions and Progress toward Results for Commune Council Development Project**

Project Component	Gender-Related Strategies and Targets <sup>141</sup>	Progress toward Gender-Related Results <sup>142</sup>
The project goal is enhanced poverty reduction through more participatory, transparent, and accountable governance at the commune/ <i>sangkat</i> level.		<p>It is too soon for any poverty reduction results to be demonstrated and for any differences in impact on women and men to be identified. Capacity-building activities targeted at women are currently being formulated. Mass media and public awareness campaigns have not been implemented yet.</p> <ul style="list-style-type: none"> <li>• Stakeholders believe that commune/<i>sangkat</i> councils led by female chiefs are competent, transparent and accountable, in addition to being more likely to promote meaningful participation by village women in commune/<i>sangkat</i> planning. Female chiefs also have a reputation for peaceful conflict resolution.</li> <li>• Little hard evidence is available on whether CCs are receptive to the needs and priorities of women. However, MOI reports that there has been an increase in projects addressing gender issues prioritized by CCs (from 8% of all CC projects proposed in 2002, to 12% in 2003).<sup>143</sup></li> </ul>
<b>1. Commune and Provincial Facilities</b>		
Construction, rehabilitation, furnishing and equipment for commune/ <i>sangkat</i> councils		<ul style="list-style-type: none"> <li>• Construction is on the basis of model designs without features such as latrines which are expected to be provided from local resources. It was not possible to investigate women’s views on the lack of latrines or the willingness of CCs to spend scarce funds on this.</li> </ul>

<sup>141</sup> Based on ADB. 2002. RRP: CAM 35274 *Proposed Loan and Technical Assistance Grant: Commune Council Development Project (Cambodia)*.

<sup>142</sup> Based interviews with project stakeholders during the RGA and on document review.

<sup>143</sup> MOI tables: *Summary Result of District Integration Workshop 2002* and *Summary Result of District Integration Workshop 2003*. Only a proportion of the approximately 40,000 projects proposed by CCs are funded each year (30% in 2002 and 34% in 2003). The specific content of these proposed “gender projects” is not noted in these tables. Examples of types of gender equity projects given in an NCSC training manual include domestic violence, women’s/children’s rights, birth spacing/family planning, and female adult literacy (NCSC. 2002. *Training Manual: Planning Workshop on Commune/Sangkat Development Planning Process*.) An additional 27% of projects in each year have been classified as social projects. Economic projects were 48% of the total in 2002 reduced to 35% in 2003.

Project Component	Gender-Related Strategies and Targets <sup>141</sup>	Progress toward Gender-Related Results <sup>142</sup>
Refurbishing of 12 provincial offices of land administration		No gender issues were investigated in this subcomponent.
<b>2. Capacity Building</b>		
Capacity-building analysis	Capacity-building analysis will assess the gender impact of capacity building to date and identify concrete capacity-building measures to enhance the role and representation of women in decentralization.	<ul style="list-style-type: none"> <li>• The capacity-building analysis does not assess the gender impact of capacity building to date and does not identify measures to enhance the role and representation of women in decentralization.<sup>144</sup></li> <li>• CCDP's annual report notes that the gender impact of capacity-building efforts will be assessed after training on gender issues has been delivered and that assessment will probably focus on the role and impact of gender focal persons in CCs and community affairs and on the CC's role generally in addressing gender issues.<sup>145</sup></li> </ul>
Preparation of an annual training plan with training on <ul style="list-style-type: none"> <li>• roles and functions of councils</li> <li>• local governance and democratic concepts</li> <li>• council procedures</li> <li>• implementation of the land law of 2001</li> </ul>	Targeted training programs will be provided for female and ethnic minority councilors, clerks and officials.	<ul style="list-style-type: none"> <li>• No targeted capacity-building activities with women or ethnic minorities have been provided to date.</li> <li>• CCDP is currently reviewing approaches and training options for building the capacity of female and ethnic minority commune councilors and clerks. Program implementation is planned for 2005 and 2006. Options considered include collaboration with UNICEF's Seth Koma program (which focuses on strengthening commune council women's and children's committees) and with Women For Prosperity (and NGO program focused on empowering female commune councilors through networking, training, and workshops to discuss shared problems and strategies for addressing these problems).<sup>146</sup></li> <li>• For example, training for provincial staff on the roles, responsibilities and functions of CCs is being developed in 2004 for possible inclusion in the DoLA 2005 training plan. It is</li> </ul>

<sup>144</sup> MOI. 2004. *The Strategic Management of Capacity Building for Decentralization and Deconcentration in the Kingdom of Cambodia*.

<sup>145</sup> CCDP Annual Report 2004: 10, 17.

<sup>146</sup> Blunt. 2004. *Draft for Discussion: Notes on Capacity Building of Female and Ethnic Minority Commune Councilors and Clerks in the Kingdom of Cambodia*; CCDP. 2004. *Component 2 – Capacity Building Draft Quarterly Report, 30 June: 8-10*.

Project Component	Gender-Related Strategies and Targets <sup>141</sup>	Progress toward Gender-Related Results <sup>142</sup>
		<p>expected that this course will include content on gender issues and the role of women in CC activities.<sup>147</sup> CCDP plans to undertake a training program on governance for CCs in 2005 that will address gender issues. After the RGA visit, consultations have been held between CCDP and MOWVA on conducting a series of gender awareness workshops with DoLA and provincial staff, in collaboration with GTZ.<sup>148</sup></p> <ul style="list-style-type: none"> <li>• The provincial office of land administration currently has no female staff and DoLA has 5 female staff out of a total of 57 (4 of whom are currently studying). No sex-disaggregated data on the number of government officials trained is provided in project reports.</li> <li>• About 11% of commune clerks are women.<sup>149</sup> An evaluation of National Committee for Support of Communes (NCSC) training effectiveness reports that no attendance records are kept for training courses delivered to commune councilors or clerks, so it is not possible to report how many women have attended and how this compares with the number of women eligible to attend courses. Training to date has been undertaken under the auspices of NCSC in collaboration with the Partnership for Local Governance (PLG/Seila) Program and is jointly funded by various donors.<sup>150</sup></li> <li>• According to CCDP, the DoLA annual training plan for 2004 does not identify any courses with content on gender or courses that will be specific tailored for female CC members or clerks.</li> <li>• A selection of training materials, manuals and guidelines was reviewed during the RGA. While some are quite gender sensitive, others have significant gaps (such as a failure to mention that</li> </ul>

<sup>147</sup> Blunt. 2004. *Note on Training of Provincial Staff* and interview with international technical assistance consultant.

<sup>148</sup> CCDP Annual Report 2004: 17; and email communication with CCDP capacity-building specialist, 12 October 2004. The governance course for CCs was planned for July 2004 but has been postponed to 2005.

<sup>149</sup> MOI. 2003. *The Strategic Management of Capacity Building for Decentralization and Deconcentration in the Kingdom of Cambodia*: 35.

<sup>150</sup> Turner. 2004. *Study to Assess Effectiveness of the NCSC National Training Program: Draft*.

Project Component	Gender-Related Strategies and Targets <sup>141</sup>	Progress toward Gender-Related Results <sup>142</sup>
		separate groups of women and men may be needed for identifying problems and needs at the village level and the need to have men and women on CBOs). One stakeholder working in the local governance area asserted that gender issues are missing from most training manuals.
<p>Annual mass media and public awareness campaign:</p> <ul style="list-style-type: none"> <li>• concepts of local democracy</li> <li>• citizen, councilor and officer rights, roles and responsibilities</li> <li>• council service delivery and Commune Fund</li> </ul>	<p>Public awareness activities should fully incorporate the needs and interests of women.<sup>151</sup></p>	<ul style="list-style-type: none"> <li>• These activities have been integrated with public awareness, mass media, and mobilization campaign activities in component 4.</li> <li>• While planning and preparation have been undertaken, no public awareness or mass media activities had been implemented at the time of the RGA. It was not possible to directly assess a sample of public awareness and campaign materials or activities. The comments and information below are based on an email interview with the international mass media specialist.<sup>152</sup></li> <li>• CCDP is contracting Neutral and Impartial Committee for Free and Fair Elections (NICFEC), a Cambodian NGO that has done drama campaigns, before national and commune elections to implement a nation wide campaign. According to the CCDP mass media specialist, NICFEC has a good track record of working on gender issues. Drama has been chosen as the major activity for 2004 because of its effectiveness at reaching both women and men in rural communities. The main character in the drama is a female CC chief. Each performance is followed by a question and answer session where issues concerning women will be raised.</li> <li>• Other planned activities include radio and TV spots and a film. According to the CCDP mass media specialist, these products portray women in active and visible roles in daily life and their roles in local governance and democracy. TV spots support the drama program, and one radio spot focuses on domestic violence (recognizing that CCs have an important conflict resolution role). Two call-in radio programs are also planned, one with the Women’s Media Centre.</li> </ul>

<sup>151</sup> RRP: CAM 35274: 25.

<sup>152</sup> Email communication with CCDP mass media specialist, 4 September–1 October 2004.

Project Component	Gender-Related Strategies and Targets <sup>141</sup>	Progress toward Gender-Related Results <sup>142</sup>
		<ul style="list-style-type: none"> <li>Research has been undertaken on media preferences. Differences between male and female preferences are minor but will be taken into account by broadcasting TV and radio spots during both daytime and evening programs.</li> </ul>
Decentralization: <ul style="list-style-type: none"> <li>identification of areas for decentralization with line ministries;</li> <li>decentralization policy and legal procedures</li> </ul>	Possible areas of focus mentioned in the RRP: <ul style="list-style-type: none"> <li>DoLA to be assisted with gender analysis and strengthening</li> <li>Piloting a role for commune/<i>sangkat</i> councils in providing education incentives for girls and ethnic minorities</li> <li>Strengthening women and children subcommittee of commune/<i>sangkat</i> councils</li> </ul>	<ul style="list-style-type: none"> <li>The aims of the RRP regarding decentralization of line ministry functions were revisited during CCDP implementation and found to be overly ambitious. Current activities focus on assisting a working group on decentralization and deconcentration to assess the feasibility of decentralization.<sup>153</sup></li> <li>Strengthening DoLA's capacity for gender analysis has not featured in project reports but may be a potential outcome from current discussions between CCDP, MOWVA, and GTZ on DoLA capacity building (see capacity-building cell above).</li> <li>Strengthening commune/ <i>sangkat</i> committees for women and children are likely to take place through collaboration with the UNICEF Seth Koma program (see cell on capacity-building above).</li> </ul>
<b>3. Commune/Sangkat Photomapping</b>		
Provision of aerial photomaps		No gender issues identified in the production of aerial maps.
<b>4. Civil Registration</b>		
Training for commune/ <i>sangkat</i> councilors in the new civil registration system <ul style="list-style-type: none"> <li>Provision of instruction manual and associated documents</li> </ul>	Training will ensure that women and ethnic minority councilors and officials are fully involved, and that training materials and methodologies are adapted to meet women's and ethnic minorities' needs.	<ul style="list-style-type: none"> <li>Mobile registration teams for the pilot included 6 women out of a total of 38 (16%). (A selection criterion for pilot provinces was for one commune in each pilot province to have a female councilor.)<sup>154</sup> Ten women out of a total of approximately 86 (12%) have undertaken training of trainers for the national mobile registration.</li> <li>The MOWVA will be invited to participate in provincial training along with all other line ministries.</li> </ul>

<sup>153</sup> CCDP. 2004. *Component 2 Capacity Building Draft Quarterly Report*, 30 June: 10-11.

<sup>154</sup> Interview with civil registration specialist.

Project Component	Gender-Related Strategies and Targets <sup>141</sup>	Progress toward Gender-Related Results <sup>142</sup>
Pilot mobile registration teams established in three provinces to help clear registration backlog followed by national mobile registration	Monitor and evaluate progress including the effects on women and minority groups <sup>155</sup>	<ul style="list-style-type: none"> <li>• Pilot mobile registration has been undertaken in six communes of three provinces. This shows that females are more than 52.3% of the registered population for births.<sup>156</sup></li> <li>• No data have been collected by CCDP on who in the family (male or female) has registered births during the pilot mobile registration. Interviews with CCs and other stakeholders during the RGA indicates that most of the registrations are done by women.</li> <li>• Marriage registration was not included in the pilot mobile registration and will not be included in the national mobile registration in 2004. MOI plans to undertake public awareness on marriage registration in 2005. According to some stakeholders, civil registration training provided to CCs gives inadequate coverage to marriage registration (civil registration training materials were not assessed during the RGA). Even if villagers request marriage registration, some CCs do not have the materials/books to provide this service.</li> <li>• Local advocates for women's rights interviewed during the RGA strongly believe that marriage registration is essential and should receive greater priority.</li> </ul>
Public awareness and mobilization campaign using mass media and local mobilizers (mainly NGOs)	The media campaign and selection of NGOs will prioritize reaching women and ensuring that they understand the importance of registration and ensure that the homeless, street children, and orphans are not excluded from civil registration	<ul style="list-style-type: none"> <li>• Public awareness for the pilot mobile registration utilized government information channels from the CC to the village chief. This was effective at targeting both women and men.</li> <li>• Activities have been integrated with public awareness in Component 2.</li> <li>• Stakeholders mention different reasons why women come to register births. Plan International estimates that about 50% of women in the pilot mobile registration understood the reasons for registering.</li> <li>• Reasons women mentioned for registering births included that it is essential for legal marriage for their children<sup>157</sup> and that it is</li> </ul>

<sup>155</sup> CCDP. 2003. *Component 4 Civil Registration Inception Report*: 18.

<sup>156</sup> CCDP. 2004. *Civil Registration Pilot Studies Final Analysis* (Annex 3 of Mid-Term Review Report).

Project Component	Gender-Related Strategies and Targets <sup>141</sup>	Progress toward Gender-Related Results <sup>142</sup>
		important for the for schooling, future land titles, and national identity.
Provision of basic equipment		No gender issues identified in the provision of equipment.
Technical assistance to support the establishment of a modern civil registration system	Technical assistance is to include gender disaggregation of birth and death registration data to find out if any discrepancy exists in the reporting of males and females and if it does design compensating awareness actions.	<ul style="list-style-type: none"> <li>Data presented in the analysis of the pilot mobile registration presents male/female births registered but does not explore whether discrepancies exist in who does the registrations, in male and female understanding of civil registration, or in male and female demand for civil registration.</li> </ul>

<sup>157</sup> CCDP. 2004. *Civil Registration Pilot Studies Final Analysis* (Annex 3 of Mid-term Review Report).

**Table 3: Gender Action Plan Elements and Progress toward Results for Health Sector Support Project**

Project Component	Gender-Related Strategies and Targets <sup>158</sup>	Progress toward Gender-Related Results <sup>159</sup>
<p>Project objectives: to improve health status, especially of women, children, and the poor, in targeted regions:<sup>160</sup></p> <ul style="list-style-type: none"> <li>two of four project objectives explicitly mention targeting women and the poor</li> </ul>	<p>Loan covenant is that, “MOH will ensure the implementation of the gender strategy.”</p> <ul style="list-style-type: none"> <li>Covenant notes that, “...in selecting the participants for all training activities, priority will be given to women so as to achieve at least the same proportion of women trainees as in the overall pool of the targeted staff, with the ultimate goal of reaching gender equality in the training and placement of health workers” (RRP also mentioned recruitment and promotion).<sup>161</sup></li> <li>RRP notes that progress on implementing the gender strategy is to be included in progress reports and annual health sector reviews.</li> </ul>	<ul style="list-style-type: none"> <li>Most stakeholders interviewed during the RGA were either not aware of the RRP gender strategy or were not aware of its contents in any detail, including the covenant on equal training opportunity.</li> <li>HSSP’s progress report and ADB project performance reports (PPRs) note that the loan covenant on the RRP gender strategy is being complied with and that all training programs give priority to qualified women.<sup>162</sup> However, no verification of this is provided, and the data to verify compliance were not made available to the RGA team.</li> <li>The Joint Annual Health Sector Reviews for 2003 and 2004 report on the incorporation of the minimum package of activities (MPA) and the complementary package of activities (CPA) into the health delivery system and on indicators related to maternal-child health. These show modest improvements in the status of women’s and children’s health. No other reporting on the gender strategy is included in health sector review reports.</li> </ul>
<b>Improved delivery of health services</b>		
Building and civil works	Gender strategy notes that civil works will, “...provide adequate visual and auditory privacy for patients, which is particularly important for women.” (p.59)	Stakeholders agree that privacy issues are adequately addressed in construction and renovation of health centers with separate rooms for women.

<sup>158</sup> Based on ADB 2002 RRP: CAM 32430, particularly the Gender Strategy in Appendix 15; and ADB 2003 PAM for Loan 1940-CAM(SF).

<sup>159</sup> Based on document review and interviews with stakeholders during the rapid gender assessment.

<sup>160</sup> RRP: CAM 32430:4.

<sup>161</sup> RRP: CAM 32430: 19; ADB 2003 PAM for Loan 1940-CAM(SF): 16.

<sup>162</sup> ADB PPR, 31 August 2004; ADB PPR 31 January 2004; HSSP 2004 *Six Monthly Progress Report: September 2003 – February 2004*: 12.

Project Component	Gender-Related Strategies and Targets <sup>158</sup>	Progress toward Gender-Related Results <sup>159</sup>
Medical and auxiliary equipment	Both MPA and CPA equipment kits are to include obstetric equipment (p.22, 58)	58% of health centers nation wide have a secondary midwife which qualifies them to receive obstetric equipment. In all, 42% of health centers have no midwives. <sup>163</sup> In Kompong Cham province only 45% of health centers currently have secondary midwives.
Training of health service providers: training of trainers,, MPA, CPA, and follow up of trainees	Equal opportunity will be given to women and ethnic minorities from remote areas (paragraph 27)	HSSP's progress report does not provide quantitative data on the number of people trained or currently in training. This information was requested but not made available to the RGA team.
Contracting of services to NGOs: <ul style="list-style-type: none"> <li>• establishing social protection funds in 10 districts (now called equity funds)</li> </ul>		<ul style="list-style-type: none"> <li>• NGO selection criteria have not included their capacity for analyzing or addressing gender issues in the health sector.</li> <li>• The 2004 Annual Health Sector Review shows that 18,591 patients had used equity funds in 2003 in 7 operational districts. No sex-disaggregated data are provided on the use of equity funds, and no information is provided on the type of health problems addressed. To date, equity funds have been supported by other donors.<sup>164</sup> Finance from the Japan Fund for Poverty Reduction for ADB/HSSP equity fund has been approved, but guidelines have not been agreed between ADB and MOH.</li> </ul>
Supplies and drugs	The RRP notes that as women and children constitute the vast majority of patients at the health centers, they will receive, "...more than proportionate benefits". <sup>165</sup>	<ul style="list-style-type: none"> <li>• There is no way to verify this claim, since no disaggregated data are available on the use of drugs. National health statistics do not present sex-disaggregated data on the overall utilization of health services by adults and children. Figures from April and July 2004 from</li> </ul>

<sup>163</sup> MOH. 2004. *Joint Annual Health Sector Review*: 4, 9-10.

<sup>164</sup> *Ibid.*: 35-37, 41-42.

<sup>165</sup> RRP: CAM 32430:7.

Project Component	Gender-Related Strategies and Targets <sup>158</sup>	Progress toward Gender-Related Results <sup>159</sup>
		Kompong Cham Province show that 54% and 58% of consultations at health centers have been with females. <sup>166</sup>
<b>Support to Programs Addressing Public Health Priority:</b> This is not financed by ADB, and no information on this component is provided in the RRP. However, health education and consumer behavior programs need to be gender sensitive to increase equal access and improved outcomes for males and females.		
<b>Strengthening Institutional Capacity</b>		
Strengthening health service planning and management: <ul style="list-style-type: none"> <li>• training of provincial, district, and referral hospital managers;</li> <li>• community participation in health center management through health center committees.</li> </ul>	<ul style="list-style-type: none"> <li>• Equal opportunity for training to competent women and ethnic minority managers.</li> <li>• Health center committees will equally represent women and men (one man and one woman per village in each health centre community committee).</li> <li>• Health centre feedback committees in communes where community committees are not operating to provide equal representation to men and women and ensure that their voices are heard. (p.59)</li> </ul>	<ul style="list-style-type: none"> <li>• No quantitative or sex-disaggregated data were provided to the RGA team by HSSP on any training activities.</li> <li>• Current MOH policy is to establish health centre management committees (HCMCs) and village health support groups (VHSGs) which replace the feedback committees. The 2004 Annual Health Sector Review reports that, “HCMCs and VHSGs have been reactivated in approximately 10% of health centers”. No sex-disaggregated data are provided on the membership on these committees. However, the sector review also reports that 58% of health centers qualify as having full and medium MPA, which requires a functioning HCMC.<sup>167</sup></li> <li>• Fieldwork in the northwest provinces and in Ponhea Krek confirms that few women are members of HCMCs and that female members are likely to be health center midwives and CC focal points for women and children.</li> <li>• In Ponhea Krek/Dambe districts, Save the Children Australia reports that 98% of VHSG members are women, and that in Memut 14% are women.<sup>168</sup></li> </ul>
Strengthening human resource planning and management capacity:	The RRP target is to train the same proportion of women as in the overall pool of targeted staff with the ultimate	<ul style="list-style-type: none"> <li>• Health workforce development plan has not yet been drafted.</li> </ul>

<sup>166</sup> MOH. 2004. *National Health Statistics 2003*; and Kompong Cham Provincial Health Department *Monthly Monitoring Report of Consolidated Health Performance (April and July 2004)*.

<sup>167</sup> MOH. 2004. *Joint Annual Health Sector Review*: 17, 20; 9-10.

<sup>168</sup> Email communication, 20 September 2004.

Project Component	Gender-Related Strategies and Targets <sup>158</sup>	Progress toward Gender-Related Results <sup>159</sup>
<ul style="list-style-type: none"> <li>• health workforce development plan;</li> <li>• primary nurse training course and scholarships for northeastern provinces;</li> <li>• incentives for working in remote areas</li> </ul>	<p>goal of reaching gender equality in the training, recruitment, and promotion of health workers.</p>	<ul style="list-style-type: none"> <li>• The 2004 Joint Annual Health Sector Review reports that there are 42 primary nurse trainees from the northeast region who have received scholarships. Of these, 34 (81%) are female and will graduate as primary midwives at the end of 2004.<sup>169</sup></li> <li>• There are no incentives in place to attract women or men to work in remote areas.</li> </ul>
<p>Monitoring and evaluation:</p> <ul style="list-style-type: none"> <li>• baseline vales and targets for indicators to be agreed upon during the first year.</li> </ul>	<p>Capacity-building support for monitoring and evaluation will facilitate the monitoring of health status and the use of health services by disadvantaged groups including women, ethnic groups, and the poor.<sup>170</sup></p>	<ul style="list-style-type: none"> <li>• The RGA was not able to assess this subcomponent.</li> </ul>

<sup>169</sup> MOH. 2004. *Joint Annual Health Sector Review*: 30.

<sup>170</sup> RRP: CAM 32430: 9.