CARE INTERNATIONAL IN CAMBODIA

Sexual and Reproductive Health Programming for Young Urban Males

Prepared for CARE International in Cambodia

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Executive Summary

The purpose of this consultancy was to identify lessons emerging from youth-focused Sexual and Reproductive Health (SRH) programming – and, in particular, youth urban male SRH programming – carried out by CARE International in Cambodia, and to make recommendations for enhancing future efforts.

Section one of this report examines the experience of Playing Safe, a pilot SRH project focusing on urban male youth in Phnom Penh. Section two critically draws on various research studies conducted by CARE International in Cambodia as well as secondary research findings and reports to better understand the context in which this work is positioned. In particular, section two examines how young men make decisions about their sexual and reproductive health and how social constructs of masculinity and peer pressure impinge on their decision making. Section two also draws attention to the links between pornography, alcohol, recreational drug taking and sexual violence. Section three discusses violence against women within the context of Cambodian legal and human rights frameworks to highlight factors contributing to a persistent silence surrounding violence against women. Section four asks: so what to do with all this data? Section five looks at two examples of best practice that can shape CARE's future efforts. Section six then identifies specific actions – both programmatic and organizational – that CARE will need to take to realize on its commitment:

i. To more deeply integrate gender, women's rights and violence against women into all youth-focused SRH interventions.

ii. To refine pilots that work and develop strategies for going for scale

iii. To ensure that there is a safe environment in the workplace for open discussion and debate about issues related to sexuality and violence against women.

iv. To build local capacity in youth-focused SRH interventions that address gender inequities, which perpetuate violence.

This is no small undertaking: discussion of sexuality is largely silenced worldwide (Boyce 2007). There is even greater reluctance to speak out openly and honestly about youth and sexuality. But throughout the period of this consultancy, CARE staff have been resolute about the need to "put the S back into SRH" and to begin to seriously confront current understandings of gender and identity that limit young men's capacity to lead safe and responsible sex-positive lives that exclude involvement in sexual violence and denial of women's rights.

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List of Acronyms

LICADHO	Cambodian League for the Promotion and Defence of Human Rights
IEC	Information, Education and Communication
GAD/C	Gender and Development – Cambodia
GBV	Gender-based Violence
KHANA	Khmer HIV/AIDS NGO Alliance
KYA	Khmer Youth Association
LICADHO	Cambodian League for the Promotion and Defence of Human Rights
MEDICAM	MembeSRHip Organisation for NGOs active in the Health Sector in Cambodia
MoEYS	Ministry of Education, Youth and Sports
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoU	Memorandum of Understanding
NGO	Non-Government Organization
OD	Organizational Development
PER	Peer Ethnographic Research
PHD	People Health Development
PRISSH	Promotion of Rights in Sexual and Social Health
PQL	Program Quality and Learning
RHIYA	Reproductive Health Initiative for Youth in Asia (sponsored by EU/UNFPA)
SCICH	Strengthening Capacity for Improved Community Health
SRH	Sexual and Reproductive Health
SSC	Social Services Cambodia
STI	Sexually Transmitted Infection
TARSHI	Talking About Sexual and Reproductive Health
UNFPA	United Nations Population Fund

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Background

While there have been advances in the provision of Sexual and Reproductive Health (SRH) services in Cambodia in recent years, existing SRH services do not as yet adequately meet the specific needs of young people, firstly, because current services are largely located in clinical settings in which youth may feel uncomfortable. Secondly, the information presented in these settings is often overly technical and removed from the realities of young people's lives.[1] Thirdly, cultural understandings of 'shame' and 'family face' (*bombak muk kruasar*) or of protecting the family's reputation (*vong trorkaul poch ambou*) mean that young people may be reluctant to 'go public' on matters relating to their sexual and reproductive health (Tarr 1997).

There has been an increasing recognition in recent years that SRH interventions must go beyond the simple provision of existent public health messages and also address understandings of gender and sexuality that limit young people's capacity to reduce their own vulnerabilities (Barker 2006). That is, adolescent-focused SRH services must also include a range of activities that help young people make responsible choices about sexual practice, sexual safety and sexual health, within the context of fulfilling relationships and gender equity.

The purpose of this consultancy was twofold:

- First, to review the wins and challenges of CARE's youth-focused SRH programming (in particular, programming targeting male urban youth).
- Second, to identify lessons emerging from this work and from external best practice to make recommendations for shifts in future efforts.

More specifically, the objectives of the consultancy were:

- To review the effectiveness of Playing Safe, a three-year pilot project completed in October 2006 and addressing the SRH needs and issues relating to young urban males in Phnom Penh.
- To review the design and implementation strategies of PRISSH (Promotion of Rights in Sexual and Social Health), a project that builds on the Playing Safe experience, but with a more specific focus on addressing gender-based violence.
- To review institutional building and partnership models used by CARE in both Playing Safe and PRISSH and recommend how these might be enhanced.

[1] A UNFPA Cambodia review (2006) showed that while there is high acceptance of the SRH educational needs of young people, the concept of youth-specific services is "still very foreign to most services providers."

- To make recommendations for shifts in program approach, including technical support and management functions to achieve the PRISSH project aims.
- To make recommendations for how these lessons can be applied more broadly to CARE's SRH programming in other areas, such as in the SCICH (Strengthening Capacity for Improved Community Health) and the GF/BP (Garment Factory/Beer Promotion) projects.

This report is organised in the following way:

- Section one examines the experience of the Playing Safe project. It looks in turn at the what the project set out to do; key achievements; and lessons learned.
- Section two critically reviews research findings emerging from Playing Safe ethnographic research, the findings reported in the PRISSH baseline survey, as well as secondary research findings and reports. Specifically, section two highlights (a) how young men make decisions about their sexual and reproductive health; (b) how understandings of masculinity impinge on their decision making; (c) the 'heavy hand' of peer pressure; and (d) the intersection of recreational drugs, pornography and gender-based violence.
- Section three begins by positioning gender equality as a basic human right, fundamental to advancing development, before turning to a report on violence against women within the context of Cambodian legal and human rights frameworks.
- Following on, section four posits that addressing the underlying causes of sexual violence means taking a more deliberate stand against gendered attitudes towards women and misplaced notions of masculinity.
- Section five references two best practice studies: the first identifies six core components contributing to the success and sustainability of youth peer educator programs. The second provides an overview of Program H, a program that stimulates young men to analyze traditional gender roles and norms associated with masculinity.
- Section six – recommendations for action – begins by looking at the PRISSH project and, specifically, how the youth-focused component contributes to the overall project goals. Section six then turns attention to specific recommendations that are not only relevant to the PRISSH project, but to the youth urban male component of the SCICH project as well as the Garment Factory/Beer Promotion projects. The recommendations discuss what it will take to deepen the focus of CARE's work on social change; how CARE can more purposefully build local capacity through equitable partnerships; and enhancing youth leadership in the peer education strategy. Structural recommendations include forming a program quality and learning team and aligning management structures to support cross learning. Section six also looks at the internal work that CARE must undertake, including requiring staff to participate in masculinity and violence workshops to challenge their own understandings and biases and holding fast to a zero tolerance gender policy. Section six closes by organizing the various recommendations into five critical action areas.

This report is written so that the each of the sections stands alone. That is, a reader who is already familiar with Playing Safe can choose to skip over section one. Similarly, a reader familiar with contemporary patterns of sexual behaviour among young people, and social constructs of masculinity among Cambodian males, may choose to skip section two.

The consultancy was conducted over a period of two months and began with a literature review, discussions with CARE and partner staff (current and former), and focus group discussions with male and female youth groups and with male and female peer educators. Towards the end of the first month, a briefing was held with CARE staff: here's what the data is saying, and here are the choices that lie ahead. Two questions were then posed to the group: First, what is CARE's vision for its urban male youth reproductive health programming? Second, what do you want to achieve in your partner strategies? The following agreements were reached by the group:

i. The purpose of CARE's youth-focused SRH programming is (a) to ensure youth have access to SRH knowledge and services; (b) to address the underlying causes of gender inequity and violence against women; and (c) to promote healthy, sex-positive lives and relationships among Cambodian youth.

ii. CARE is committed to:

- Building on the successes and lessons of it youth SRH projects to more deeply integrate gender, women's rights and violence against women into all projects.
- Developing pilots that work, and then promoting strategies for going for scale and for reaching large numbers.
- Replicating a consistent partnering approach explicitly linked to sustainability across both PRISSH and SCICH
- Working in partnership to develop a vibrant local NGO capacity, specializing in youth reproductive health and addressing gender and sexuality inequities that perpetuate violence.
- Ensuring that there is a safe workplace for discussing issues related to sexuality and violence.
- Building staff capacity and confidence.

In all, three update meetings were held with staff to seek counsel on direction and focus. Thus the report fully reflects the work of the CARE staff and their commitment to becoming a leading organization working in the field of gender and sexuality and masculinity and violence. This is no small undertaking, and represents a multi-year commitment. But throughout the period of this consultancy, CARE staff have been resolute about the need to push beyond simply reinforcing and refining existent public health messages and to begin to seriously *confront current understandings of gender and identity that limit young men's capacity to lead safe and responsible sex-positive lives that exclude involvement in sexual violence and denial of women's rights*.

Graeme Storer

Phnom Penh, April 2007

1. Playing Safe

a. The Project Logic

The *Playing Safe* pilot project ran for three years from September 2003.[2] With CARE as the executive agency, the project was carried out through a joint implementation strategy with two local NGO partners (described below).

A comprehensive adolescent SRH program builds on three major foundations: (a) information, education and communication (IEC) to help young people make healthy choices; (b) service provisions sensitive to the needs of young people; and (c) a supportive and enabling environment (Svenson & Burke 2005). Accordingly Playing Safe set out to *enable safer sexual and reproductive health behaviours, including increased utilization of quality youth friendly services,* among urban male youth. The project defined five mutually-reinforcing outputs as pre-conditions for achieving the goal. These were:

i. Increased political, and community support for adolescent SRH interventions

Working through partnerships and networks, Playing Safe engaged key gatekeepers (parents, teachers, community and political leaders, and representatives from line ministries and the NGO community) in various project activities.

ii. Increased access to quality youth oriented SRH services.

Playing Safe deployed a peer-to-peer referral system to direct young people to SRH services such as Voluntary Confidential Counselling and Testing, contraception and STI treatment services.

iii. Favourable attitudes and increased knowledge of SRH issues and awareness of risk among young people

Baseline research findings indicated insufficient knowledge and risk awareness of SRH issues among male youth, coupled with gender and social inequalities and non-responsible sexual decision making, and an increasing acceptance and use of recreational drugs. The Playing Safe peer educator program provided young people with access to information through innovative outreach and in-reach strategies. These innovations included a youth 'drop-in' centre and the Playing Safe outreach van.

iv. Improved understanding of critical adolescent sexual and reproductive health issues in Cambodia

While the baseline data provided some insights about adolescent and youth culture within the Cambodian context, it was apparent that deeper understandings of the underlying factors leading to non-responsible sexual decision making and widespread sexual violence were lacking. Operational research that took place through the project life cycle probed issues surrounding young men's sexual and life experiences and the factors shaping their decision making.

[2] The project was funded by EC/UNFPA Reproductive Health Initiative for Youth in Asia – II (RHIYA-II).

v. Enhanced technical, planning and managerial capacity for local provision of youth-friendly SRH services through a joint implementation strategy with local government and non-government agencies.

b. Underlying theoretical assumptions

Three overlapping and reinforcing theoretical approaches were central to the project logic.

i. First, the project aligned with a rights-based approach to development by promoting understandings of sexual rights (including sexual safety, sexual consent and gender equity); by listening to the voices of women whose rights are denied; and by working to promote acceptance of diversity and oppose discrimination.

ii. Second, youth participation and empowerment are fundamental to supporting young people to own their issues and to bringing about sustained behaviour change. Thus the project training sought to encourage urban male youth to take personal responsibility for their behaviours and also to accept collective responsibility for promoting safe and responsible sexual behaviour amongst their peers.

iii. Third, new social discourses are required to bring about macro-level changes – that is, changing how people think about and act in the world requires us to develop new ways of speaking about the world.

For example, the Number One Condom Campaign has introduced a global public discourse into Cambodian society about sexual safety and sexual responsibility. For the Campaign to succeed, this 'new' discourse must compete with and replace an already existent discourse that says we cannot (should not) talk about sex publicly.

> Discourses (ways of talking about the world) represent different world views. They shape how we observe, systematize, interpret and make meaning of our life experiences. They thus mould our decisions and actions.

Discourses can also spread from a small group to larger society. Thus Playing Safe, worked with male youth groups to open up conversations about gender inequity, women's rights, masculinity and violence. The assumption here is that such conversations equip young people with a new vocabulary that allows them to speak about and challenge dominant oppressive discourses that link masculinity with gender inequality.

c. Key Achievements of the Playing Safe Project

A full evaluation of Playing Safe can be found in the end of project evaluation (CARE International in Cambodia, Sept 2006). Some key wins of the project and lessons learned are summarised below:

i. <u>Building an enabling environment:</u>

To build support for adolescent SRH interventions, Playing Safe engaged with key gatekeepers across various levels of society. End of project research (CARE Cambodia 2007) showed an increase in intergenerational dialogue around SRH issues

during the course of the project period, which was attributable to the inclusion of a "talking to parents" exercise in the life skill training curriculum. In all 82 percent of young people completing the training course reported using this tool to discuss SRH with their parents or guardians. In addition, youth and gatekeepers developed shared understandings and priority concerns relating to adolescent SRH during the course of the project. These findings are encouraging as they suggest further scope for young people and adults to work together.

Advocacy efforts focused on ensuring the inclusion of youth voices in policy development through membership in the MEDICAM working group (a Membership Organisation for NGOs active in the Health Sector in Cambodia), the Khmer Youth Association (KYA) National Advocacy Network, and RHIYA (the EU/UNFPA Reproductive Health Initiative for Youth in Asia). Playing Safe staff and peer educators were also active members of partner advocacy events, such as the KHANA (Khmer HIV/AIDS Network Alliance) Youth Camps and Forums.

All RHIYA partners contributed to the development of Clinical Guidelines for Adolescent Sexual and Reproductive Health Services adopted by the Ministry of Health. In addition, the Ministry of Education & Youth Services (MoEYS) has integrated HIV/AIDS education into the revised national curriculum and has committed to providing the required teacher training. These gains demonstrate a growing understanding of the importance of youth-focused SRH education and services at all levels of government.

ii. Reaching out

Playing Safe developed a comprehensive life skills curriculum that focused on context and relevance, technical SRH knowledge, as well as decision making and negotiation skills. The youth empowerment approach employed by Playing Safe directly contributed to the ability of the project to share SRH information with urban youth and to provide them with links to services. More than 500 peer educators were trained and subsequently took on responsibility for key aspects of project implementation (described below). The project was able to reach more than 74,000 young men (far exceeding the initial target of 20,000).

Playing Safe involved local celebrities and pop stars in public health promotion and special events and also recruited celebrities as Playing Safe ambassadors and patrons. Combining SRH education with sport activities and popular culture proved an effective way to increase youth attendance at project activities, and enabled Playing Safe to access youth in schools.

iii. Capacity building

The project's partnership strategy supported the growth of local capacity. Technical support provided to the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), significantly increased the capacity of MoSVY to conduct SRH activities independently. Local NGO implementation partners – Gender and Development, Cambodia (GAD/C) in year one and KYA in years two and three – were provided with both technical SRH and project management training and subsequently demonstrated increased capacity. The following comments from one of the KYA partner staff illustrate how he took back his learning into the workplace and into his own life:

> *What I learned from my experience was a belief in the power of youth. I'm more willing to trust them. I'm now applying participatory approaches into my work. If*

> *it's a training or meeting, I keep time for the women to speak and share their thoughts...*
>
> *I'm going to get married soon. [We] discussed having babies. I told my fiancée: "It's your talk also. You can talk too." Then she said: "can you wait for two years after marriage before we have a baby?" I said, "Yes …so we have a choice of contraceptive pill, injection or condoms. I want to use condoms. And we agreed on that* (Tola, KYA team member).

And, significantly, the enthusiasm and commitment generated by Playing Safe among a group of peer educators trained by the project led to the formation of a local NGO, People Health Development (PHD). Playing Safe supported the evolution of PDF through mentoring and the provision of training in organisational development and project management, and by handing over responsibility for selective project activities (described below). PHD has since successfully bid for small grants for the implementation of its own SRH activities. (Appendix A shows the vision, mission and purpose statement for PHD.)

iv. Structured Peer Education

Peer educators took on greater responsibility for project activities as the project progressed. For example, peer educators assumed responsibility for the implementation of the van outreach activity, public health promotions, management of the referral system and administration of the Child and Youth Colleagues Forum founded by Playing Safe.

In short, the structured peer education approach formed a core strength of Playing Safe. Providing young people with opportunities to own and contribute to their development engendered youth leadership and increased the cascade effect of the peer education model. Most Significant Change (MSC) stories reported by the peer educators identify increased confidence, optimism and belief in their own agency as a result of their participation in the project. The MSC stories reveal that in all cases, the peer educators were empowered *because they were entrusted to do the work*, as the following comments from male and female peer educators illustrate:

> *We were given the chance to do the work … the training opened up opportunities … we got braver to speak out … [now] I want to challenge the cultural norms that tell us what we can talk about … we are highly committed group … we were inspired by the exposure to SRH issues and what we learned ... I learned that young people can be close …we can cooperate and support each other.*
>
> Excerpted from a discussion with PRISSH peer educators (February 2007)

v. Building a body of knowledge about youth-focused SRH

Playing Safe employed two participatory research processes – peer ethnographic research (PER) and MSC methodologies – to collect data about young, urban Cambodian males and also about the peer educators. There were two rounds of PER data collection: the first in late 2004; the second 15 months later in 2006. In the second round, the PER data were supplemented by MSC stories.

The researchers were recruited from among the peer educators and were supported by partner KYA and CARE staff. This required the peer educators and CARE and partner staff to sit together to learn about the methodologies and, importantly, to discuss the findings. These group sessions helped the peer educators and project

staff alike to develop deeper insights. When one peer educator reported on a story about drug use, for example, the facilitator probed: "Did they say what kind of drugs? Did they talk about the cost or place of purchase?" This not only enhanced capacity among the researchers to ask probing questions, but also enriched the data gathered and subsequently analyzed.

d. Lessons learned

i. Targeting urban males or urban youth?

Playing Safe was originally designed to work with male youth, but in its second year shifted to work with both young women and men. This shift was motivated by the understanding that we need to find ways to break down the opposition between women and men and to balance a commitment to women's equality while also recognizing men's and boys' potential for action (Connell 2004).

Two assumptions need highlighting: first, encouraging young men and women to discuss SRH issues together, allows for greater understanding of the gendered nature and impacts of sex and sexual behaviour. Second, this in turn opens up the potential for young people to begin to change gender relations, instead of simply talking about gender in the abstract.

Including young women in the project responded to their expressed need for relevant SRH information. It also contributed to the gender equity goals of the project. At the same time, though, societal norms – as we shall see in section two below – about 'appropriate' behaviours for men/boys and women/girls are well-rehearsed and can and do constrain open and honest conversation about gender inequity and about sexuality in mixed gender settings. Young women will likely feel intimidated speaking out about gender and power inequities while sitting amongst male peers. Men can and do use mixed spaces to avoid difficult conversations about their own behaviours. Thus, in the end, the focus of Playing Safe was diluted away from men's power over women, since more difficult conversations, those about patriarchy and dominance, were overshadowed. What is needed is an approach that blends separate male and female discussions groups with combined groups. (We will return to this theme in section six.)

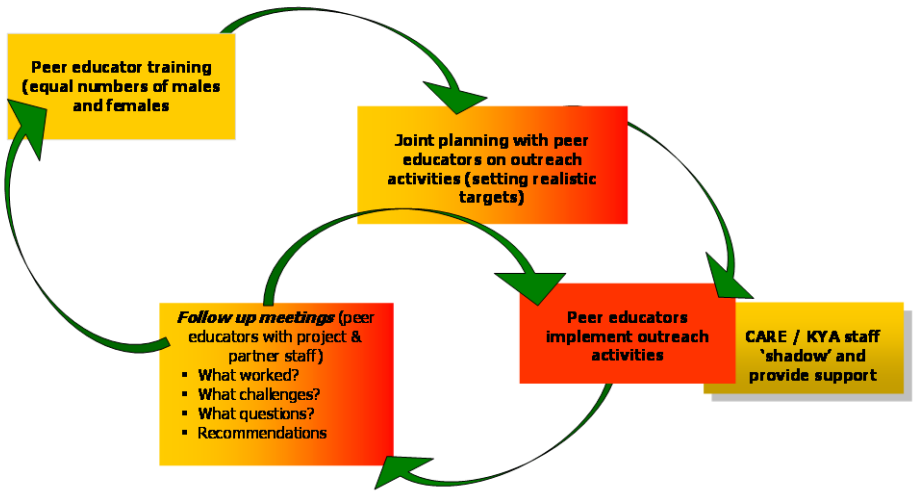
ii. Ongoing reflection and inquiry

Experiential learning and ongoing reflection was integral to the peer educator program, with CARE and partners staff facilitating joint planning sessions with the peer educators and then accompanying them into the field, to provide back up support and on-the-spot coaching. Follow up meetings provided the space to reflect on what worked well and what needed adjustment (depicted in the double learning loop diagram below).

As noted above, reflection was also integral to the research inquiry. The project research data provided valuable insights into the meanings young men and women attach to their health and sexuality and to how social norms shape their sexual practice and decision making. Such understandings are a critical precursor to changing the social norms that drive the behaviours of men and boys that leave girls vulnerable.

In conclusion, reflective practice was key to linking project quality and learning and allowed for adjustments of project activities along the way. It also built analytical and technical capacity among CARE and partner staff and among the peer educators.

Fig. 1. A double learning loop



iii. Peer education and social change

A third strength of Playing Safe was the structured approach to peer education, both in terms of delivery and in terms of the positive impacts on the peer educators themselves. Research data show that the peer educators tend to make different choices relating to sexual behaviour and do their decision making differently than members of the wider target group. This finding can be attributed to the level of responsibility they were given by the project (trust leading to confidence) and their participation in the research and other reflective processes (in other words, longer and deeper exposure to concepts such as women's rights and gender-based violence).

However, despite this longer and deeper exposure, focus group discussions I conducted with peer educators[3] revealed that they were not entirely comfortable with, or preferred to sideline, challenging conversations about non-normative sexuality or masculinity and violence. This conclusion highlights two points. The first is self-evident: shifting engrained attitudes about gender and notions of masculinity takes time and determination. The second is about the efficacy (or limitation) of a peer based approach for dealing with issues of social change. How well prepared were the peer educators to take on discussions of gender inequity, power and sexual violence? Did the

> …it takes a long time to talk about gender. Increasing awareness about reproductive health is easy. But it takes time to explain about gender. It raises a lot of questions (Nimol, KYA Team Leader).

[3] The author was able to interact with Playing Safe staff and peer educators on several occasions in 2005-6 (in MSC workshop sessions and a two-day 'Masculinity & Violence' workshop). He also met with a group of PRISSH peer educators in February 2007.

training opportunities sufficiently emphasize these concepts? Was it realistic to expect that young people would have the capabilities needed to challenge accepted social norms and the mindset of their peers? Playing Safe trained 500 peer educators, but we cannot assume that all peer educators (or all of CARE's staff for that matter) had the skills required to do this difficult work. Future efforts should encourage project and partner staff to strengthen their coaching and mentoring skills to support the peer educators in their work.

Trained youth peer educators contribute to civil society by virtue of their citizenship and their long-term leadership, but this resource is often under-realised once peer educators age-out of youth peer-education programs (Svenson & Burke 2005). More deliberate strategies, such as longitudinal studies with selected peer educators are needed to track and sustain youth leadership beyond the life of the project intervention.

iv. Partner of choice

GAD/C was identified in 2003 as the implementing partner. However, GAD/C chose to terminate the partnership agreement after one year, as they felt their organisational mission statement was not compatible with the project's focus on men. The Khmer Youth Association (KYA) was subsequently selected as the local partner, and allocated a four-person team (including a team leader) to the project. CARE first provided technical SRH and project management training to KYA team members. KYA then applied their skills to increase the projects access to youth-focused advocacy opportunities, including membership of the KYA National Advocacy Network.

The relationship with KYA was obviously productive, but it is important to ask (a) why GAD/C felt their mission statement was incompatible; and (b) whether or not Playing Safe would have been better informed about how to challenge male dominance if the project had maintained both relationships? It is well understood that women are subordinated by men, that men perpetuate gender inequity and violence against women. The opportunity that was lost was to seek out ways to help men to learn to listen and respond with empathy to the stories told by women and vice versa.

v. Two more challenges

Two important challenges continued throughout the life of the project. First, feedback from youth and peer educators indicate that the facilities of the youth centre were unable to compete with other youth leisure time options such as snooker halls, karaoke venues, kick boxing, football, and skating outlets. Future efforts need to balance potential benefits of running a drop-in centre with capacity. A way forward may be to give ownership and management of this project focal point to youth groups.

Second, the intended counselling service never really got off the ground. This was in part due to the challenge of recruiting and retaining a specialised counsellor and to financial constraints (the cost of running a call-in and call-back service, for example). Fixing the technical problems is one issue; deeper adaptive challenges also exist related to comfort of access and quality of service and the viability of sustaining services without long-term committed funding.

To conclude this section, a key feature of *Playing Safe* was the active recognition of the existence of socio-cultural and gender stereotypes. Thus, the project not only engaged groups of male *and* female youth in discussions about relevant SRH issues and available services, but also incorporated discussion about issues of power and choice, gender inequities and human rights. This focus is consistent with the understanding that youth-focused SRH interventions must address understandings of gender and identity that limit young men's capacity to reduce their own vulnerabilities and to respect the rights of their female counterparts.

Working closely with partners, beneficiaries and stakeholders, Playing Safe was able to achieve a number of significant results, and findings clearly identify high levels of knowledge of HIV/AIDS and levels of 'risk' associated with various types of sexual behaviour and relationships. But this knowledge has not enabled consistent safe and responsible sexual practice amongst young urban males. It appears that these young men are increasingly able to make 'safe' and 'responsible' decisions for themselves with respect to condom use and access to SRH services and information. But it also appears that ***young urban males are unable, or unwilling to extend the concepts of safety and responsibility into their interactions with their female partners***.

The next section explores why this should this be so. Specifically the section sets out to show how young urban youth are making their reproductive health decisions in a socio-cultural context of conflicting discourses and, specifically, how discourses about safe sex and responsibility compete with cultural discourses and boy's talk about what it is to be a real man.

2. Listening to the Rustle of Skirts

> Women are expected to walk slowly and softly, be so quiet in their movements that one cannot hear the sound of their skirt rustling. While she is shy and must be protected, before marriage ideally never leaving the company of her relatives, she is also industrious. Women must know how to run a household and control its finances. She must act as an adviser to her husband as well as be his servant (from *Chbap Srei,* a traditional code of conduct for women).[4]

This section draws on several different source materials, including CARE project research and secondary research. Specifically, this section looks at how male youth act out and reinforce ways of being *complete men* in their talk. While much of the talk is boastful and denigrating to women, I will argue that talking together is one way that young men try to make sense of their world, and thus (potentially) learn together. I will also posit that exploring and understanding how young men talk together provides insights into how they might encourage and support each other in adopting new or different sexual and reproductive health behaviours.

a. Getting going

The project research began by exploring age of first sexual experience (17 to 18 years old was the reported norm) and motivation for getting started. Answers included *being curious* and *wanting to know what it's like*; *because they choose to*; *because men need joy*; *they*

[4] *Chbap Srei*, a traditional code of conduct for Cambodian women. Translated directly, the term means 'Women's law." A 17th century rhyming verse, the code stipulates ideals of the virtuous women's conduct within marriage, family and the community (excerpt from Derks Annuska, 1996).

think they are old enough; and *it is the right time*. Added to this curiosity is an apparent exposure to a sexualised culture, as evident through talk about *pornography, sexy clothes, and sexy or bad foreign influences … makes them feel more sexual urges*.[5] This talking reinforces the idea that sexual desire for men is a natural, yet uncontrollable force once awakened. It is also a technique for seeking approval from one's peers and of making the 'right' impression.

> *…youth like me talk about sex issues with friends because they want to let their friends know that they are great and can use different sex styles. For example: they said they wooed a girl successfully to have sex without spending money in order to boast to each other.*

However, in all cases the strongest motivator for engaging in sex remains the expectations, interests and judgments of male peers and the pressure to 'act like a real man' (*be complete*).

> *…they are overjoyed with their peers and they feel sexual …they get carried away with their friends, get drunk, tempted by their friends …sometimes young men are pressured by their friends to have sex when they go out drinking …they are dragged by their friends …if they don't play around, they feel ashamed*
>
> *…if someone says they have a girlfriend but are not allowed to have sex, they will be seriously run down by others …[who] insult them by saying that they have girlfriends but do not know how to use them and do not know about comfort… About sexual things, men can talk until death.*

b. Turning on

Drinking with one's mates remains a common precursor to sex. Chou Meng Tarr (1997) notes the tendency for young men to blame (retrospectively at least) their risk-related behaviour on excessive alcohol use. But she also notes that advertising – like 'Our Country, Our Beer' – glamorizes the consumption of alcohol and equates it with symbols of social status and sexual desire. The effects of such advertising are given greater potency by the large number of *srey beer* (beer girls) employed partly on a commission basis by companies to sell and serve beer in restaurants.

Research findings also identify shifts in drug use patterns, and clearly link drug use with sexual activity and sexual violence.[6] In addition to reporting frequent accessing of commercial sex services after drug use, young men report taking drugs in order to *inflame their passion* and prolong ejaculation. The shift to recreational drug taking and the use of drugs as a sexual stimulant is concerning because of the possible connected ineffective or non-use of condoms, or the type of sex youth deem appropriate when under the influence of these passionate drugs.

There are also frequent references to pornography as a prelude to sexual activity. These references again illustrate how young men externalize their motivations: *"I was overcome with desire …and could not help myself and [so] I went to a brothel."* Additionally, in the

[5] Unless otherwise acknowledged, the research quotes used are drawn from the PER study (CARE Cambodia 2007) or from the PRISSH Baseline Study (EU/CARE Cambodia 2006).

[6] …by the late 1990s drug use was on the rise among young Cambodians from all social strata, particularly amphetamine-type stimulants, the most common known locally as yaba or yama. Methamphetamine is the major drug that trafficked into Cambodia; a 2004 study estimated that as many as 9 million amphetamine tablets entered into local consumption each year due in part to greater local demand, especially in urban areas. More recently, there appears to have been a proliferation in other types of drugs. In particular, there is an apparent increase in intravenous heroin use. (quoted in ADI Report, 2004)

Cambodian context, where there is typically limited discussion of sexuality and sexual relationships, pornography and talking about pornography form a channel for learning about sex. This is troubling when the pornography is violent and denigrating to women and when the talk is pumped with bravado. Data from three different research projects (Fordham, 2005; Fordham, 2006; O'Shea, 2004) show (a) that a significant percentage of Cambodian boys and girls, in both urban areas and remote rural areas, are exposed to *hard-core* pornography; and (b) that pornography is directly implicated in gender-based violence and the use of commercial sex workers.

> Pornography is teaching male children violent and abusive sexual scripts, and teaching them that these are normative ways of being male and of relating sexually to women. Boys use pornography as a tool to assert masculine dominance by boasting loudly among themselves of the things they have seen…
>
> It is likely that among boys, pornography, along with the consumption of alcohol, plays a role in male bonding in gangs. It is also likely that pornographic films based on violent rape scenarios, many of which feature Cambodian actors and appear to have been filmed in Cambodia, contribute to acts such as gang rape and the rape of children (Fordham 2006:26).

It appears then that both recreational drugs and pornography are an increasingly *tommadaa* (*normal* or *simple*) part of the male youth sexual script, a foreplay that takes place with one's mates. In these team performances, bravado and the acting out of sexual violence signals being a man. In the next section, we will see how these team performances extend into group sex.

c. Team players (group sex and gang rape)

> *It is a simple fact because modern youth want to have joy in a team…. They say having sex in a team makes them joyful and gives varied feelings… I think it is still simple.*
>
> *They go to the brothel as a group because they like it and think that it's fun. They want to introduce their friends to know different methods of having sex... My friend's team, which has three or four people, takes one girl to have sex together. They told me that it's okay for her because it is her job and they never use violence with sex workers and they have never had a sex worker who says no either.*
>
> *They prefer to have sex one-on-one but because they don't have enough money they have to have sex as a group.*

As the above quotes show, group sex and group rape is also common amongst urban male youth. Indeed, *bauk* (literally 'to add' or 'plus') is often referred to as *normal* (simple) and *joyful*. While the young men rationalised group sex as 'not having enough money,' *bauk* is also a homo-social space where young males show off their sexual prowess to each other.[7] Thus engaging in *bauk* fulfils young men's needs to win the approval of their peers and to prove their masculinity. It is yet another male bonding ritual.

> *…one of my friends brought one Karaoke girl to make sex. Though they told her there were many members in-group, she still agreed to go with them at the price of $30. During sex, the first three men had sex easily. But when reaching the fourth one to the seventh, this made her gesture and groan, and she called out, "Pain! Please gently!" Among my friends, three made sex three times and the other four did 2 times over that night and spent $40 including guesthouse. The reason*

[7] It is not a homosexual space, though, as penetrative sex is ultimately the test of manhood.

for having sex in a team is that we can know who is the strongest and who has more sexual experience to satisfy her.

Last night we went to [a Phnom Penh nightclub] to drink maybe for 2 hours. There were 5 men and 1 woman. After, we took her to [a] guesthouse. The first person told her to put his penis to her mouth while the others had sex with her one by one until they had all finished. But I was the last one who had sex with her, so while I was having sex, I had a special action like getting her to raise her legs and change styles a lot… During sex, some of them spent a long time and some were finished maybe after 2 minutes.

In a study of male and female sexual practices, young male informants reported that they enjoyed visiting Vietnamese sex workers because the workers would agree to sexual activities that Khmer women would refuse (Chou Meng Tarr, 1997). In such cases, the young men are able to exploit the uncertain status of female migrant workers to get their way. With both Vietnamese and Cambodian sex workers, the coercion, humiliation, intimidation and or physical violence that accompany these group abuses are arguably understated – *it's okay for her because it is her job*. As Grant (2004) observes, "there is no doubt that those women who have had the misfortune to be involved in *bauk* would describe their experiences very differently."

The following two quotes clearly show a complete disregard for the rights of a sex worker to consent.

...four or five and sometimes up to 12 guys with one [sex worker]. When they go to hire a sex worker, they go with only 2 or 3 guys and they convince her to come and tell her that it is just them. But when they arrive at the guesthouse they have their friends waiting, nine or ten more guys. They always use violence because the sex workers don't want to have sex with that many people. After they have all finished having sex sometimes the girl is unconscious. After she becomes conscious they start to have sex all over again.

Having sex by forcing or using violence is because there are a lot of people when having sex, it makes prostitutes feel shy and disagree to have sex. Sometimes we hit them or force them to have sex with violence. It's because it is so passionate that this happens.

Collusion in these team mating rituals extends beyond the bedroom doors:

She knows [in advance] that they have a lot of guys to have sex with her. She goes with their team because her boss forces her to go.

…If it is later (at night), [the sex worker] is cheap and nervous because she is afraid to have no customers. They took her to [X] guest house… [X] is a good guest house … it is safe because if a prostitute wants to leave at night or before us, the security guard will stop her and then come to ask us if we allow her to leave or not. If we say it is okay, only then will the security guard allow her to go …because they are afraid those girls will steal the customer's money. And, it costs only $6 but has 2 beds.

While such behaviour is not openly condoned or acknowledged, prominent role models exist for these actions among the Cambodian elite, clearly sending a message to young men that 'it's okay.' As the Cambodian sociologist Chou Meng Tarr (1997) notes, both women and men are complicit in maintaining a surface of respectability.

Almost without exception there is an expectation that both before and after marriage Cambodian males will seek out multiple sexual partners, but the critical factor is whether these partners are

defined as those whom one enters into a sexual relationship with. Cambodian females do not appear to recognize the paid sex worker as a female whom a male has entered a relationship with. Such brief sexual encounters are mostly considered to be part of the socializing practices of males, both single and married, or a legitimate activity that married males can engage in when their spouses are unavailable for sexual activity, such as just prior to and immediately after childbirth, during a long illness, or during menstruation (quoted in Ramage, 2002, p.13).

d. Different kinds of loving

…now I know that finding sex service and having sex with a sex worker can make me face danger.

Having sex with their girlfriends …is closer than sex workers …the guys caress [their girlfriends] tenderly …this kind of sexual intercourse makes them feel comfortable, boiling (aroused), and confident and loved.

…she wanted him to use condom to avoid pregnancy; he agreed with her and [later] told me that she is probably not a fresh girl.

The separation of woman into categories of 'good' (acting properly) and 'bad' (broken) contributes to social exclusion, violence and exploitation against women who are judged as 'not proper.' Included in the broken category are sex workers, women who are sexually active outside of the marriage bed, and survivors of rape, incest and abuse. Such categories also reinforce Cambodian social controls over 'correct' women, pressuring them to follow oppressive rules like those outlined in the Chbap Srei (above). They also explain why many women are reluctant to report domestic violence or rape, believing their first duty is to protect the family honour and avoid shame.

As we saw in the previous section, there is little or no respect for women who sell sex, for their bodies, or for their rights to choose. A second type of sexual relationship – one assigned a slightly higher status – occurs with unpaid, casual partners, girls met by chance in parks, on the streets or in restaurants and night clubs. These casual mit srey (girlfriend) relationships are not commercial, though the wooing transaction may involve spending money on drinks or food at a night club. Young men derive status from these kinds of relationships: they are able to attract a mit srey because they are good looking, or they have a decent motorbike. However, this status translates into a power differential between partners, and condom use within mit srey relationships is again based on the risk assessment made by the men.

The greatest value is assigned to sweetheart (songsaa) relationships. These serve a dual purpose: they fulfil a need for affection and emotional support; and they provide an opportunity to gain status amongst peers. As above, though, condom use is largely based on personal risk assessment made by the men. However, intimacy can also affect sexual decision making in sweetheart relationships.

…but I don't use condoms with my sweetheart because, as all men know, it can't provide convenient sex for her and because I trust my sweetheart 100% that she has no infected disease

e. People like us[8]

As in many cultures, frequent sexual intercourse is considered masculine in Cambodia. A low sexual drive or apparent lack of desire, may be construed as not masculine or even a sign of budding homosexuality. The derogative slang words peday (poof) and khatoey (transvestite) are often jokingly used in conversation for males who are gentle or display un-masculine behaviours, dress or language (Tarr, 1996). Men who engage in sex with men are also subject to denial, discrimination, and in some instances, sexual violence. But despite the verbal denial, what goes on behind closed doors may be something different.

> *…one respondent reporting that his peers were never involved because 'they hate that activity'. Another respondent conceded that 'most men' don't have sex with men allowing the possibility that some Khmer men do have sex with men.*

The PRISSH baseline study reported significant evidence that young men do participate in and/or have knowledge of others participating in same-sex relationships.9 Notably, the study makes no reference to women who have sex with women, thereby rendering this group invisible. That being said, there are several reasons for being attentive to male-male sex behaviours.

- First, Cambodian men are denigrating in their talk about men who engage in sex with men and also about gentle or feminine men.
- Second, men who have sex with men can be subjected to ridicule and violence.
- Third, thus many men who have sex with men keep themselves hidden. This means that they become a hard-to-reach group for SRH programs.
- Fourth, they may be reluctant to seek health treatment in SRH clinics run by and catering to heterosexual clients.
- Finally, participating in a same-sex relationship does not define a young man's sexuality, nor preclude him from having sexual relationships with women. Men who have sex with men cross same-sex and hetero-sex boundaries, and can be at risk for so doing.

f. Competing discourses

Tarr and Aggleton (1999) have described the dominant discourses about sex and sexuality in Cambodia, as well as contemporary patterns of sexual behaviour among young people. In so doing they highlight the distinction between official accounts people may give of sex-related desires and practices and those that are more privately held. While this is especially true of stigmatized or taboo sexual practices (such as sex between men or sex between women), it is also the case for sexual practices identified as 'risky' by HIV/AIDS public information programmes and activities. It is also true of young women who maintain a public face of holding on to their virginity.

[8] A code term used by some homosexually-identified Khmer men who want to avoid the western term 'gay' but who also want to adopt a lexicon that is not based on deprecating Khmer language.

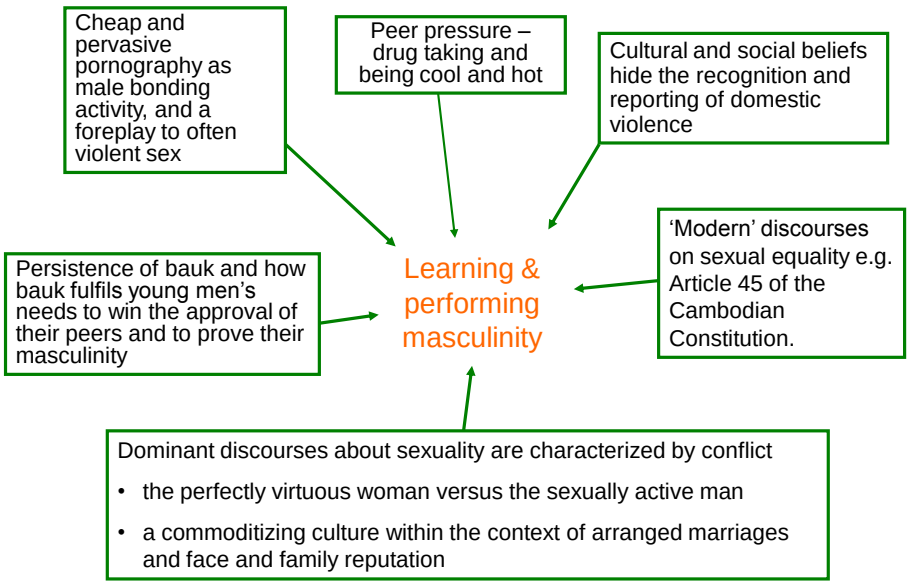
[9] The findings are confirmed in a more detailed study on male-male sex conducted by KHANA (Ambrosio et al., 2003).

In Cambodia, dominant discourses about sexuality are best characterized by conflict (Tarr 1997). The perfectly virtuous woman must take great care not to signal improper attention to a man. She must do everything in her power to resist the sexual advances of men. For a man, desire is natural – *like ants to sugar*. Thus, regardless of what they themselves do, men avoid condemnation for their actions. In fact, as we saw above, some men have their status enhanced by their seductive powers.

Further, while young Cambodians find themselves living in an increasingly commoditizing culture they are still making sexual choices in the context of arranged marriages and maintaining 'face' and 'taking care of the family reputation' (Tarr 1997; Tarr & Aggleton 1999) These traditional discourses are at odds with 'modern' discourses on sexual equality enshrined in the UN Conventions of Human Rights or in Article 45 of the Cambodian Constitution, which states that "men and women are equal in all fields, especially in matters of marriage and family" (Hang 2007).

Sadly, it appears that sexual violence may be 'normalised' from an early age for many Cambodian children. A study into the prevalence and perceptions of Cambodian children to violence against children found that: 50.5 percent of boys and 36.4 percent of girls admitted to having been beaten by their parents; 63.5 percent of girls and 64.0 percent of boys say they knew children who have been raped; 21.4 percent of girls and 23.5 percent of boys said they had witnessed the rape of a child by an adult (Miles & Sun Varin 2005).

Fig. 2. Competing and conflicting discourses



In short, Cambodian male youth are called on to make sense of their lives amidst a sea of competing and sometimes contradicting discourses. Within this complexity, young people are able to attach diverse meanings to their sexual relations, such as acts of love, duty, obligation and pleasure; acts that are unpleasant, humiliating or shameful; acts that are 'safe' or `risky.' As we saw, the sexual practices between young men and sex workers are described quite differently from those with potential marriage partners or *songsar* (regular lovers). With the partners of the latter kind, sexual communication must proceed in relation to material (gift) payments and symbolic values (honour and prestige) that are not present

in relations with sex workers. Moreover, sex with a potential marriage partner is usually a more private act than the group sex described above sex workers (Tarr and Aggelton, 1999).Clearly, peer pressure to conform to hetero-normative notions of masculinity is powerful. The practice of *bauk* is a normalised part of the youth urban male sexual experience. There is little or no appreciation of human rights and Cambodian laws as these apply to gender and sexuality and reproductive health. While self-interest based public health messages focusing on HIV/AIDS and STI risks appear to be impacting on young men, and in some cases reducing their involvement in *bauk*, overwhelmingly, this is not the case, as the 'safe' message of condom use overrides not engaging in *bauk* as a strategy for keeping oneself safe.

Deep-seated attitudes about gender relations and power are not a feature of Cambodia alone. As in other countries, discrimination against women and girls remains the most pervasive and persistent forms of inequality globally. As we will see in the next section, violence against women is the most pervasive yet least recognized human rights abuse in the world.

3. Violence against Women in Cambodia

Gender equality is, first and foremost, a human right. Women are entitled to live in dignity and in freedom from fear. Empowering women is also an indispensable tool for advancing development and reducing poverty.[10] Yet discrimination against women and girls – including gender-based violence – remains the most pervasive and persistent forms of inequality globally. Around the world, as many as one in every three women has been beaten, coerced into sex, or abused in some other way, most often by someone she knows, including by her husband or another male family member. One woman in four has been abused during pregnancy.

Gender-based violence both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It encompasses a wide range of human rights violations, including sexual harassment, coercion and rape, domestic violence, sexual assault, trafficking and, in some instance, harmful traditional practices. Gender-based violence also serves – by intention or effect – to perpetuate male power and control.

It is difficult to accurately quantify levels of violence against women in Cambodia, though there are an increasing number of reports of domestic violence, rape and trafficking (Lim 2006). But while there is currently sufficient legislation to protect women from these crimes, there is insufficient action to combat the practical problems of violence against women. A number of factors contribute to and reinforce the silence:

- The extent of the government's willingness to educate the judiciary, the police and the public on these issues is still very limited.
- Deeply embedded cultural and social beliefs continue to shroud the occurrence, recognition and reporting of domestic violence, making if difficult for it to be recognized as a serious problem that police and judicial officials can and must intervene against.
- Rape is treated with similar legal uncertainty; obstacles (such as legal interpretation, impunity, corruption and unofficial compensation payments dilute the serious nature of the crime), leave victims unassisted and allow perpetrators to go unpunished.

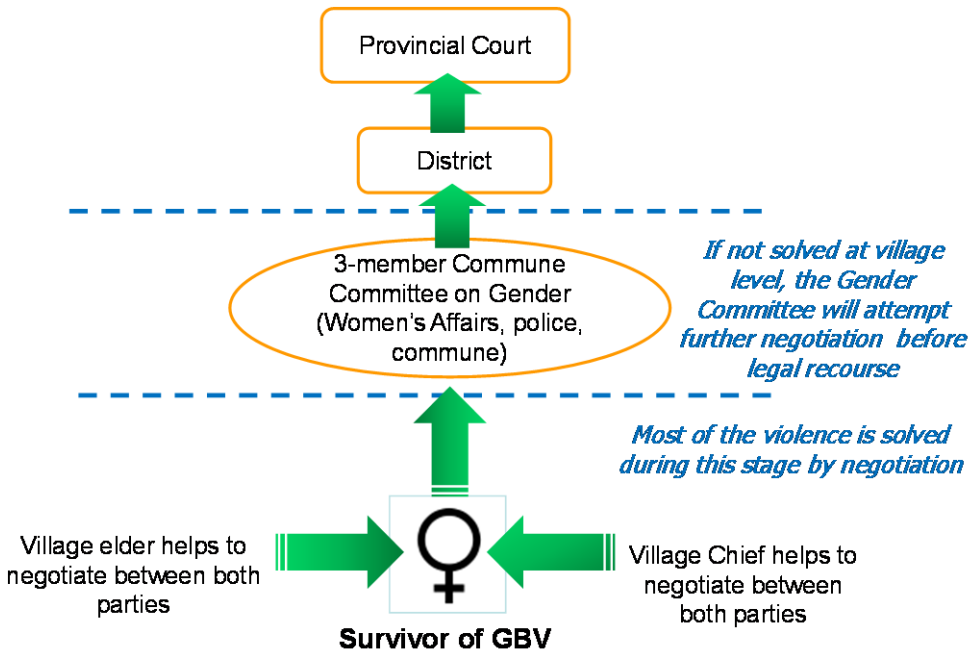
[10] Adapted from: http://www.unfpa.org/gender/violence.htm

- Male hierarchy is dominant and evident in families and society in general. Men are viewed as the final decision-makers in their households, and other family members are expected to give them deference, respect and obedience.
- Cambodian women's inherent cultural inferiority makes it especially difficult for them to reach out for assistance when dealing with domestic violence.

In a culture where rape is often considered to be justified or even the fault of the victim, there is a glaring need for education promoting a shift in social attitudes towards genuine respect for all women.

Fig. 3 shows how social structures supposedly set up to assist survivors of gender-based violence also act to contain the violence within the community and keep incidents out of the courts.[11] The first recourse for a woman GBV survivor is to seek 'advice' from either the Village Chief (more often than not, a man) or a village elder, who attempts to negotiate a 'solution' between the two parties. If there is no resolution, the case is forwarded to a three-person Commune Committee for Gender, where further negotiation takes place. Only after passing through this second layer of bureaucracy, is the woman's case forwarded to the courts.

Fig. 3. Assistance or containment?



In conclusion, the way men view themselves as men, and the way they view women, will determine whether they use violence or coercion against women. When women and girls are expected to be generally subservient, their behaviour in relation to their health, including reproductive health, is negatively affected at all stages of the life cycle. The prevalence of domestic violence in a given society, therefore, is the product of gender-based inequalities, and tacit acceptance by society.

[11] Adapted from PRISS Baseline Survey (CARE Cambodia 2007)

4. Making Sense of the Data

So, how can CARE's youth urban male projects respond to these findings? A key conclusion to be drawn from the body of research cited in this report is, firstly, that public health messages currently fail to address the underlying causes of sexual violence. Secondly, it is clear that gendered attitudes towards women and misplaced notions of masculinity are propelling these issues. These two issues are potentially also the source of change.

The Playing Safe experience clearly demonstrates the need for future work to more deeply address understandings of gender and identity that lock young men into prescribed notions of what it means 'to be a man.' This will require young men to confront abuses of power and to question their decision making capacity and vulnerabilities. But it should also allow them to explore ways to realize their potential to lead fulfilling lives. This is no easy task, however. As we have seen, societal norms prescribing understandings of appropriate behaviours, protection of family honour and shame, compete with SRH discourses that call on young men to openly talk about their sexuality and to challenge the way things are.

Nevertheless, the opportunity for organisations like CARE is to more deliberately seek ways to break the silence surrounding violence against women in Cambodia, and to ensure that the voices of women are heard, while at the same time, also more deliberately working to change the paradigm of masculinity that allows for the resolution of conflict through violence. This means engaging men – policy makers, parents and young men alike – in conversations about male socialization and gender roles, and the dynamics and consequences of violence. These are conversations that can and should be empowering for men as well as women.

In short, the challenge will be to push beyond simply reinforcing and refining existing public health messages, to seriously confront current understandings of gender and identity that limit young men's capacity to lead safe and responsible sex-positive lives that necessarily excludes involvement in sexual violence and denial of women's rights.

5. Best practice

a. Engaging boys and men to empower girls – lessons from Program H

What can be done to change the social norms that drive the behaviours of men and boys that leave girls vulnerable? The vulnerabilities and disadvantages that girls face emerge directly out of social constructions of gender and the social structures set up to enforce gender roles. Social norms and identities are internalized by young women and men alike and translated into cultural practices and individual actions. They create the conditions in which some young and adult men sexually abuse girls or use physical violence against them (as in the practice of *bauk*). Boys are socialized from an early age to believe they have sexual rights over girls (particularly those seen as sexually "loose" or available); girls too are frequently socialised to accept male control of sexual decision-making (Barker 2006).

Program H stimulates young men to analyze traditional gender roles and norms associated with masculinity, challenging them to consider the advantages of gender equitable behaviors. The program consists of educational workshops, lifestyle campaigns, innovative approaches to attracting young men to health facilities, and a culturally sensitive impact evaluation methodology.

The workshops draw on 5 training manuals which aim to support young men to question traditional gender norms: Sexuality and Reproductive Health; Fatherhood and Care-giving; From Violence to Peaceful Coexistence; Reasons and Emotions; and Preventing and Living with HIV/AIDS.

Program H seeks to encourage the voices of resistance – by building directly on insights gained from listening to the voices of those young men who openly question gender injustice.

1. The approach builds on a "natural" variation in young men's views about gender inequalities and gender violence. It seeks to encourage the voices of young men who question traditional norms, and thereby promote a critical reflection about gender norms on the part of young men, including a questioning of violence against women.
2. The cornerstone of the intervention model is group educational activities designed to be carried out in a *same-sex group setting*, and generally with men as facilitators who also serve as more gender-equitable role models for the young men.
3. Activities include role plays, brainstorming exercises, discussion sessions and individual reflections about how boys and men are socialized, positive and negative aspects of this socialization, and the benefits of changing certain behaviours.
4. First and foremost, the group educational process focuses on creating a safe space to allow young men to question traditional views about manhood

> ...slow change among men is not inevitable, but neither is quick, lasting change easy to achieve in terms of gender norms and structures (Barker 2007)

Programs reviewed for WHO provide ample evidence that men and boys can and do change attitudes and behaviours in the short-term as a result of program interventions, and that such outcomes are, in nearly all cases, positive for the well-being of women and girls, and men and boys themselves. However, the methodology is labour-intensive, and if one wants to measure sustained impact then it requires setting in place mechanisms to follow men and boys for periods beyond the life of the project.

Program H was developed in Latin America but has been successfully adapted and implemented by project partners in India and in parts of sub-Saharan Africa. It will be a highly useful resource for CARE's future work. (See Appendix B.iii for further details about Program H.)

b. Sustainability of youth peer educator SRH programming

Given that structured peer educator is a feature of CARE's SRH programming, it will be helpful to establish a best practice standard for youth-peer educator programs before looking at specific recommendations for action. Svenson & Burke (2005) identify six core components that contribute to the success and sustainability of youth peer education programs.

- *Youth empowerment and a sense of ownership* (critical for peer educator retention, motivation, and productivity). Two key sub-elements are gender equity and cooperation within peer educator groups.
- *Community participation* and support (increases motivation, responsiveness, and access to community institutions)

- *Sound technical frameworks*, especially training and supervision of youth volunteers, which fully integrating youth involvement, youth-adult partnerships, and gender equity.
- *Youth-adult partnerships* based on direct youth involvement, open and trustful communication and mutual respect.
- Deliberate *strategies to sustain youth peer educator leadership* participation in civil society beyond engagement in a single youth peer education program.
- *Economies of scale and ease of access* lead to variations in terms of the number of activities carried out, type of participants, nature of the contacts, costs and so on (e.g. urban locations generally provide access to larger audiences, and are thus less costly than rural-based programs).

As described previously, Playing Safe achieved well on the first four of these criteria. However, the project fell short in terms of the last two: deliberate *strategies to sustain peer educator leadership* and *economies of scale*. Thus the recommendations will discuss, among other things, how CARE can enhance its approach to peer education (by being more selective and by extending reflective practice within and across projects); and can address issues of scale through a more deliberate partnership strategy.

6. Recommendations for action

The consultancy was conducted over a period of two months and began with the literature review, discussions with CARE and partner staff (current and former), and focus group discussions with male and female youth groups and with male and female peer educators. Towards the end of the first month, an update briefing was held with CARE staff. Two questions were posed to the group: First, what is CARE's vision for its youth-focused Sexual and Reproductive Health programming? Second, what do you want to achieve in your partner strategies?

The group reached the following agreements:

First, the purpose of CARE's youth-focused SRH programming is:

- To ensure youth have access to SRH knowledge and services;
- To address the underlying causes of gender inequity and violence against women; and
- To promote healthy, sex-positive lives and relationships among Cambodian youth.

Second, CARE is committed to:

- Building on the successes and lessons of it youth SRH projects to more deeply integrate gender, women's rights and violence against women into all projects.
- Developing pilots that work, and then promoting strategies for going for scale and for reaching large numbers.
- Replicating a consistent partnering approach explicitly linked to sustainability across all projects.

- Supporting the growth of PHD to becoming a vibrant local NGO, specializing in youth reproductive health and addressing gender and sexuality inequities that perpetuate violence.
- Ensuring that there is a safe workplace for discussing issues related to sexuality and violence.
- Building staff capacity and confidence to do the work.

The recommendations that are given below are a specific response to the desire expressed by CARE staff to realize on these commitments.

a. The PRISSH Project

PRISSH sets out to promote rights in sexual and social health, with a specific focus on gender-based violence (GBV). The project is located in Takmao, Kandal province and defines two overall objectives:

- Promotion of human rights and responsible sexual behaviour through increased knowledge and awareness of GBV and human rights among government officials, police and young urban males, as well as appropriate responses to incidents as they are reported or occur.
- Improved access to comprehensive care responding to the multiple needs of survivors of GBV, as well as indictment for perpetrators through increased reporting and provision of legal assistance for survivors

Four interlinked and mutually reinforcing outcomes areas are defined. Achieving all four outcomes is a pre-condition of reaching the project objectives.

1. Police officers are aware of human rights and women's rights concepts, interview and response techniques.
2. Staff of Social Services Cambodia (SSC) – a local non-government organization – have capacity in counselling, working with survivors of GBV and other forms of abuse, paralegal services such as referrals to legal services and legal options for seeking redress.
3. Survivors of GBV have access to a 24-hour support centre where they can be safe after incidents of abuse, receive counselling, understand options available to them, and make decisions about pursuing a course of action including legal recourse and accessing legal services.
4. Youth and peer counsellors and young people are aware of human and women's rights concepts, sexual and reproductive health education, access to Sexual and Reproductive Health services and issues surrounding GBV.

It is the fourth outcome area – youth and peer counsellors and young people are aware of human and women's rights concepts – that builds on the experiences of Playing Safe. The four outcome areas could work independently – they are being implemented by different

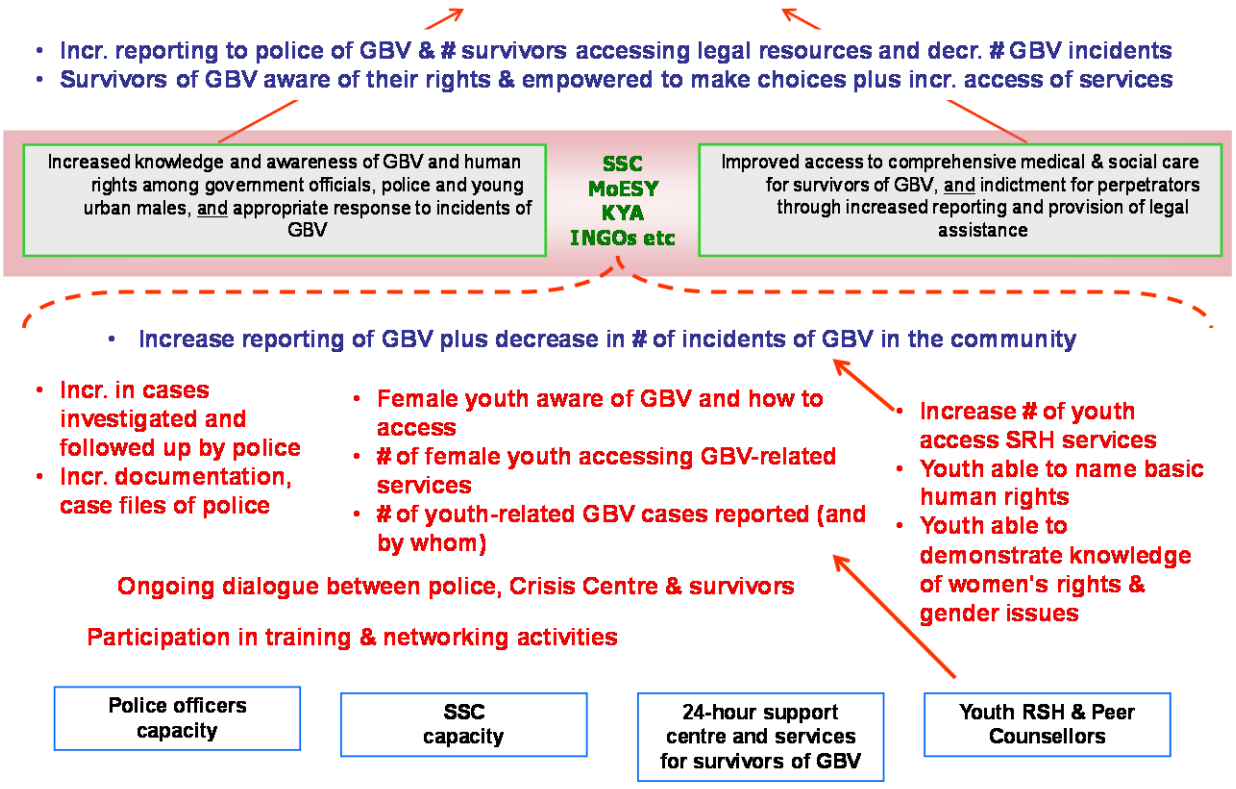
staff in distinct locations and with different target groups. But achieving all four outcomes is pre-requisite to achieving the project goal.

The intersection between the four components becomes apparent at the results section, as shown by the overlap between the various indicators (in red) in Fig. 4. The role for CARE's Partnership Coordinator is critical to ensuring that there is dialogue and learning across the whole project.

Moreover, component four of PRISSH cannot be a simple replicate of Playing Safe.

- It must first make clear what success will look like, that is, what is meant by "youth able to demonstrate knowledge of women's rights and gender issues."
- It must give greater emphasis to gender based violence in its life skills curriculum
- It must ensure that CARE and partner project staff and the peer educators are equipped to take on difficult conversations about gender and masculinity and violence. This will include providing them with frequently-asked-questions fact sheets as well as providing them with facilitation skills.

Fig. 4 PRISSH: Promoting human rights in the context of sexual and social health



The drop in facilities and library established at the PRISSH Youth Centre in Takmao go a long way to addressing the concerns raised in the Playing Safe evaluation for a place to "hang out, play games, listen to music and engage in group discussions." However, the project should consider assigning peer educators to manage these facilities. This would further ownership and sustain leadership over time and also free up project staff to facilitate reflective practice group discussions.

Table I. Key research findings to re-focus the life skill curricula

- ❑ Sexual debut is overtly socially negotiated and influenced most strongly by the desire to be seen as a complete man amongst male peers.
- ❑ Engaging in commercial sex is a *simple* channel for relieving what is named as *natural* male desire.
- ❑ Despite this, sex workers are devalued and there is little or no respect for the women, for their bodies, or for their rights to choose. Men use condoms in sex worker relations, because they see the women as a source of infection (not someone who may have been infected by another man).
- ❑ *Mit srey* relations – unpaid, casual partners are given higher status. However, this status still translates into a power differential between partners, and condom use within *mit srey* relationships is again based on the risk assessment made by the men.
- ❑ Sweetheart (*songsaa*) relationships fulfil a need for affection and emotional support; and also lead to considerable status amongst peers. In sweetheart relations, condom use is based on both personal risk assessment made by the men and on notions of intimacy and cleanliness.
- ❑ Overall, there is widespread disregard for the rights, welfare and health of female partners in all relationships, and an overriding lack of understanding and acknowledgement of human rights within the context of sexual behaviour.
- ❑ There is significant evidence that young men do participate in and/or have knowledge of others participating in same sex sexual relationships. It is also clear that participating in a same sex relationship does not define a young man's sexuality, nor preclude him from having sexual relationships with women.
- ❑ A significant proportion of young men report feeling peer pressure to participate in commercial group sex. *Bauk* is widely considered as a cheap but fun-filled bonding experience. It is a masculinity affirming behaviour through which both sexual experience and peer approval may be gained.
- ❑ Knowledge of drugs is common and for some drug use is considered cool and fashionable. Drug use has emerged as specifically linked to sexual violence.
- ❑ Young men are using pornography both to 'turn on' and to learn sexual scripts; these scripts are often violent and demeaning and abusive of women's rights.
- ❑ Access to sexual and reproductive health information remains uneven and a significant proportion of young men identify reluctance and discomfort to attend public clinics, health centres and hospitals.
- ❑ Young men talk to each other about their sexual exploits as well as about accessing health services. As such they can form powerful, informal referral networks for their friends.
- ❑ Boy's talk provides an insight into how young men (a) may encourage and support each other in adopting new or different sexual and reproductive health behaviours; and (b) can act as informal self monitoring groups exerting positive peer pressure on group members not conforming to new group standards.

Component four should review its training curriculum to ensure that it is aligned with key messages across all four components of the project. Specifically the curriculum should give more emphasis to gender-based violence. This will mean conducting same-sex group training sessions as well as mixed-group sessions. Key findings that are consistent across CARE's research and the external studies, and which should inform curriculum re-design, are

summarised in Table I. Note that these findings should also inform life skill curricula in all of CARE's other youth-focused projects.

b. Deepen the focus on social change

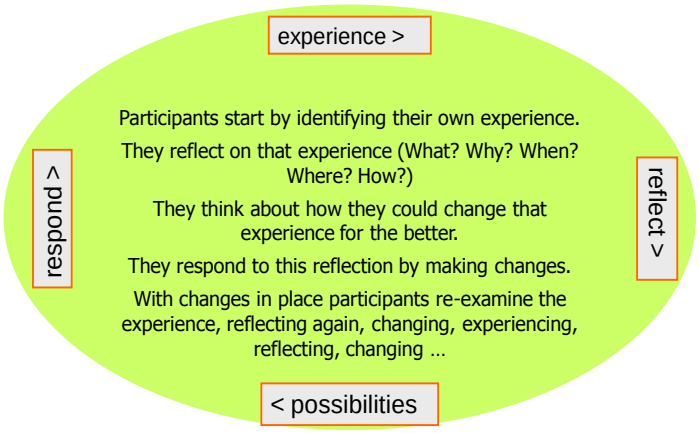
As described in section two above, the Playing Safe research data provided valuable insights into the meanings young men and women attach to their health and sexuality and to the ways that social norms shape their sexual practice and decision making. Such understanding is a precursor to changing the social norms (discourses) that drive the behaviours of men and boys that leave girls vulnerable.

Participatory action research should continue to be a key way of working and focus on research questions that are relevant to the project outcome areas. PRISSH, for example, will be concerned with the construction of gendered identities among Cambodian youth; the intersection between drug use, pornography and violent sexual behaviour; barriers that prevent women from accessing GBV services; and shifts in understanding and attitude amongst police and other service providers.

The intent of the research is not to generate flashy reports. Rather, the intent is:

i. To build understanding and capacity among CARE and partner staff and the peer educators through engaging in reflective learning

Fig. 5 Learning through experience



Reflective learning is an ongoing process in which participants in a particular situation take time to examine their experiences, to reflect on these experiences, to think how things might be different, to think through these possibilities, and to try out what seems to be the best option. But this is not the end: Trying that option becomes another experience in itself – to study, reflect upon, etc. (Fletcher *et al*. 2005).

ii. To inform on-going project monitoring and evaluation and ensure that the project remains in touch with changing issues and concerns

What changes in attitude and behaviours, if any, are taking place within the target population? Can the project point to increased sex positive behaviours, an increasing understanding of women's rights etc?

Projects need to be open to learning from the emerging research findings and to making adjustments activities along the way. Specifically, the findings should inform understanding of the socialization of boys and men into masculinities that negatively affect their health and that of their partners. These understandings, in turn, should shape approaches to working with young men to explore alternative sex-positive definitions of masculinity.

iii. To inform advocacy efforts for example: to develop global education campaigns targeting male youth that purposefully link SRH, gender, human rights and masculinity; or, to extend condom marketing to emphasise not only protection from pregnancy and STIs, but also pleasurable and loving sex.

c. Become a partner of choice

Data clearly show that the technical support provided to partners through CARE's projects has translated into enhanced management and implementation practices beyond the project life of Playing Safe. PHD has also demonstrated increased confidence and capability.

However, in response to the call by staff to replicate a consistent partnering approach explicitly linked to sustainability CARE needs to:

i. Be deliberate about the type of partnership relationship and the roles and responsibilities for each type (Table II)

ii. Sharpen the criteria for partner selection and more actively engage with partner agencies in selecting partner staff

iii. Once a partnership relationship has been agreed upon, conduct a 'values' exercise with partners to clarify expectations and boundaries:

   What values drive CARE? What values drive the partner? Why does CARE choose to work with partners? What is CARE looking to get from the partnership? What is CARE able to offer?

iv. Use organisational development tools to clearly defining capacity gaps

v. Be open to the idea that CARE may also need to build its own internal capacity and can learn from its partners.

vi. Develop an agreed learning agenda for both parties: this is what we will learn together. This is what CARE needs to learn. This is what the partner needs.

vii. Developing mutually agreed measures for evaluating the partnership along the way and at the end of the project.

Table II characterizes four types of partnership relationship in CARE's youth-focused SRH program.

Table II. An emerging partnership strategy

Four different types of partnership can be distinguished in CARE's SRH work.

i. **Building local capacity** – for example, as with the local NGO, PHD

CARE will use organizational development tools to **support the growth of a vibrant local NGO**, who would specialize in youth-friendly Sexual and Reproductive Health, with a particular focus on women's rights and masculinity and violence. Overtime, PHD would assume responsibility for project implementation.

CARE's role in this transition would be (a) to *facilitate and mentor* the development of PHD to replace CARE as an implementing agency; (b) to document and disseminate the organizational development process; and (c) to engage in evidence-based policy and advocacy.

ii. **Co-implementation partner** – working with local NGOs (as with KYA in Playing Safe or the PRISSH project) to implement project activities.

In this relationship, the partnership is based on ***equal contribution and team work***. Both CARE and partner staff would seek out opportunities to build internal capacity during the project life cycle and engage together in reflective practice dialogues. The project evaluation would look at impact on project participants (against the project goal and outcomes) and also how internal capacity has been augmented. For example, CARE could use its performance management process to assess how well CARE staff are managing their partnership relations and applying project training into their work. CARE could also conduct follow up interviews with the partner staff and their supervisors, after the project has finished, to check whether or not the technical and management skills introduced by the project have lead to behavior change back into the parent NGO organization. The challenge for CARE in co-implementation is not to fall into a big sister role, but to seek out an equal relationship.

iii. **Sub-contracting partnering relationships** – selected project activities are sub-contracted to partner organizations. For example, the garment factory/beer promotion project has entered into sub-contract arrangements with six different NGOs.

CARE's main role in sub-contracting is to monitor program quality and to provide technical inputs as and when required. In this relationship, capacity building of the partner is secondary to going to scale.

iv. **Promoting youth leadership** – trained youth peer educators can and do contribute to civil society by participating in youth forums and in discussions with parents and community members. In some cases, as with the formation of PHD, these youth leaders move on to 'better' opportunities. In the majority of cases, however, this capacity is lost once a peer educator program closes. CARE can close this gap by selecting out the 'best' of the peer educator graduates, then providing them with further training and work experiences that will enhance their skills, and directing them into community dialogues and other civil society efforts. This emerging strategy is elaborated further in the next section.

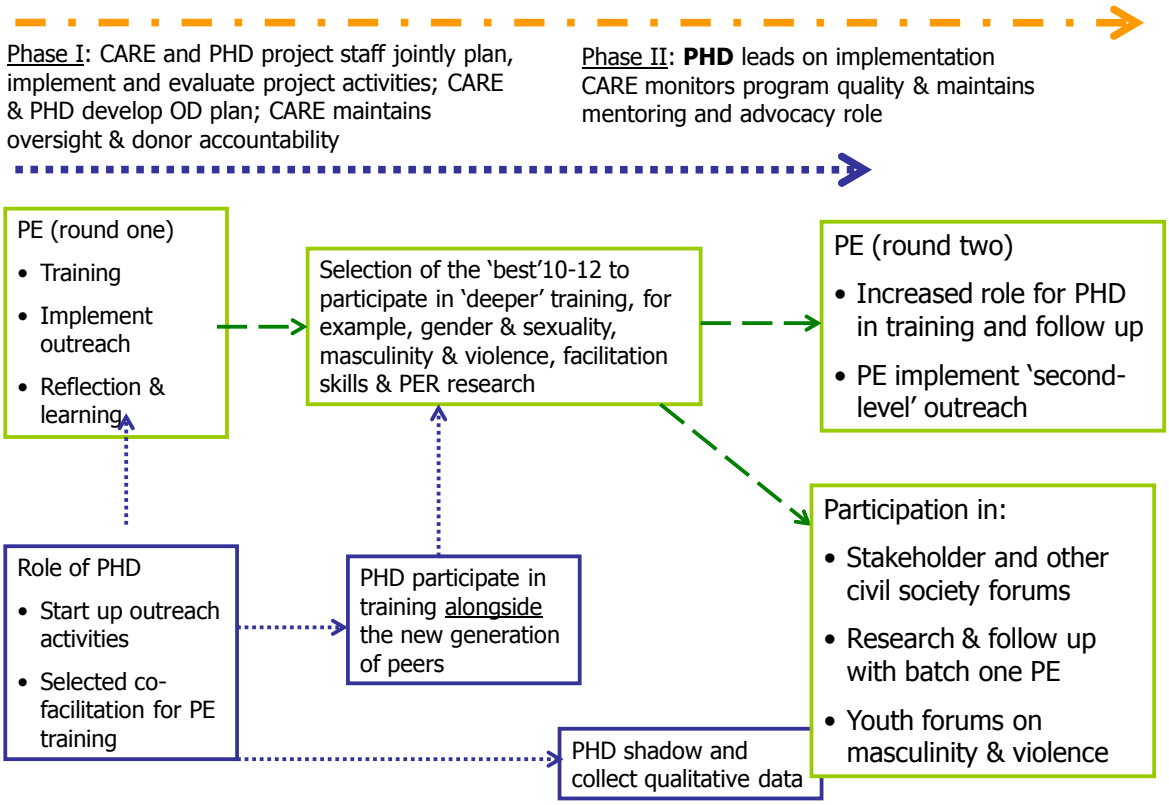
d. Extend the peer educator strategy

As we noted in section one, providing young people with opportunities to own and contribute to their development engenders youth leadership and also increases the cascade effect of the peer education model. Playing Safe was able to train 500 peer educators over the course of three years. CARE's Garment Factory/Beer Promotion project has been running for several years, and has 'turned out' a large number of peer educators per year. Where have all these youth ambassadors gone?

There are two missed opportunities here: the first is to strengthen quality mechanisms and measures to follow up with peer educators post project intervention. This does not require a burden of work on project staff, if staff sit with peer educators to develop a mechanism for follow up and then give the work to the peer educators themselves. Some measures might include quantitative data about number or visits to STI health clinics, (age of) pregnancy and age of marriage, numbers who gained employment, kind of employment and so on. Qualitative data, based on most significant change stories with a smaller sample, could look at accomplishments and challenges, and hopes and concerns.

Obviously not all of those trained stay committed or fully develop the skills and aptitude required to challenge *the social norms that drive the behaviours of men and boys,* or the courage to take a stand *against social structures set up to enforce gender roles*. But in each batch of peer educators, one or two people stand out. The opportunity is to deliberately select out and grow this leadership.

Fig 6 Peer education leadership strategy



One way this could be achieved would be to introduce a two-tier system of training (Fig. 6).

- The first tier of training should include the basic skill set required of all peer educators, and allow CARE to continue to capitalize on the cascade effect of the peer educator program, in short, to reach the numbers.
- But annually, or biannually, CARE could select out the 'best 10-12 to peer educators to participate in a second tier 'deeper' training on, for example, gender & sexuality and masculinity & violence as well as skills in facilitation and conducting follow up and evaluative research. These 'youth ambassadors' then become available to speak to other young people about masculinity and violence.

It would also be possible to bring together the 'best' peer educators from different projects. This would increase the opportunity for reflection and cross-learning.

By partnering with PHD in the process, CARE could simultaneously contribute to realizing on PHD's organizational development goal.

e. Form a program quality and learning team

Section 7a reiterated the importance of reflective learning: to allow project interventions to be responsive and allow for adjustments along the way, to inform advocacy, and to build understanding and capacity among CARE and partner staff and the peer educators. But while learning is taking place inside individual CARE projects, there is little or no learning across projects. This means that when a project ends and partner staff and CARE staff move on, the knowledge and experience generated is lost. CARE can stop this incessant leak of knowledge by developing a Program Quality and Learning (PQL) team. Forming the PQL Team would provide a venue for CARE and partner staff from different projects to come together to engage in reflective practice about what's working and the challenges people are experiencing.

The driver for these forums should not be to update each other on activities and outputs – this is the work of email. Rather the primary agenda should be to discuss output measures and impact. Are we making a difference? What progress are we making in challenging young men to support our work in gender-based violence? What evidence do we have? What and how can successful strategies be transferred from one site to another? What shifts do we need to make collectively across all projects. How can we support each other through difficult periods and so forth?

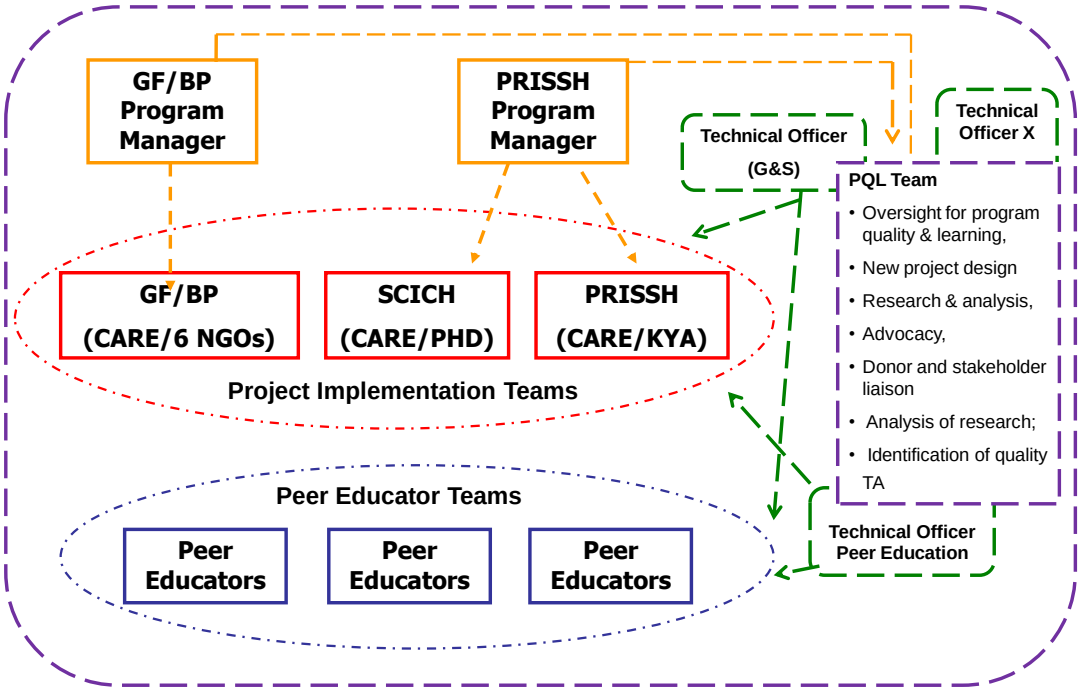
The PQL Team would be made up of internal CARE staff and external technical resources as required. It would include both management and technical staff from the Health Unit. This would allow for sharing of expertise – both management and technical – across projects. Currently, technical staff are funded in one project (by one donor), such as the Peer Education Technical Officer. However it is expected that he will provide technical inputs across a number of health projects, including the youth urban male component of SCICH, component four of PRISSH and Garment Factory/Beer Promotion projects.

The PQL Team is a cross-functional team, and leadership could be shared by different staff at different points in time. However, ***if the team is to be successful and to add value to CARE's work, then participation will need to be mandated*** and written into individual work plans. Forming a team of this kind will require staff to make a shift in *how* they work – to become even more cooperative and collaborative and to be open to learning from mistakes as well as from successes. This becomes the work, not another add-on. Staff

may also have to ask themselves: what can I stop doing to free up time to contribute fully to this work?

The PQL Team structure, showing the relationships between the different project management, technical and implementation components, is shown in Fig 7.

Fig. 7 Programming quality learning team management structure



f. Align the management structure to support program quality and learning

Two specific structural changes are recommended to support the stronger focus on masculinity and violence

i. A new position, Technical Officer – Gender & Sexuality, is recommended. Establishing this position will bring a new skill set into CARE, and thereby help to build internal capacity and confidence in the areas of gender and sexuality, masculinity and gender-based violence. The position would be funded through the SCICH project, but provide technical inputs across all CARE youth SRH projects.

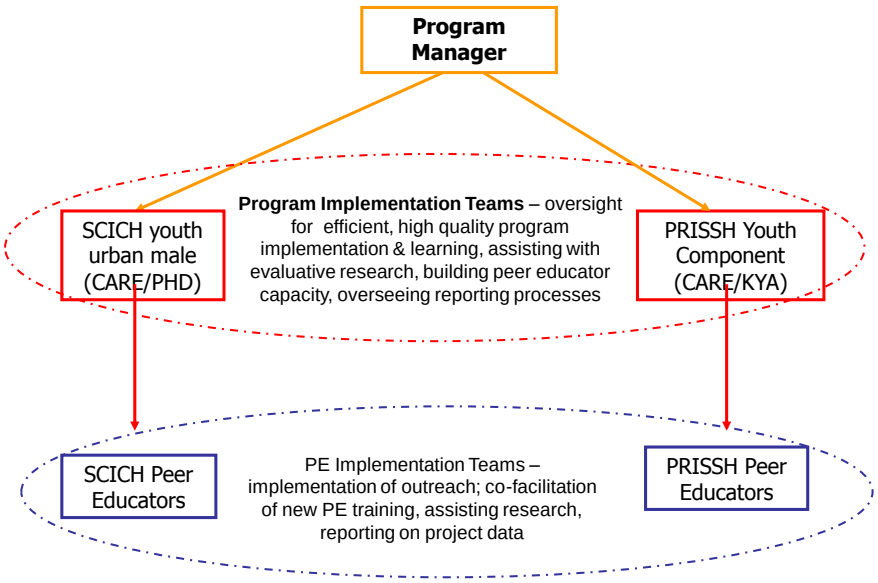
   A job description for this position can be found in Appendix C. In summary, her/his primary responsibility would be:

   - To provide technical inputs to the young urban male component of the SCICH Project.

- To build internal capacity among project implementation teams (both CARE and partner staff) across all youth-focused SRH projects (in particular, strategies for working with young men on issues of masculinity and violence).
- To work with CARE management to put into place and monitor the organizational development plan leading to the growth of PHD
- To guide senior management on gender and masculinity and gender-based violence related issues and how these might be addressed in CARE's health programming.
- To play a team role in ensuring program quality and learning across all CARE's health programs.

ii. To ensure the Gender & Sexuality Technical Officer can attend to the needs of the various projects, it is recommended that the current Program Manager for component four of PRISSH provides management oversight for both PRISSH and for the youth urban male component of SCICH (see Fig. 8).

Fig. 8 Youth urban male management structure



Because the Gender & Sexuality Technical Officer will play a key role in program quality and implementation, the program Manager's primary responsibilities would become:

- To provide leadership and coaching to individual team members (CARE and partner staff)
- To provide oversight for budget planning, financial management and reporting
- To ensure project teams develop detailed and achievable work plans and that project commitments are met on time and cost-effectively
- To ensure quality on-time donor reporting

- To participate in forums (e.g. round table discussions with parents & other stakeholders) that lead to a supporting environment for project activities
- To liaise with Government counterparts and sister organizations as required
- To actively participate in and contribute to PQL team meetings

g. Do the internal work

When staff were asked to elaborate a vision for CARE's youth urban male SRH programming, there was unanimous agreement amongst the men and women that CARE should more deliberately address the underlying causes of gender inequity that contribute to violence against women. In short, the group elaborated a vision to become a leading organization working in the field of gender and sexuality and masculinity and violence.

However, the group also made the following requests:

- First, that management would commit to building staff capacity and confidence and to bringing in external technical assistance when necessary.

  This points to the fact that facilitating dialogue about masculinity and violence is not easy; for some it feels uncomfortable or even disturbing. It's important then to ensure that staff have the skills to facilitate productive dialogues, even when the heat is turned up in the room. It's also important that they feel equipped to answer questions that young people may ask in workshop settings, or that they feel confident about speaking with parents and other gatekeepers.

  I strongly recommend that all staff who will be working on urban male projects participate in gender and sexuality and masculinity and violence workshops. The best way to understand and internalise the concepts is to go through the training as a participant.

  It is important to remember that CARE is not starting from 'scratch.' A Masculinity and Violence workshop was developed and piloted with a group of CARE staff and Playing Safe peer educators in 2005. A gender and sexuality workshop was developed and piloted with CARE and partner staff in 2004. These two curricula (*Masculinity and Violence* and *Sex+*) were revised and have been made available to other CARE country offices.

  Appendix B includes a list of resources that CARE can draw on to develop its own training materials. It references both online and hard copy materials – all are available free of charge. In addition, there is a select list of external consultants with expertise in introducing gender and sexuality frameworks into organizations.

- Second, that adequate steps be taken to ensure there is a safe workplace for discussing issues related to sexuality and violence. In addition, management will show support for the work by standing together with staff when needed.

  This request poses a slightly more difficult challenge. It points to the fact that certain staff who participated in gender and sexuality workshops, or who actively spoke up in workshop settings about male patriarchy, were later ridiculed by colleagues, with comments like: "you are a sexuality expert now, so you can tell us all about it." A small harmless joke perhaps – but unfortunately, remarks like these undermine the work. CARE management needs to ensure that its gender and diversity policy and sexual harassment policies are active and that there is ***zero***

tolerance for any form of gender discrimination or sexual harassment in the work place. All male and female staff must be accountable for supporting this work.

A number of staff have already demonstrated commitment and passion for this work. Coaching and mentoring this talent and rewarding the work through the performance management process will go a long way to furthering this commitment.

h. Keep the big picture in mind

This final section organizes the recommendations into five critical action areas to be carried out over the next year. These are bbuild internal capacity & credibility; align systems and structures; become a partner of choice; promote youth leadership; and establish a program quality learning team

i. Build internal capacity & credibility

Recruit new staff as required for youth-focused SRH programming (SCHICH).

Set up SCHICH youth center

Initiate a series of cross team Learning Workshops

- Staff working on youth-focused SRH programming will be expected to commit to participating in all training workshops. In addition, each participant will be required to identify and carry out a learning assignment in the workplace and report back on progress in the next workshop.
- Each project will nominate staff and partners names (with a focus on diversity of representation and potential contribution); a steering committee will make the final selection.

Workshop I

- ❑ To build a common understanding of the vision for CARE's SRH programming
- ❑ To develop team commitments – how CARE/partners will model a gender-sensitive workplace, how we will deal with internal breakdowns
- ❑ To build awareness and understanding of gender & sexuality and masculinity & violence in our work and in our personal lives
- ❑ To introduce tools and skills for facilitating same-sex group discussions about sexuality and, in particular, masculinity. (NB: this will require one male and one female facilitator)
- ❑ To define a piece of work to be carried out in the work place

Workshop II

- ❑ To report back on individual pieces of work – successes and challenges
- ❑ To deepen work on masculinity and violence and gender and sexuality.
- ❑ To provide tools and skills for facilitating group processes, managing conflict and challenging cultural norms.

ii. Align systems and structures

Review, revise as necessary, and re-communicate CARE's Gender Policy and Sexual Harassment Policy.

Restructure PM and TO roles and responsibilities

Finalize the terms of reference for the Program Quality and Learning (PQL) Team and criteria for participation; incorporate into job descriptions, annual operating plans/work plans and performance management processes.

iii. Become a partner of choice

Convene meeting with PHD and key stakeholders to build understanding and support for program direction, agreements on goals and indicators of success and define contractual agreements

Follow up with a meeting with PHD to conduct a values exercises, clarify expectations, and carry out an organizational assessment and organizational development (OD) plan with specific benchmarks and performance standards

Finalize partnership strategy (Table II above) and work with partners to characterize each SRH partnership relationship and expectations

Conduct a review of CARE financial and reporting systems with the view of simplifying to facilitate partnerships

iv. Enhance peer education empowerment strategy

Revise life skills curricula to more deeply integrate GBV and masculinity concepts into peer educator program

Pilot revised curricula in different projects; adjust based on feedback

Develop criteria for participation in 'youth ambassador' program

Select first batch of youth ambassadors from across different projects

Staff and partner apply skills from Workshop I (above) to provide leadership training in concepts about gender and sexuality, masculinity and violence and research methods

Develop plans with youth ambassadors to participate in youth forums and community dialogues about GBV, to track peer educator leadership and so on.

v. Establish program quality and learning processes

Conduct first Program Quality and Learning meeting (agenda to review progress in the first quarter of the year (Q1) – what's working? What challenges? What adjustments?)

A draft work plan to show these various action areas can be sequenced is given in Table III.

Table III. Draft Work Plan

Period Action area	May 1 – Sept 30, 2007	Oct 1 – Dec 31, 2007	Jan 1 – Mar 31, 2008	April 1 – June 30, 2008
Build internal capacity & credibility	Recruit new staff for youth-focused SRH programming (SCHICH)/set up SCHICH youth centre Carry out a X-team Learning Workshop I	Staff carry out learning assignments defined in Workshop I	X-team Learning Workshop II	End of year reflection workshop with PQL
Align systems and structures	Review and communicate gender policy and sexual harassment policy to <u>all</u> staff Finalise Program Manager and Technical Officer roles & responsibilities Finalize TOR for PQL Team plus criteria for participation/include into JD and performance appraisal system	Project teams revise life skills curricula to integrate GBV and masculinity concepts into peer educator program (*what* and *how*)		
Become a partner of choice	Meet w/ PHD and key stakeholders to build understanding & buy in/ agreements on goals and indicators of success / contractual agreements Follow up meetings • Values & expectations • Organizational assessment • Year one OD plan Finalize partnership strategy	PHD conduct peer education training under guidance of CARE Work with partners to characterize each SRH partnership relationship and expectations	PHD participate in first leadership training Conduct review of CARE systems towards facilitating partnership strategy	TBD
Extend peer educator strategy	Continue with current programming	Revised peer educator training begins Develop criteria for participation in 'youth ambassador' program End of Q2, select out 'top ten' for youth ambassador program	CARE and partner staff w/ PHD delver life skills training w/ youth groups Staff deliver first youth ambassador leadership training program	Revise youth ambassador leadership training program Youth ambassadors participate in youth forums and community dialogues
Program Quality & Learning Team		First PQL meeting to review work of Q1	PQL meeting – TBD	Joint end-of-year PQL meeting with project staff and partners

8. Conclusions

As noted at the outset, CARE's vision of becoming a leading organization in the field of gender and sexuality and masculinity and violence is no small undertaking. It requires changing both the 'what' and the 'how' of CARE's work. It also represents a multi-year commitment to organizational change.

What will CARE be known for at the end of the day? CARE will be known as a leading NGO in the field of youth-oriented Sexual and Reproductive Health interventions with an explicit focus on issues related to women's rights, gender and sexuality and masculinity and violence. CARE will also be known for developing innovate approaches for working with young males and replicating these innovations through sustainable partnership strategies. And CARE will be known for its commitment to building local capacity so that other NGOs can also *confront current understandings of gender and identity that limit young men's capacity to lead safe and responsible sex-positive lives that exclude involvement in sexual violence and denial of women's rights*.

What will make it work? Youth participation and empowerment are central to CARE's approach to peer education and are fundamental to supporting young people to own their issues and to bringing about sustained behaviour change. Young people can and will take personal responsibility for their behaviors and can and will accept collective responsibility for promoting safe and responsible sexual behaviors amongst their peers. Tola pointed out in section one, that all we need to do is believe in "the power of youth" and be "willing to trust them." These acts of trusting are inspirational. If CARE truly believes in empowerment and ownership for young people, then CARE staff must carry this belief into all aspect of their work and into their relationships with each other. Trust is the key to breathing life into CARE's vision.

> *We were given the chance to do the work … the training opened up opportunities … we got braver to speak out … [now] I want to challenge the cultural norms that tell us what we can talk about … young people can be close … we can cooperate and support each other*
>
> (Excerpted from a focus group with PRISSH Peer Educators, Feb 2007)

Appendices

Appendix A
PHD – who we are and what we do

Investing in the Future of Cambodia
People Health Development Association (PHD)

Background

Young people under the age of twenty five represent over 60 percent of the total population of Cambodia. They are thus a key determinant in the sexual and reproductive health (SRH) of the population as a whole. While there have been advances in the provision of SRH services in Cambodia in recent years, existing SRH information and services do not as yet adequately meet the specific needs of young people. Current services are largely located in clinical settings in which youth can feel uncomfortable. The information presented in these settings is often overly technical and removed from the realities of young people's lives. Although there is high acceptance of the SRH educational needs of young people, the concept of "youth-specific services is still very foreign to most services providers." [12] In addition, while family and community members are becoming more open, others still feel that discussions by young people themselves about sexuality and reproductive are culturally 'inappropriate.' PHD (People Health Development Association) is a local Cambodian youth non-government organization dedicated to filing this gap.

Who we are and what we do?

We are a highly committed group of young people dedicate to ensuring Cambodian adolescents and youth can and do live healthy and fulfilling relationships with their families and with their peers. We first came together as a group when we were recruited as peer educators by *Playing Safe*, a pilot project funded by CARE International in Cambodia.[13] The goal of *Playing Safe* was to address the SRH needs of urban male youth by contributing to enabling safer sexual and reproductive health behaviours, including increased utilization of quality youth friendly services.

A key feature of *Playing Safe* was the active recognition of the existence of socio-cultural and gender stereotypes. Thus, the project not only engaged groups of male *and* female youth in discussions about relevant SRH issues and available services, but also incorporated discussion about issues of power and choice, gender inequities and human rights. A key learning from *Playing Safe* has been that youth-focused SRH interventions must go beyond the simple provision of public health messages and begin to address understandings of gender and identity that limit young men's capacity to reduce their own vulnerabilities and respect the rights of their female counterparts.

[12] Report on the Review of Adolescent/Youth Friendly Sexual and Reproductive Health Services in Cambodia, UNFPA Cambodia (October 2006).

[13] *Playing Safe* was funded through CARE International in Cambodia's Reproductive Health Initiative for Youth in Asia – II (RHIYA-II), and ran for three years, beginning in September 2003. The project was implemented through a joint implementation strategy with two local NGO partners.

We were inspired by the exposure offered by *Playing Safe* and the opportunities that the project opened up for us. We learned about sexual and reproductive health issues, risk and responsibility. We also came to understand that young people can work together. They can support each other to talk about SRH, gender inequality and drugs. And they can work together to promote and reinforce responsible SRH behaviours. During our time working with *Playing Safe*, we assumed greater responsibility for project implementation, including conducting outreach and special events promotions. And in October 2005, we officially registered with the by Ministry of Interior as a local NGO.

Our aim is to make sure that young Cambodians are aware of SRH issues and translating their awareness into positive, healthy, safe and responsible sexual and reproductive behaviours.

Our vision for the world we live in is that all young people in Cambodia will live in freedom and enjoy a healthy quality-filled life.

Our Mission

- We are committed to working with young people
- We are committed to building capacity among Cambodian youth to take responsibility for their sexual and reproductive health
- We are committed to working in ways that empower young people (ways that give ownership to the young)
- We are committed to ensuring Cambodian youth have access to accurate and relevant information about SRH
- We are committed to supporting the efforts of the government in promoting youth-friendly policies.

We will be your partners in development today, and lead the way tomorrow.

Our goal is to become a strong and vibrant local NGO promoting and sharing information about youth-related SRH issues, drug abuse and domestic violence so as to improve the health of young and reduce poverty in society and the community

Our strategy – we will model the way as volunteers and prove our value to donors through our practice. We will do this by seeking opportunities to be implementing partners or sub-grantees to carry out project implementation. We will also participate as partners in project proposal development. We have the motivation and the commitment and a certain amount of experience. We are looking out for an agency to who can act as our advisor – a guide and mentor – who will travel with us on our journey to becoming a vibrant local NGO.

Our experience:

1. Building awareness towards promoting safe sex-positive practices
   - We have arranged special outreach events to enhance awareness of SRH issues and HIV/AIDS transmission among young people towards promoting safe sex-positive practices (e.g. condom use, non-coercive sex); and to ensure young people are aware of how and where to access quality SRH services.

     For example, for three days during the Water Festival in 2006, we distributed Information-Education-Communication (IEC) materials and spoke to young people 1-1 or in groups. These activities were supported by UNICEF/Cambodia. We also arranged a special outreach event on Valentines Day 2007.
   - When distributing IEC materials, we include our team leader's phone number in and also an email address so that young people can follow up for 1-1 anonymous counselling.

- We facilitated a three-day HIV/AIDS awareness and prevention training for rugby players. The training, supported by UNICEF Cambodia, was attended by 25 young women and 25 young men and was based on a modified *Playing Safe* curriculum.
- We have run a question-answer column in a magazine popular with youth, where young people can submit their questions via email.
- We are able to train other peer educators who can continue to promote youth-friendly SRH information to their peers after we have finished our work

2. Building support for youth-friendly SRH services
    - We have participated in public forums and discussion groups with parents, communities and key Government agencies (a) to build understanding of the need to create safe spaces for young people to come together to discuss SRH issues; and (b) to build commitment for youth-friendly SRH interventions and provision of youth-friendly services.

3. Partnering
    - We were contracted by GAD/C to conduct public forums in 7 provinces on representation of women leadership in the commune counsels; we conducted similar work with Cambodia Women for Peace and Development (CWPD)

4. Networking
    - We participate in monthly meetings organised by the UN Volunteers Association; the meetings bring together volunteers from different organizations to discuss their work and how to improve their practice. In 2006, the Team Leader represented PHD at regional meeting organised by the Youth Council of Malaysia. We also members of the MOVA Network in Cambodia

5. Skills we plan to develop further
    - We have received training in and participated in peer evaluation and most significant change research methodologies, and participated as research assistants in Playing Safe research.
    - We have also participated in a Masculinity & Violence training session and discussions about gender-based violence, and feel confident about facilitating dialogue with other young people to challenge gender inequalities and cultural stereotypes that negatively impact on sexual health and decision making.

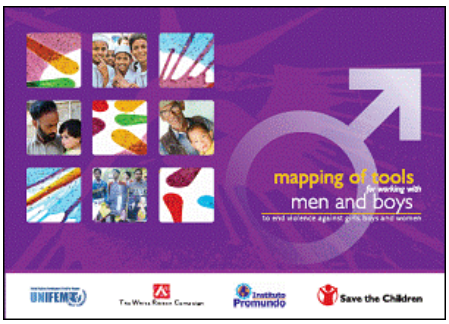
Appendix B

Some external resources available to CARE

i. Men against Violence toward Women

Men Against Violence Toward Women (MSV) is a project implemented by the local NGO, Project against Domestic Violence (PADV). MSV aims to reduce domestic violence by encouraging men in the community to become active in challenging the attitudes and behaviours that support violence against women. The pilot phase (2002- 2004) involved discussion groups with married, single and mixed groups of men in two villages, as well as training for local stakeholders in methodologies for working with men and addressing male violence. Following a 2004 evaluation, the project expanded activities to one commune, incorporating 11 villages. In addition to male discussion groups, the project also (a) included discussion groups for women on domestic violence issues to assist them to develop skills for negotiating positive change within their relationships; (b) helping male youth gangs in all 11 villages form a Youth Congress with the objective of facilitating positive communication through 3-monthly Youth Forums during which participants create an action agenda for change; and (c) forming a Community Advocacy Committee to carry out awareness raising and advocacy activities on domestic violence. Some of the discussion techniques and the lessons learned will be of relevance to CARE's work.

ii. Mapping of Tools for Working with Men and Boys to end Violence against Girls, Boys and Women



The mapping attempts compiles tools so as to enable practitioners to add value to their current interventions by adapting them to their context. It focuses on already existing tools, including training manuals, session plans, films, resource CDs, games, and more, which address violence against women, girls, and boys by involving men and boys as partners.

The mapping is accompanied by a Resource CD on Working with Boys and Men, which pulls together key documents, publications and tools available on the theme, and is complementary to the information in the document. The Resource CD is also available separately. The material is free of cost (though postage must be paid).

The material has been developed to further knowledge excellence, to enable the development community to share information, to work together to end violence against women and children.

Available at: http://www.rb.se/NR/rdonlyres/4CE48E0F-C12B-4D79-8A00-E25D1D36FC01/0/strategiesandtoolsforworkingwithmenandboys.pdf

For a hard copy, write to: Neha Bhandari, Regional Communications Officer, Save the Children Sweden, Regional Office for South and Central Asia

nehab@sca.savethechildren.se, nehabhandari65@yahoo.com

iii. Program H

The Program H Manual Series, Instituto Promundo

Program H stimulates young men to analyze traditional gender roles and norms associated with masculinity, challenging them to consider the advantages of gender equitable behaviors. The program consists of educational workshops, lifestyle campaigns, innovative approaches to attracting young men to health facilities, and a culturally sensitive impact evaluation methodology.

The workshops draw on 5 training manuals which aim to support young men to question traditional gender norms:

Sexuality and Reproductive Health
Fatherhood and Care-giving
From Violence to Peaceful Coexistence
Reasons and Emotions
Preventing and Living with HIV/AIDS.

Each manual contains a theoretical introduction to each theme, a description of the group activities and a list of references for further research.

See: http://www.promundo.org.br/396?locale=en_US

The GENDER EQUITABLE MEN Scale

Drawing on qualitative research with young men in Rio de Janeiro and on an extensive literature review, the GEM Scale was developed and tested with a community-based sample of 749 men aged 15 to 60 in low- and middle-income neighborhoods in Rio de Janeiro. In the initial testing of the GEM Scale, "traditional" attitudes were reported by some men in both middle-income and lower-income neighborhoods. Men with lower educational levels tended to hold more traditional views about what it means to be a man. For the intervention study with young men, the 17-item subscale of 'traditional' norms was found to be a reliable gender norms measure.

"Traditional" Gender Norms (Answer choices are: Agree, Partially Agree, and Do Not Agree)

1. It is the man who decides what type of sex to have.
2. A woman's most important role is to take care of her home and cook for her family.
3. Men need sex more than women do.
4. You don't talk about sex, you just do it.
5. Women who carry condoms on them are "easy".
6. Changing diapers, giving the kids a bath, and feeding the kids are the mothers' responsibility.
7. It is a woman's responsibility to avoid getting pregnant.
8. A man should have the final word about decisions in his home.
9. Men are always ready to have sex.
10. There are times when a woman deserves to be beaten.
11. A man needs other women, even if things with his wife are fine.
12. If someone insults me, I will defend my reputation, with force if I have to.
13. A woman should tolerate violence in order to keep her family together.
14. I would be outraged if my wife asked me to use a condom.
15. It is okay for a man to hit his wife is she won't have sex with him.
16. I would never have a gay friend.
17. It disgusts me when I see a man acting like a woman.

iv. Poverty, Gender, and Youth Program (Horizons Program, Population Council)

The Population Council's Poverty, Gender, and Youth program seeks to understand the social dimensions of poverty, the determinants and consequences of gender inequality, the disparities that arise during adolescence and the critical elements of a successful transition to adulthood in developing countries. Program activities also include developing and evaluating innovative programs — especially those related to empowerment, health, education, and livelihoods. For a list of resources, see: http://www.popcouncil.org/pgy/program.html

v. International Centre for Research on Women ICRW (http://www.icrw.org/)

SysteMALEtizing: Resources for Engaging Men in Sexual and Reproductive Health

Available at: http://www.igwg.org/pdf/IGWG_SysteMALEtizing.pdf

vi. TARSHI – Talking about Sexual and Reproductive Health issues

South and South-east Asia Resource Centre on Sexuality – an non-;profit based in India and "working towards expanding sexual and reproductive choices in people's lives in an effort to enable them to enjoy lives of dignity, freedom from fear, infection, and Sexual and Reproductive Health problems." TARSHI offer training programs in gender & sexuality as well online resources. See: http://www.tarshi.net/

vii. EngenderHealth – Men as Partners Program

EngenderHealth recognizes the importance of partnership between women and men, and also the crucial need to reach out to men with services and education that enable them to share in the responsibility for reproductive health. The Men as Partners (MAP) program works with men to play constructive roles in promoting gender equity and health in their families and communities. EngenderHealth works with individuals, communities, health care providers, and national health systems to: (a) enhance men's awareness and support for their partners' reproductive health choices; (b) increase men's access to comprehensive reproductive health services; and (c) mobilize men to take an active stand for gender equity and against gender-based violence.

For further details: http://www.engenderhealth.org/ia/wwm/index.html

viii. Learning by Inquiry

Learning by Inquiry: Sexual and Reproductive Health Field Experiences from CARE in Asia, Sexual and Reproductive Health Working paper Series No. 1, written by G Fletcher, V B Magar & F Noij (June 2005)

ix. Sex + (Plus) curriculum

Sex+ (Plus): a sexuality and safer sex curriculum for sexual and reproductive health programs (CARE USA, 2005)

Two 3-4 day workshops – *Gender & Sexuality* and *Gender and Sexuality: Deepening the Dialogue*, designed to be delivered at 6–8 week interval; includes specific activities to situate the learning into the workplace. The original curriculum was piloted with CARE Cambodia and partner staff; revisions made by Veronica Magar with support from Kath Copley and Graeme Storer. For a final copy, contact Doris Bartel, CARE USA SRH Unit (dbartel@care.org)

x. Masculinity and Violence

Masculinity and Violence – a two-day workshop piloted CARE and Khmer Youth Association (KYA) partner staff and Peer Educators for the Play Safe Project, CARE Cambodia, Phnom Penh, Graeme Storer & Soth Nimol (December, 2005)

xi. Promoting Gender Equity and Diversity

Promoting Gender Equity and Diversity: A CARE Training Curriculum for Facilitators, CARE Academy, CARE USA. For a CD-Rom contact Kathleen Gaines, Learning & Organizational Development Unit, CARE USA (kgaines@care.org) or download from www.careacademy.org

xii. Linking up with other CARE staff

A number of country offices and CARE staff are working in, on and around gender and sexuality, and there is a growing interest in both gender-based violence and masculinity in the context of SRH programming. The person to help you link up with other staff interested in masculinity & violence is Doris Bartel, Senior Advisor, SRH Unit, CARE USA (dbartel@care.org)

Michael Drinkwater (50% Advisor with Asia Regional Management Unit) has advised several country offices on setting up PQL Units (drinkwater@care.org)

xiii. External Consultants

The following external consultants have previous experience both working with CARE and in the fields of gender and sexuality, and could be drawn to provide periodic technical support to CARE's work:

- Veronica Magar (vbmagar@gmail.org) – free-lance consultant based in India; considerable experience in gender & sexuality with accompanying background in Public Health; primary driver behind CARE's 'SEX positive' curriculum and the design and implementation of ISOFI (a ground-breaking pilot in CARE India and CARE Vietnam introducing sexuality into mainstream RH programs); experienced in reflective practice, research and project design and evaluation
- Patrick Welsh (pwelsh60@yahoo.com) – free lance consultant based in Nicaragua; V-P of the Association of Men against Violence, Nicaragua; developed strategies and methodologies for raising men's awareness on issues of gender, masculinities, violence, power, responsible fatherhood, sexual and reproductive health, personal development; and for the promotion of positive changes in men; also worked in human rights, gender training and institutional capacity building; author of *Men Aren't from Mars: Unlearning Machismo in Nicaragua*
- Gillian Fletcher (gillfletcher@yahoo.com) – free-lance consultant based in Australia; considerable experience in reflective practices, developing learning units, and working in the area of gender and sexuality; excellent writing and documentation
- Kath Copley (kcopley@smartchat.net.au) – free-lance consultant based in Australia; strong background in curriculum design; excellent documentation skills; able to simply and adapt training materials to local situation and to write in easily accessible English
- Luke Bearup (sljbearup@hotmail.com) – previously employed by CARE Cambodia as Advisor to Playing Safe; played a key role in the project research; has expressed an interest in staying connected, particularly to related research; currently completing post-doctoral work but available for short-term consultancies.

Appendix C
Job Description for Technical Officer – Gender & Sexuality

CARE International in Cambodia

Position Title: Technical Officer – Gender & Sexuality
SCICH Project, Health Unit

Based at:

Reports to:

Background

Job Purpose

The Technical Officer for Gender & Sexuality (PO-G&S) provides technical advice and input to the young urban male component of the SCICH Project. Specifically, s/he will build internal capacity among project implementation staff (comprising both CARE and partner staff). S/he will work closely with CARE management to put into place an organizational development plan leading to the growth of a local NGO capable of addressing youth urban male programming. S/he will advise senior management on gender and masculinity and gender-based violence related issues and how these might be addressed in CARE's health programming. And s/he will play a team role in ensuring program quality and learning across all CARE's health programs.

S/he will have a background in gender studies, preferably with a focus on masculinity and/or women's rights; a strong analytical capacity and demonstrated research experience; the ability to facilitate group processes, to build consensus and to work with teams; and experience in the design and delivery of training sessions that challenge social norms and organizational practices.

Roles and Responsibilities

1. Building internal capacity and credibility

The PO-G&S will be responsible for building internal capacity among CARE project staff and partners so that all staff working in CARE's SRH programs targeting youth and adolescent populations have the required knowledge and skills and the confidence to challenge social constructions of gender that drive the behaviours of men and boys that leave women and girls vulnerable.

Her/his primary focus will be to work with the project implementation staff for the young urban male component of the SCICH program. This includes CARE staff and staff of PDA, a local fledging NGO formed out of a group of peer educators in a previous CARE SRH project. Over the next few years, CARE is committing to assisting PHD to become a vibrant and credible NGO in urban male SRH programming. The PO-G&S will work closely with CARE's Partnership Coordinator and the SCHICH Program Manager to conduct an organizational assessment of PHD's current capacity and put into

place a structured organizational development (OD) plan with yearly benchmarks. It is expected that each year, CARE will hand off areas of responsibility for implementation to PHD. Thus the OD plan will also include indicators to show how CARE's role will evolve during the transition.

While the primary focus in with the SCHICH team, the approach to building internal capacity and credibility must also allow for cross project learning and lead to greater capacity and confidence amongst all CARE staff working in the arena of gender and sexuality. Thus the TO-G&S will provide oversight for the design and delivery of cross-project training for CARE and partner staff as appropriate. S/he will also identify external technical resources to augment in-house capacity.

S/he will play a key role in monitoring the quality of these capacity building efforts and ensure indicators are in place to track how/where the learnings are being applied into the work place. S/he will also advise project managers on how they can incorporate these indicators into performance appraisal processes.

2. Advise project teams on technical matters relating to G&S

The PO-G&S will be a resource person for all of CARE's youth-focused SRH programs in matters relating to gender and sexuality. S/he may be called on to advice project staff on life skills curriculum design and implementation or on trainings specific gender-based violence and masculinity. S/he may also provide advice on how to facilitate community dialogues or strategies for working with male urban youth.

S/he will also provide advice to Program Managers as required, reporting to the Managers on specific technical issues that s/he has observed during the course of her work, and which need to be addressed in the project. In such cases s/he will make specific recommendations for how the issues can be addressed.

S/he will ensure that the successes and lessons s/he is observing in her work with project staff are taken back to the Program Quality and Learning Team.

3. Program Quality and Learning

The PO-G&S will be a key member of an ad hoc Program Quality and Learning team within CARE's Health Unit. This ad hoc team will meet regularly to discuss lessons from experience across different youth-focused health projects and to identify lessons that can be applied across the different programs.

S/he will support monitoring and evaluation of project activities in line with the work plan and the indicators agreed with the local NGO partner

S/he will assist the PIT in ensuring that the Peer Educator-led programs are of high and consistent quality. This will include assisting the PIT and selected peer educators to conduct follow up qualitative research to seek out evidence of changes in attitude and behaviour over time within the peer educator group and also in the urban male youth group.

As noted above, s/he will be responsible for cross-project training for CARE and partner staff. S/he will use these cross-project events and other forums to disseminate these learnings back into the project.

S/he will also seek out opportunities to document and disseminate the lessons emerging from CARE's youth urban male program more widely (e.g. to other NGO and development agencies working in Cambodia and within CARE International).

4. Serve as CARE's representative for the SCHICH project to external agencies as requested by her/his supervisor

Assist (name of manager) to liaise, communicate and continue to develop working relations with key partners, including USAID, UNFPA, Garment Manufacturers Association in Cambodia, Ministry of Health, NAA, NCHADS, MOSALVY, MWVA and other relevant government agencies.

Assist (manager) to facilitate donor and guest visits.

Qualifications

The person appointed to this position will have

- Previous experience working with youth-focused gender issues, preferably with a focus on masculinity and/or women's rights.
- Relevant qualifications in Sexual and Reproductive Health desired but not mandatory.
- A proven track record working in partnership with local NGOs.
- At least five years working in development
- A strong analytical capacity, with a demonstrated research experience
- The ability to facilitate group processes, manage conflict and to work with cross-functional teams.
- Experience in the design and delivery of training sessions that challenge social norms and organizational practices.
- Powerful listening skills

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