CARE Women and Girls Rapid Analysis

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Cover page photo: CARE Cambodia Officer in brown shirt, engaging with a group of people staying in the camp as the process of focus group discussion (FGD) for Women and Girls Rapid Assessement test was taken place.

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Abbreviations

RGA	Rapid Gender Analysis
WGRA	Women and Girls Rapid Analysis
VAW	Violence Against Women
VAC	Violence Against Children
VAWG	Violence Against Women and Girls
CEFMU	Child early, Forced Marriages and Unions
CDHS	Cambodia Demographic and Health Survey
MHPSS	Mental Health and Psychosocial Support
FGD	Focus Group Discussions
GBV	Gender Based Violence
GEDSI	Gender Equality, Disability, and Social Inclusion Assessment
RCSI	Reduce Coping Strategy Index
GMAPS	Gender Mainstreaming Action Plans
KII	Key Informant Interview
WASH	Water, Sanitation, and Hygiene services
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersect, Queer/Questioning, Asexual
MoEYS	Ministry of Education, Youth and Sports
MoWA	Ministry of Women's Affairs
M&E	Monitoring and Evaluation
MoSAVY	Ministry of Social Affair, Veteran, and Youth
NCDM	National Committee for Disaster Management
NAPVAW	National Action Plan to Prevent Violence against Women
NGO	Non-Government Organization
NSSF-C	National Social Security Fund for Civil Servants
TWG-G	Technical Working Group on Gender
WHO	World Health Organisation
IOM	International Organization for Migration
WVI	World Vision International
UNFPA	United Nations Population Fund
HRF	Humanitarian Response Forum
UNICEF	United Nations Children's Fund

Executive summary

The Women and Girls Rapid Analysis (WGRA) conducted by CARE Cambodia provides a gender-focused assessment of the humanitarian impacts of the Cambodia–Thailand border clashes that began on 24 July 2025. With over 172,000 internally displaced persons and more than 870,000 economic migrants returning from Thailand, the crisis has disproportionately affected women, girls, and other vulnerable groups. This assessment, based on a mixed-methods approach involving 311 household surveys (67% female respondents), 8 focus group discussions (70 participants, with 48.57% are women), and 33 key informant interviews (30.3% are women), reveals significant gendered disparities in access to services, protection risks, and livelihood disruptions. Key findings include:

These findings underscore the urgent need for gender-responsive humanitarian interventions that prioritize protection, restore essential services, and support the resilience of displaced communities. CARE Cambodia calls for coordinated action to ensure that the needs of women, girls, and other vulnerable populations are central to all response and recovery efforts.

Key recommendations

The Women and Girls Rapid Analysis report should be updated and revised as the crisis unfolds, and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely and that programming will be adapted to the changing needs.

Targeted recommendations

- **Protection and GBV:** Establish safe spaces, gender-segregated sanitation facilities, and confidential reporting mechanisms. Train staff on GBV risk mitigation, prevention and response.
- **Mental Health and Psychosocial Support (MHPSS):** Scale up MHPSS services, especially for women, children, and persons with disabilities. Ensure culturally appropriate and trauma-informed care.
- **Education Access:** Reopen and support schools, provide safe transportation, and offer financial support to reduce dropout rates, especially among girls.
- **Livelihood Recovery:** Implement cash-for-work programs, vocational training, and financial inclusion initiatives targeting women and female-headed households.
- **Inclusive Participation:** Strengthen community engagement mechanisms to ensure women and marginalized groups are consulted and involved in decision-making.

Key findings

Protection Risks: 66% of individuals experienced strong emotional shock from evacuation and violence; 29% of children reported homesickness and difficulty sleeping; 6.5% of women reported harassment.

Health: 72.7% of households limited food portions; 66.9% of adults restricted intake for children; 12% of respondents were pregnant or lactating; 12% lived with a disability.

WASH: Women highlight needs for disposable pads, reusable cloths, and washing/disposal facilities, confirming the importance of MHM-integrated WASH.

Education: 25,288 students (12,391 girls) were affected by school closures across five provinces; 96.9% of girls aged 6–11 had completed primary education, but only 18.4% of women over 25 had ever attended school.

Livelihoods: Farming dropped from 37.8% to 15.4% as a primary livelihood; unpaid activities rose to 33.1%; women earned less than men in farming and gardening.

Shelter and Safety: 45% of respondents felt unsafe in shelters; 91.6% requested cash assistance; 83% needed mosquito nets.

Participation: Only 43.1% of respondents were involved in decision-making; only 31.2% were consulted by aid organizations.

Introduction

Background Information of the Cambodia-Thai Border Clash

Before the Cambodia-Thailand border crisis near the border, gender dynamics in both countries reflected deep-rooted cultural norms and socio-economic disparities. In Cambodia, women and girls were often confined to traditional roles, expected to be quiet, obedient, and responsible for domestic duties, while men held dominant positions in both family and society (which was driven by Chbab Bros and Chbab Srey).

Despite constitutional guarantees of equality, Khmer culture placed men above women in a hierarchical social order, with women facing limited access to education, economic opportunities, and political representation. Girls were raised to emulate their mothers, often marrying young and remaining silent in decision-making processes. Boys, on the other hand, were groomed to be strong providers and protectors, with greater freedom and societal expectations to succeed. Migration patterns also showed a gendered divide, with many Cambodian women seeking work in Thailand under precarious conditions, often facing exploitation and deportation. These gender inequalities created vulnerabilities that were exacerbated during times of conflict, as women and children bore the brunt of displacement, insecurity, and disrupted livelihoods.

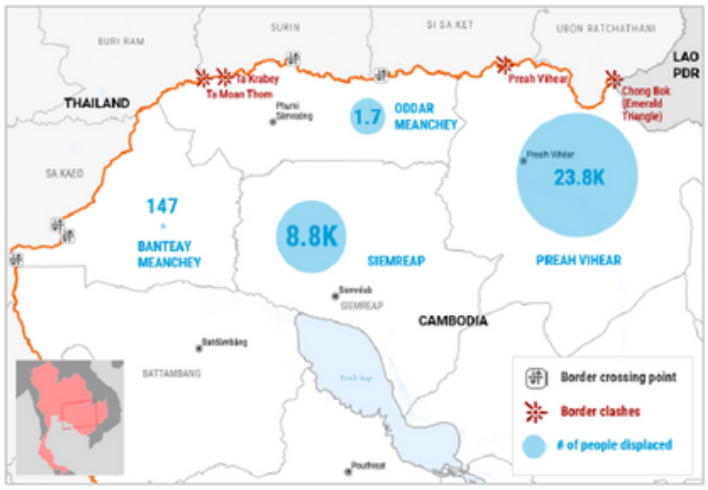

Figure 1. Humanitarian Response Forum (HRF) 4th Situation Report, 22nd August 2025

The clashes, which began on 24 July, reportedly involved exchanges of gunfire, artillery shelling and rocket fire, conducting airstrikes against each other. UN humanitarian officials confirmed civilian casualties, including children. More than 131,000 people in Thailand and over 4,000 in Cambodia have been displaced, according to relief partners on 25th July 2025. Temporary shelters, including schools and temples, are overcrowded, and food, shelter and medical assistance are urgently needed. For the Cambodia side , the displaced people and families peaked on the 30th of July 2025, which was 172094 with additional 755729 Cambodian nationals returned from Thailand according to the report from the National Committee of Disaster Management (NCDM)[1]. Four weeks after the Cambodia–Thailand border clash on 24 July, displacement remains unstable due to ongoing insecurity. The number of displaced people2 rose from 29,699 on 13 August to 34,552 on 21 August—a 14% increase. Most are sheltering in 51 sites across Siem Reap (29), Preah Vihear (19), Oddar Meanchey (2), and Banteay Meanchey (1), with Preah Vihear hosting the largest number. Additionally, 870,521 economic migrants have returned from Thailand, raising concerns over lost income and increased vulnerability to negative coping strategies.

June Kunugi, Regional Director for East Asia and the Pacific – based in Bangkok – urged both countries to protect children and the critical services they depend on, in line with their obligations under international law, including the Convention on the Rights of the Child.[1]

1 United Nation: Peace & Security, 25th July 2025: https://news.un.org/en/story/2025/07/1165503
2 Cambodia HRF (4th Situation Report): 22nd August 2025: https://reliefweb.int/report/cambodia/humanitarian-response-forum-hrf-situation-report-4-cambodia-thailand-border-situation-22-august-2025

Children must be protected at all times, and their safety and wellbeing must be prioritised, while schools must remain safe spaces for learning," she said. 'After the ceasefire agreements which moderated by the chairman of ASEAN, the Malaysian Prime Minister, Anwar Ibrahim, on 28th July 2025[3], it was observed the number of displaced Cambodian nationals and returnees rapidly increased in a few days and dropped slightly in a week till early August 2025, then dramatically decreased in the first week of August till 21st August 2025.

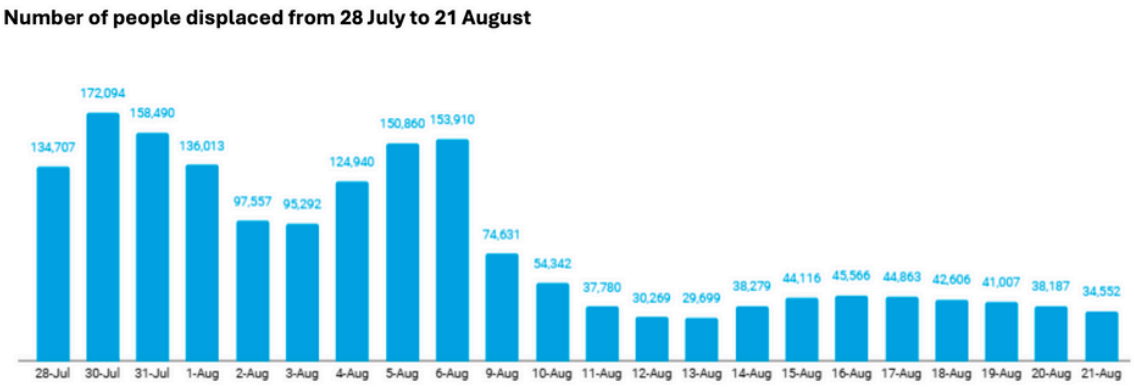

Figure 2. Humanitarian Response Forum (HRF) 4th Situation Report, 22nd August 2025

However, the different needs of different people particularly women, girls, and other intersectionality groups are not yet identified. The humanitarian partners in Cambodia are adopting a dual strategy in response to ongoing displacement: (1) continuing aid for vulnerable families still in displacement sites and (2) initiating early recovery efforts for those returning home and for economic migrants coming back from Thailand.

Since the conflict started till the time of this report is written, there are humanitarian partners including government agencies are undertake the assessment of the affected population in different locations and specific area of their expertise, please see more the table of detail of the mapping of stakeholder's assessment and their scheduled in figure #3:

However, the assessment reports are minor, ready to share among a few organizations that have completed the report in late July such as Word Vision Cambodia and Save the Children and its partners, while other report assessment is undergoing conducting and writing up the final report and later to share before this report is written.

The key findings from partners[4]are focused on urgent needs among displaced people including women and children are identified:

1. **Protection Risks:** Gender-based violence (GBV) risks are present, though no formal cases were reported. Awareness of GBV and safeguarding is low. Sanitation facilities lack gender segregation and lighting, increasing safety concerns and some girls were evacuated without proper clothing, and bullying of children with diverse SOGIESC was observed.

2. **WASH:** Many women and girls did not receive hygiene kits, and menstrual hygiene needs were not fully addressed. Long queues at toilets and bathing areas were common, particularly for girls.

3. **Education:** Displacement disrupted education for thousands of children including girls and children with disabilities. Many available schools were overcrowded, and transportation barriers limited access. Emotional distress and reluctance to attend new learning spaces were observed among girls.

3 ASEAN: ASEAN foreign minister's statement on Thailand-Cambodia's border dispute: https://asean.org/asean-foreign-ministers-statement-on-thailand-cambodia-border-dispute/
4 Save the Children & partners (2025): Border Clash Humanitarian Need Assessment Report

4. Health: Both physical health and mental health needs among women and girls are significant. WVC[5] report that 56% of adults felt warm and safe in safety centres, while 37% expressed emotional attachment to their homes and worry about family and property. 42% of children felt happy and safe, but 29% reported homesickness, difficulty sleeping, and boredom. However, 66% of individuals experienced very strong shock from evacuation, loss of family members, or witnessing shootings and bombings. Respondents experienced emotional distress include predominant feelings including fear, anger, and a desire for revenge (52%), followed by anxiety and difficulty concentrating (38%). Many respondents reported symptoms like sleeplessness, uneasiness, sadness, and irritability. Additionally, only 35% of adults and 34% of children knew where to seek help, with most relying on relatives for support.

5. Shelter: Overcrowded shelters and lack of privacy heightened risks for women and girls.

6. Safety and Security: Women and girls reported anxiety and fear at night due to theft and lack of formal reporting mechanisms.

Based on the guidance of the Inter-Agency Standing Committee[6] (IASC) of the gender in humanitarian work by integrating gender considerations into humanitarian response efforts to ensure the needs and capacities of all genders are addressed. At CARE we put women and girls at the centre of every work and operation we do in across the programs and context we work, thus, it is crucial that our **Women and Girls Resilience Framework**[7] (previously called Gender Equality Framework) that draw our primary focus on the program design and particularly the women & girls assessment to provide us the information of the different needs by different people or vulnerable groups through our **Gender Rapid Analysis Tool**[8] (RGA) that help us to design our effective gender responsive and transformative program and through the project cycle in a humanitarian context. Aligning with the IASC's key principals of gender integration in humanitarian actions and programs, the women and girls rapid analysis must be conducted to inform CARE and key stakeholder humanitarian actors in Cambodia for programs and strategies that requires to put gender and GEDSI at the centre of their response and resources mobilization to support the displaced people especially women and girls, migrant returnees, and communities for those who live in the camps, hosted community, and early recovery stages.

Partners	Assessment Types	Geographic Areas	Timeline
Save the Children and partners	Child Protection Assessment	Oddar Meanchey and Siem Reap	30th July -1st August 2025
Word Vision Cambodia	Psychological Safety Assessment	Banteay Meanchey, Siem Reap, Preah Vihear	30-31 July 2025
OHCHR	A Human Rights monitoring	Oddar Meanchey and Siem Reap	6-8 August 2025
UNFPA and the Cambodian Midwives Council, Ministry of Health,	A Field Mission & Rapid assessment of displacement sites on Sexual Reproductive Health and Maternal health	Preah Vihear	8-9 August 2025
CARE	Women & Girls Rapid Analysis /Rapid Gender Analysis	Oddar Meanchey and Preah Vihear, and Siem Reap	11-15 August 2025

5 Word Vision Cambodia (2025): Psychological Safety Assessment Report
6 ISAC (2018): The guideline on gender in humanitarian actions
7 CARE Women and Girls Resilience Framework 2025
8 CARE Gender Rapid Analysis Tool

UNICEF and the Child Protection Department of the Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSYS) and other protection partners	a Joint Child Protection Assessment	Banteay Meanchey, Oddar Meanchey and Preah Vihear	19-21 August 2025
People in Need	Remote assessment with local authorities of pre-recovery assessment	Oddar Meanchey and Preah Vihear	19-21 August 2025
The Ministry of Foreign Affairs (MoFA) and International Cooperation, and Diplomatic Corps and international NGOs	a Feld visit and Government's Survey for Social Protection Support preparation scheme	Banteay Meanchey, Oddar Meanchey and Siem Reap	11-12 August 2025 22-23 August 2025
HRF members	A joint "Early Recovery Multi-Sectoral Rapid Assessment for IDPs" including service gaps and GEDSI in the response and resources mobilization	Oddar Meanchey & Preah Vihea	26-30 August 2025

Figure 3. Humanitarian Response Forum (HRF) 3rd & 4th Situation Report, 15-22nd August 2025

The Women and Girls Rapid Analysis objectives

Purpose: The Women & Girls Rapid Assessment (WGRA) seeks to provide information on different needs, capacities and coping strategies of women, men, girls and boys and other vulnerable groups in the context of Cambodia-Thai border war in Cambodia within three provinces. In addition, this WGRA aims to advise the humanitarian programming in Cambodia with practical operational recommendations to meet the needs of different groups and to ensure we 'do no harm' in times of this emergency crisis. The specific WGRA's objectives are to:

- Understand the extent and nature of the direct and indirect impacts of Cambodia-Thai clash on food security, nutrition, safety and access to different resources, services and information for women, girls, boys, and men and understand the impact Cambodia-Thai War has on them and other vulnerable people (disaggregated data).

- Understand the different coping strategies, barriers, capacities and specific needs of women, girls, boys, and men in responding to the crisis (considering intersectional inequalities) and identify key priorities for future programme responses, establish adaptive management strategies for humanitarian program planning, and response service delivery to meet those who are in need during the crisis and immediate recovery stage after the ceasefire agreement in between two countries.

Methodology

Women & Girls Rapid Analysis (WGRA)[9] / Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. Rapid Gender Analysis uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

The research method is using a mixed method which combines of qualitative and quantitative data collection methods (disaggregated by sex and age). The research has been undertaken from **11th – 16th August 2025 for the primary data collection in three provinces with 7 campsites in Oddar Meanchey (1), Preah Vihear (3), and Siem Reap (3) and 11th – 25th August 2025 for Key Informant Interview (KII) with NGOs, INGOs, UN agencies, and relevant ministries and sub-national government agencies.** Research methods included:

- **Householder Survey** with 311 of people (67% are women) see more in the demographic profile below.
- **8 Focus Group Discussions** divided by sex, ethnic group, age, a total of 70 of people (34 women including one pregnant woman, 5 girls, 20 men, and 11 boys)
- **Key Informant Interviews** with 33 of people (30.3% are women).
- 4 Gender & Safety Audit Tool with two provinces
- 2 Individual Story in two provinces.

- **Secondary Data Review**

Specify main secondary data of the impacts of Cambodia-Thai border clash including identified needs of different people documented by humanitarian partners and government officials' data or reports are used.

Specify other secondary information that relevant to the gender in emergency and humanitarian context are used.

The sample size is calculated follow the Yamane's formula:
n = N / (1 + N(e)^2)
- e = margin of error (0.05 or 5%)

The research had several limitations are described:

- *Due to the ongoing and politically sensitive nature of the border situation, this report maintains a strict focus on humanitarian needs, intentionally excluding any reference to conflict dynamics, security incidents, or political context. This deliberate approach underscores the importance of neutrality, ensuring that the report does not inadvertently contribute to tensions or place affected communities and humanitarian actors at risk. Although the assessment was conducted collaboratively with various partners, the report was independently developed by CARE Cambodia.*

9 CARE Gender Analysis Framework

- *The primary limitation of this study lies in its limited exploration of the psychological and GBV trauma experienced by interviewees. To uphold the principle of "Do No Harm," the assessment avoided in-depth questioning on sensitive GBV and mental health issues, recognizing the potential for triggering emotional distress or GBV experienced by the respondents. This cautious approach was necessary due to the absence of the qualified on-site counsellors or GBV frontline experts who could provide immediate psychological support if needed. As a result, data numerators conducted a rapid assessment using general questions to gather broad insights into gender roles, power dynamic, protection and safety concerns and may include the psychological needs without compromising the well-being of participants. However, the GBV referral and contacts are provided to the data collectors to share with respondents in case they are needed.*

- *The total number of sample sizes could not be used in generalization for the broader populations and the data was collected during the specific timeline so the uncertainty of the conflict may influence the movement or displacement of affected populations. The key findings may remain relevant to specific needs raised by respondents while other needs may keep involving and need to be monitored and updated. Additional note, there is a limited number of people, women, and children with disability among sample sizes, so it means that it is difficult to represent the total voice of marginalized groups such as people, women, and children with disabilities.*

Ethical Consideration: Any research that is conducted with women that may have been subject to violence, are at risk for violence or otherwise in a marginalised group, requires ethical considerations to be reviewed in research. Following the World Health Organization, Researching Violence Against Women: A practical guide for researchers and activists. Key principles and steps that were followed include:

- **Do No Harm**: The overall ethical approach was to do no harm to the participants.

- **Training of Data Collectors**: The lead researcher was experienced and trained in conducting this type of research. Training was provided to the data collectors on the research protocol, good practices in interviewing and applying the ethical approach to privacy, confidentiality, voluntary participation and consent.

- **Informed Consent & Voluntary Participation**: All interviews were initiated obtaining informed consent – the purpose of the interview, any risks and benefits, what the data will be used for, participation is voluntary, participants can refuse to answer any questions or leave at any time – refusing to participate does not impact services. Only participants that agreed to participate were permitted to stay. Participants were told they can withdraw at any time or refuse to answer a question with no consequences.

- **Confidentiality and Anonymity**: Participants names were not collected, only basic demographic information. They were able to answer questions anonymously. Any data collected and reported has not been tied to anyone's name or identity.

- **Referral for Services**: Researchers will be aware of referral resources and know how to make a referral to support services when appropriate for an interviewee. Referrals will be available for participants that experience distress or are interested in support services.

- **Data Security**: Data collectors used notetaking for FGDs and KIIs. The notes were written by note takers and kept secure until digitized. Once digitized, the notes were in a password protected file to be submitted to the lead researcher. The survey was collected on KOBO Collect. The data was password protected, and access was only for the lead researcher and the statistical analysis team.

Demographic Profile

Sex and Age Disaggregated Data

The survey aimed to assess the impact of the ongoing crisis on local communities, with a particular focus on livelihoods, humanitarian needs, and the specific security risks faced by women and girls. This analysis provides insights into the demographic profile of the affected population and highlights critical areas requiring immediate attention and intervention from humanitarian organizations.

The total populations of the three provinces are **1,617,501 people** which are in (1) Siem Reap: 1,099,825 People, (2) Oddar Mchey: 267,703 People and (3) Preah Vihear: 249,973 People. The report from the NCDM[10] on 6th August 2025, **the total impacted population** were (1) **153,910 (displaced people)**, (2) People in 120 evacuation centres **(118,796 people)**, (3) People in hosted with families **(35000 people)**, are included from other additional impacted provinces, which could equivalent to **9.5%** of these total of populations in three provinces before the crisis, and (4) people returned from[11] Thailand (**755,729 people**), which is around **46.7%** if compared to the total populations of these three provinces prior to the conflict.

Thus, the sample sizes of this study remains relatively small if compared to the total population in these three provinces and the total impacted population either the displaced in collective centres or hosted community or family as mentioned in the limitation. This study does not involved returned migrants directly but has interviewed the local women rights organization that works with the returned women and children migrant from Thailand.

Sex and Age Disaggregated Data						
	Female breakdown by age					
Total in Three Provinces	Age 0-5	Age 6-9	Age 10-17	Age 18 -59	Older people 60+	Total #
%	53.1	54.5	62	47.4	44	100 %
#	103	85	141	342	70	769
	Male breakdown by age					
Total in Three Provinces	Age 0-5	Age 6-9	Age 10-17	Age 18 -59	Older people 60+	Total #
%	49.2	45.5	37.1	89	56	100 %
#	91	71	83	379	89	746

Figure 4. Sex and age disaggregated data of total populations of householder's survey in three provinces

10 National Institute of Statistics, Ministry of Planning (2025): Cambodia inter-censal population survey 2024, p.11-12;45
11 NCCT report 6th August 2025 as cited in HRF 2nd Report on 8th August 2025

Two-thirds of respondents **(67.2%)** were female, while **31.8%** were male and 1% identified as other. The average age of respondents was **45.8 years**, with a median age of **46 years.** Ages ranged widely from **5 to 93 years**, with the middle half of respondents aged between **35 and 56.5** years. This distribution suggests a mix of working-age adults, older persons, and a small proportion of younger individuals.

Demographic analysis

This study has been involved directly and indirectly with the Cambodia-Thai border clash affected population is a total of **1,515 individuals** from household surveys, plus 103 people from KII & FGD, with significant demographic vulnerabilities observed. Children under 18 and young people aged 15–24 constitute a notable portion of the population, highlighting the need for age-appropriate protection and services. Women of childbearing age are prominently represented, **with 12% currently pregnant or lactating, indicating heightened maternal health needs.** Female-headed households account for 34%, suggesting potential economic and social vulnerabilities. The average household size is 4.9 members (median 5; range 1–15), reflecting diverse family structures. Additionally, ***12% of the population lives with a disability,*** and ***older persons over 60 years are present in 33% of households***, underscoring the importance of inclusive support.

The population is predominantly **rural (97%),** with **45% residing** in their own homes, ***50% displaced in collective centres,*** and 5% hosted by families. Housing tenure shows **89% ownership** and **11% tenancy,** which may influence recovery and resettlement strategies.

Findings and analysis

This section presents findings and analysis on the gender-specific needs and impacts of the Cambodia–Thailand border conflict, focusing on women, girls, men, boys, and persons with disabilities. It explores how gender roles, power dynamics, and responsibilities have shifted due to the crisis, and examines the direct and indirect effects on different groups. The analysis also highlights their specific needs, capacities, and coping strategies during displacement.

Gender Roles and Responsibilities

Control of resources and Assets

The data reveals that ***joint ownership is the dominant pattern*** across major household assets, with **87.7% of respondents jointly owning land** and **85.2% jointly owning their dwelling**. Sole ownership is rare—**only 2.9% own land or a house alone**, and even fewer own other housing (1.2%) or jewellery (2.5%) independently. Gender-disaggregated data shows **women are slightly more likely than men to report sole ownership of land and housing (3.2% vs. 2.4%)**, though both remain marginal. Joint ownership rates are high and consistent across genders, reinforcing the norm of shared control. However, **women's individual control is more visible in discretionary spending and slightly higher decision-making on household purchases**, though still secondary to joint decisions. These findings underscore the centrality of joint asset structures and suggest that while formal ownership is shared, women's economic agency remains limited, especially in sole control over productive assets. Strengthening women's asset rights and financial autonomy is key to advancing gender equity in crisis recovery.

Division of (domestic) labour

The division of labor within households following the Cambodia-Thai border crisis reveals a clear gendered pattern. **Women are significantly more engaged** than men in domestic care tasks: **childcare** (49.7% vs 9.7%), **cooking** (64.3% vs 14.3%), **housework** (42.9% vs 9.4%), and **food purchasing** (45.9% vs 12.4%). In contrast, **men are more engaged** in provisioning tasks such as **collecting water** (36.5% vs 17.6%) and **firewood** (25.8% vs 9.1%), while **farming shows balanced participation** (28.4% men vs 28.3% women). Livestock care is slightly male leaning (17.4% vs 14.2%), and women are more involved in healthcare of relatives (15.6% vs 7.2%).

Gender roles and responsibilities

A few have raised that due to the displaced people are 90% are women and children, so women must burden their roles in this crisis to manage household works, caring children, elderly or sick family members. However, changed was observed due to the conflict, "Men do more housework than (around 2 hours, cited as from the household survey) before because we (men) do not have a job" FGD-G2 and **"Normally, girls help her mother's work and boys help his father's work because boys are physically stronger than girls"** reported- FGDs-G7. Most of KII and FGD demonstrated similar perceptions of the roles of women in doing household labour more since before and during the crisis.

In terms of time use, childcare imposes the greatest daily burden, with women spending a median of 4.0 hours/day compared to 2.0 hours/day for men, while most other tasks cluster around 1 hour/day or less.

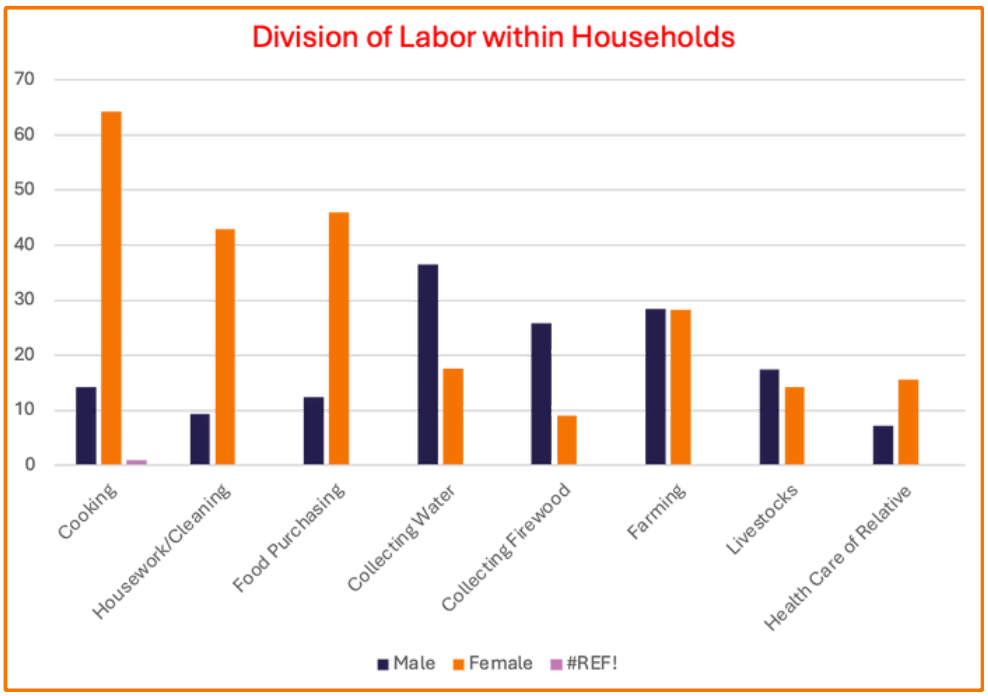

Figure 5: Labour division with Householders

Compared to pre-crisis social norms—where roles were more rigidly defined and men dominated productive and provisioning tasks—the current data suggest some **shifts toward shared responsibilities**, particularly in water and firewood collection and farming. However, **domestic care tasks remain overwhelmingly female responsibilities,** indicating persistent gender disparities.

These findings underscore the importance of gender-sensitive programming that addresses unequal labor burdens and promotes equitable task sharing, especially in displacement and recovery contexts.

Earning income & Livelihood

Before the crisis, **farming was the dominant livelihood,** with **37.8%** of respondents engaged in it, reflecting a stable agrarian economy where both men and women participated, though men often held more control over land and income. Other common livelihoods included **livestock** (15.1%), **homestead gardening** (12.0%), and **daily labor** (9.5%), with women more likely involved in gardening and informal trade, and men in livestock and labor. Only **5.3% reported no paid activities**, indicating relatively broad economic engagement across genders.

During the crisis, the landscape shifted dramatically. **Farming dropped** to **15.4%,** a **22.4 percentage point decline,** likely due to displacement and loss of access to land. **Livestock and gardening also declined sharply** (by **10.3% and 8.4%, respectively)**, disproportionately affecting women who relied on these for subsistence and small-scale income. Meanwhile, **"Other" livelihoods** surged to **44.7%, a 29.4% increase**, suggesting a shift to informal, unstable, or crisis-adapted income sources.

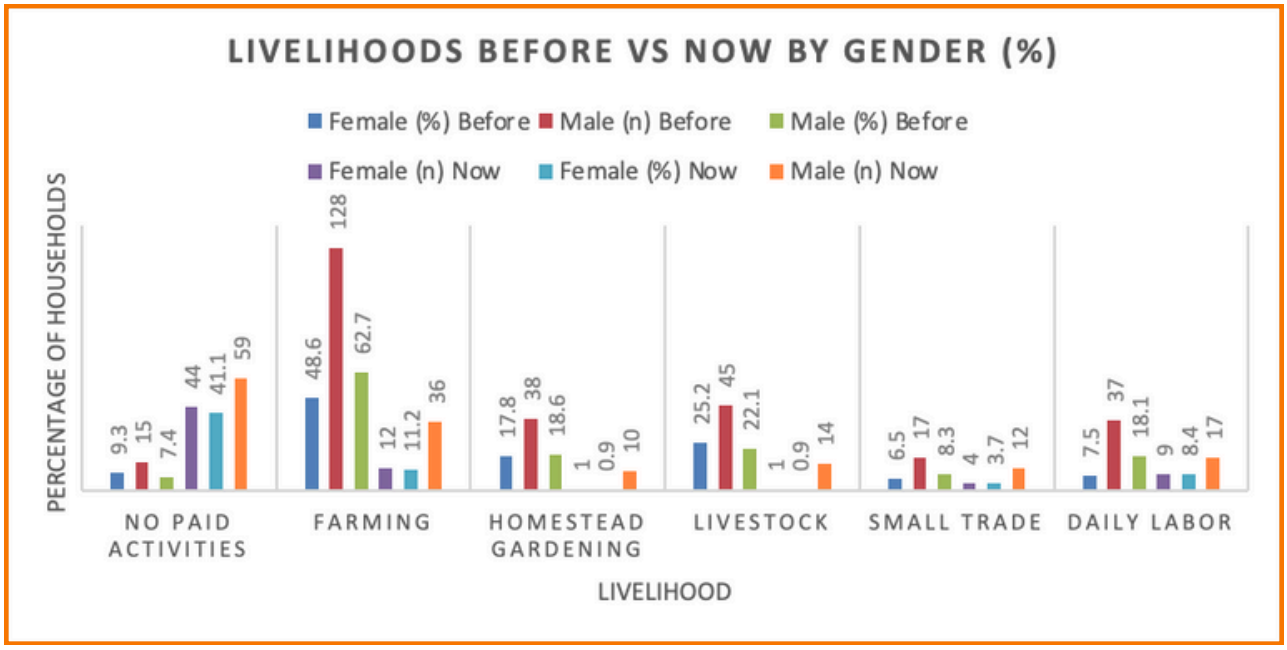

Figure 6: Livelihoods before vs now by genders

Most concerning is **the rise** in **no paid activities**, which jumped to **33.1%, a 27.9%** increase, indicating widespread economic inactivity—particularly among women who face greater barriers to re-entering the workforce during displacement due to pre-existing discrimination and social norms that influents women have limited access to education and skills.

This also supported by the FGD-G1 reported that "Some women volunteer to cook at the camp site and help on preparing logistic humanitarian assistance, but do not earn any money". Key gender patterns indicates that males generally earn more in farming, gardening, daily labour, and "Other" livelihoods while females earn more in small trade and no paid activities (likely from informal sources or small home-based income). Equal median incomes in livestock (USD 200) for both genders (before crisis). The **gender gap is largest** in farming (USD 75 higher for men) and homestead gardening (USD 80 higher for men).

This shift reflects **a gendered impact of the crisis on livelihoods:** while both men and women lost access to traditional income sources, **women were more likely to fall into unpaid roles or informal survival strategies,** exacerbating economic vulnerability. These findings underscore the need for ***gender-responsive livelihood recovery programs***, including support for women's re-entry into farming, access to markets, vocational training, and financial inclusion initiatives.

Gender Roles in Decision making within the household

Before the crisis, household decision-making in affected communities showed a relatively participatory structure, with **55–65% of respondents** reporting **joint decision-making** across key areas such as income use, asset purchases, children's education, healthcare, and mobility. However, **men were more frequently sole decision-makers** in domains involving **large financial expenses, land or asset sales, and migration,** reflecting traditional gender norms. In contrast, women's sole decision-making was limited to daily household expenses and children's schooling, and even in these areas, their influence was reported at lower percentages than men's.
Consultation without final decision power was reported by 15–25% of respondents, especially in decisions about healthcare for other adults and extended family visits. This suggests that while women were often consulted, they did not always hold decisive authority. Only 5–10% of respondents reported no involvement in decision-making, with this trend more common among younger individuals and in households where male dominance was more pronounced.

Following the crisis, **15%** of respondents reported **a change in decision-making dynamics,** with most shifts moving **toward joint decision-making.** This shift is largely attributed to the pressures of d**isplacement and resource scarcity**, which necessitated greater cooperation and mutual reliance within households. Despite this positive trend, gendered divisions of influence persist, particularly in financial and migration-related decisions, where men continue to dominate.

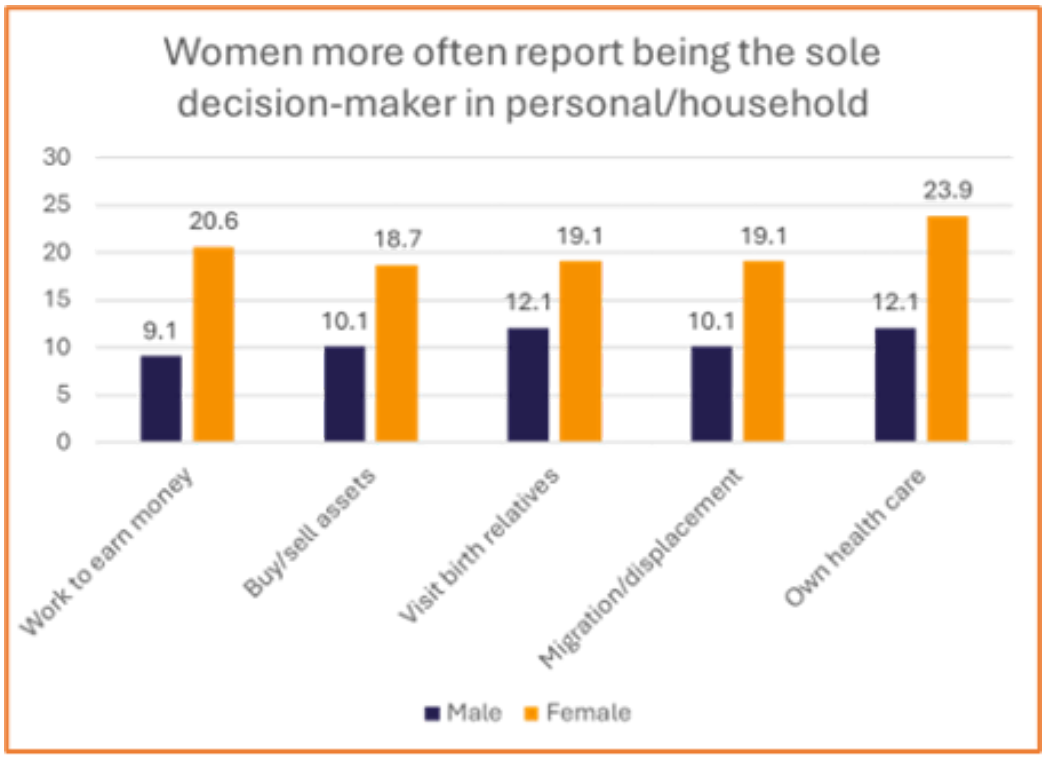

Figure 7: Decision-Making with Households

The comparison highlights that while the crisis has prompted some movement toward more equitable decision-making, women's authority remains limited in strategic domains. This underscores the need for targeted interventions to promotes women's empowerment, such as gender dialogue sessions, shared budgeting practices, and financial literacy programs. These efforts can help ensure that women not only participate but also lead in household decisions, especially during recovery and rebuilding phases.

Capacity and Coping Mechanisms

Livelihoods

Most in FGDs, almost in 8 groups reported similar livelihood of displaced people are **90% doing farming or livestock's activities**, a few working in the factory nearby their home. However, since the crisis started, **most of them have lost those incomes and rely solely on humanitarian assistance**. Some families sought out financial support, including from other families or relatives in other areas and some families decided to reduce their food to save for children or other family members. *"We try to adapt to living with other families. And we sometimes need to limit food per day to save for every family member to survive",* FGD-G5.

Food Savings (Food Insecurity)

During the crisis, households employed a range of **negative food-related coping strategies**, with women consistently reporting **slightly higher** usage across most behaviours. The most common strategies were **limiting portion sizes (72.7%), consuming less preferred foods (69.5%)**, and **adults restricting intake for children (66.9%)**—all of which were more frequently reported by women, reflecting their central role in managing household food rationing. Women averaged **2.38 days of portion** limiting and **2.12 days of restricting their own intake for children**, compared to **2.24 and 2.04 days for men,** respectively. Borrowing food or relying on help was the least-used strategy overall (26.4%), with a smaller gender gap (1.09 days for women vs. 0.75 for men). The **Reduced Coping Strategies Index**[12] (rCSI) averaged 15.14, with nearly 77 households in the high-risk band (rCSI ≥19), indicating severe food insecurity.

These findings highlight the disproportionate **burden on women,** who often **sacrifice their own nutrition to protect children and manage scarce resources**. Program responses ***should prioritize food or cash assistance for households with high rCSI scores and frequent meal reductions,*** and pair support with ***nutrition messaging*** to mitigate the health impacts of portion restriction—especially for women, particularly pregnant and lactating women and children who have higher nutritional needs. Strengthening **community safety nets** for financial and shelter support is also critical, given their limited availability.

Access

Displaced communities affected by the Cambodia–Thailand border clashes face serious barriers to accessing essential services. Women, girls, and people with disabilities are disproportionately impacted due to **limited access to clean water, food, clothing, education, and health care. *Reproductive health services and menstrual hygiene support*** are often **unavailable,** increasing health risks for women and girls. Inadequate sanitation and latrine facilities further compromise safety and dignity, especially for those with mobility challenges. **Education disruptions** leave ***girls vulnerable to early marriage and exploitation***. These gaps highlight the urgent need for inclusive, gender-sensitive humanitarian responses that prioritize accessibility, protection, and dignity for all.

Education

Before the crisis, school attendance was near-universal among respondents with school-age children. Average national completion10 among girls is 96.9% (who aged 6 and 11) and boys 95.7%, but women over 25 are 18.4% while men the same age just 9.4% have never been to school. This inequality in education is largely due to women's and girls' disproportionate responsibility for household chores and family care. Since the crisis, attendance rates have dropped notably for both boys and girls, reflecting systemic disruptions such as school closures, displacement, or reduced household income. According to the Ministry of Education, Youth, and Sport (MoEYS)[13] the number of **public-school closures** was up to **524** across 5 provinces including Banteay Meanchey **(151)**, Koh Kong **(26),** Oddar Meanchey **(260)**, Preah Vihear **(81),** Pursat **(6).**

These impacted ***25288 students (12391 Females).*** The finding from the data reveals that when neither boy nor girl attends school, the main reasons are school non-functionality, unsafe travel, need for boys to work, and education costs. For cases where only girls attend, this usually indicates boys being withdrawn for labour, while girls remain in school. When neither boys nor girls attend, *lack of functional schools is the top barrier*, followed by *cost and safety concerns*.

12 WFP(2019): The reduced Coping Strategies Index (rCSI)
https://resources.vam.wfp.org/data-analysis/quantitative/food-security/reduced-coping-strategies-index
13 MoEYS (2025): Total number of school-closures due to the impacts of border depute on 27th July 2025

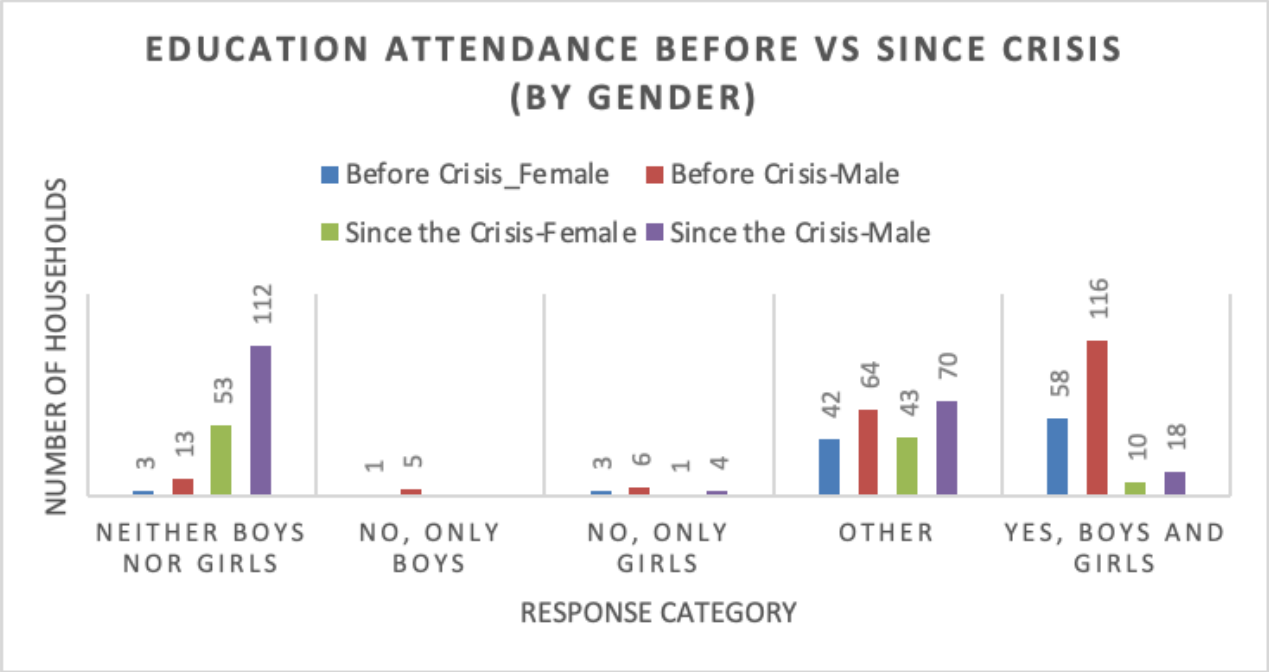

Figure 8: Access to Education comparing before and during the crisis of Boys & Girls

*The report from FGD-G2 indicated that "**Most girls from 13 years old and above decide to quit their study during crisis**". Added from the FGD-G3 that "**Children are the most vulnerable because they easily get sick, and do not have access to education**" and although they could go to children's space provided by local organizations, but "the classroom has **no chair, lack of materials**" added from FGD.*

”

These findings point to structural issues (school availability, safety) and **economic constraints as key drivers of non-attendance.** Targeted interventions should priorities restoring school functionality, ensuring safe access, and reducing education costs through financial support or subsidies.

Mobility Analysis

Displaced individuals affected by the Cambodia–Thailand border clashes face notable challenges related to freedom of movement and personal security. While most respondents report being able to move around, a subset—particularly women and girls—experience mobility constraints due to safety concerns, harassment risks, and the inconvenient or unsafe location of essential services.

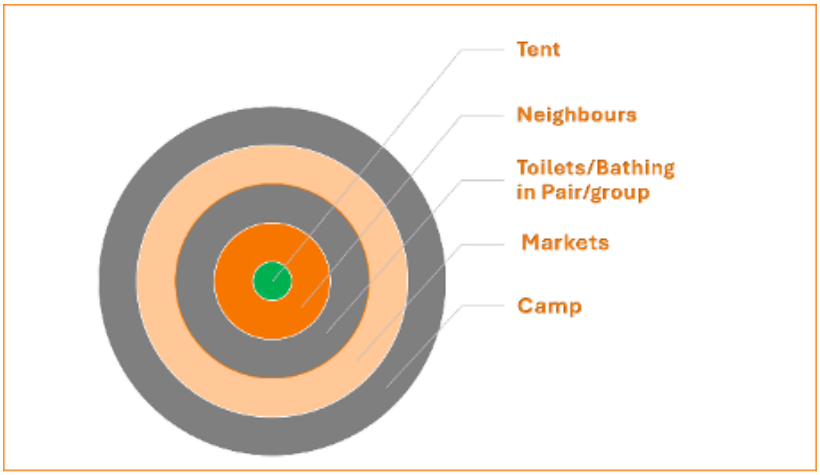

Figure 9:Overall Mobility across three provinces with slightly different

Key: Freedom of Movement:

- **Green: women can go there alone**
- **Orange women can go in pairs**
- **Light orange: only some women can go**
- **Grey: women can only go with a male**

These barriers are compounded by poorly designed or inadequately lit facilities, lack of secure infrastructure, and limited female staff presence, which discourage safe access, especially at night. Security concerns also extend to documentation and employment-related issues, which restrict safe and dignified movement. These patterns mirror gendered vulnerabilities observed in other sectors such as WASH and shelter, where the absence of sex-segregated latrines, locks, and lighting increases protection risks.

Mobility of women, girls, and elderly people

Women are vulnerable due to difficulty using mutual latrine (very crowded). And bathing area is not enclosed. "Women need to wait for the dawn/ dark hour to go bathing; so that no one can see them taking bath"-reported from FGD G-4.

"***People with disability have difficulty to move, stand due to lack of equipment like wheelchairs***" added from FGD-G5.
"Women want to go back home even the municipal not fully allow. If they want to go back home (at Mom Bey, Sror Em) they need to keep the ID with camp site manager. But if they go back home, they cannot earn any money or find food to eat while the conflict is continuing" FGD-G1.

20 out of 33 KII reported similarly to the overcrowded shelter and no sex separated toilets and bathing area is setting up in an open area for everyone including women and girls.

Shelter

Displaced households affected by the Cambodia–Thailand border clashes face critical shelter challenges, particularly overcrowding and safety concerns. **Nearly half of respondents report more than one family sharing a shelter, leading to cramped living conditions, increased health risks, and reduced privacy—especially impacting women and girls**. Overcrowding also heightens protection risks, including exposure to gender-based violence. While a slight majority feel safe in their shelters, 45% express safety concerns linked to poor structural integrity, lack of secure doors or locks, and proximity to unfamiliar individuals.

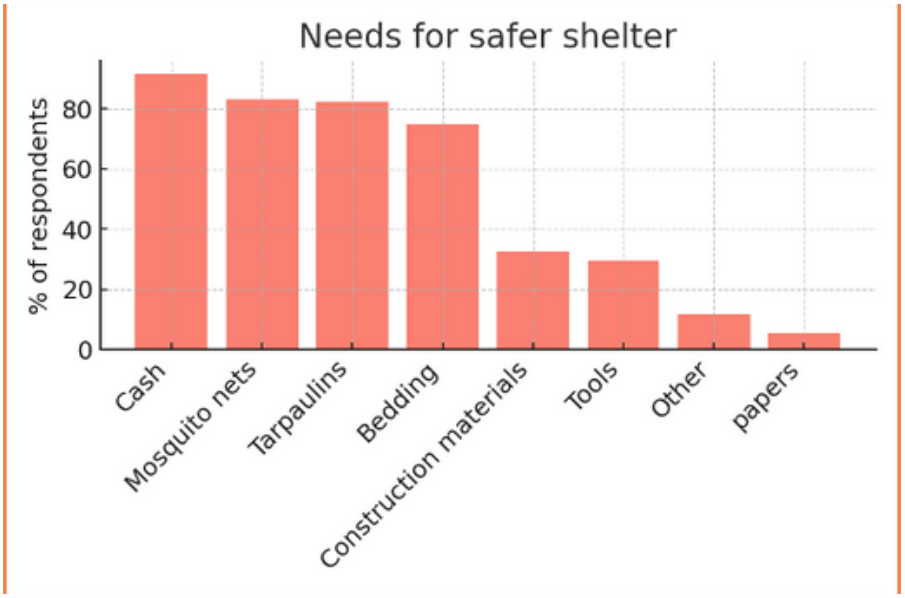

Figure 10: Specific Need for Safer Shelter Among Respondents

Priority needs for **safer shelter** include **cash assistance (91.6%), mosquito nets (83%)**, **tarpaulins (82.6%),** and **bedding (74.9%)**, indicating urgent gaps in basic protection and comfort. Though fewer respondents identified **construction materials (32.5%)**, they remain essential for improving shelter durability. The report from FGD and KII identified that:

> *"Women and girls are facing hygiene problem due to crowded, dust and heat, rain (climate change impacts) […] There is risk of fire burning due to tarpaulins nearby each other's" from FGD-G2.*
>
> *"We try to adapt to living with other families. And we sometimes need to limit food per day to save for every family member to survive" from the FGD-G5.*
>
> *"When there is heavy rain, water floods around sleeping areas. We lack sleep because of getting wet due to rain. We lack water for bathing"* from FGD-G8.
>
> *"People with disabilities have difficulty to move, stand due to lack of equipment like wheelchairs."* from FGD-5.

These findings highlight the need for inclusive shelter interventions that address both physical safety and dignity, with special attention to the needs of women, girls, and people with disabilities.

Access to services and resources

Access to these services	Access to these services
Water	Most respondents report short-to-moderate round-trip times to collect water (incl. waiting) less than 30mins (92.6%, and between 30mins and 60mins (3.2%). Any required travel still imposes a time burden, commonly on women (see Division of Labour where water collection is shared but with a sizable male "Totally" share).
Food	Food access is high among respondent, but it was indicated extremely lack of nutrition particularly for children, pregnant women, and lactating women. Most food provided is distributed by the government, private donors, and CSOs; however, those foods are dry-food, crunchy food, not fresh, and lack nutrition. FGD-G5 reported that "We try to adapt with living with other families. And we sometimes need to limit food per day to save for every family member to survive".
Clothes	Clothes are not high in reporting access to reusable clean clothes, and from the KII with INGO indicated that the **donated clothes are not cleaned or are second-hand** donations, so it could put **women and girls at risk of health** and **reproductive health related illness**.

NFI Distributions	Access to Non-Food Items (NFIs) among displaced households remains inconsistent, with several barriers impacting the adequacy, appropriateness, and safety of distributions. While some communities receive basic items such as clothing, bedding, and hygiene kits, many report that donations—particularly clothing—are second-hand, unclean, or unsuitable, posing health risks for women and girls, including reproductive health concerns. Distribution processes are often irregular and lack transparency, leading to unequal access and confusion over eligibility.
Health Services	Safe access to health facilities is high overall (93.8% women vs 99% men), but a small group reports barriers related to affordability, facility functionality, and safety to travel. Gender-disaggregated results show broadly high access for both women and men within their valid responses. Text responses on recent illness indicate common conditions around fever, respiratory infections, and diarrheal disease, with occasional mentions of malaria and pregnancy-related care. These patterns are consistent with seasonal communicable diseases and routine reproductive health needs.
Reproductive Health Services (Maternal health & family planning)	Access to maternal health and family planning services is moderate when computed on the full sample, and higher among valid respondents. Gender-disaggregated results show broadly high access for both women (79.7%) and men (81.2%) within their valid responses.
Latrines	Safe latrine access indicated a high percentage by women (81.3%) and men (72.7%). However, this number is lower among men due to their perception indicating their concerns over their female family members such as wife, daughter, and other female relatives.
Sanitation	Sanitation: Reported access to safe latrines is relatively high overall **(72.3%)**, but gaps remain (especially among men's responses). **For those without safe latrines and bathing, the leading reasons include lack of facilities, insecurity at night, unsafe locations, and lack of locks or sex-segregated toilets**. These point to structural and protection issues rather than purely behavioural gaps. Women needs for disposable pads, reusable cloths, and washing/disposal facilities, confirming the importance of MHM-integrated WASH.

Displaced households affected by the Cambodia–Thailand border clashes face complex and interrelated challenges in both shelter and access to essential services. **Overcrowding is a major concern, with nearly half of respondents reporting multiple families sharing a single shelter, leading to increased health risks, reduced privacy, and heightened protection concerns—particularly for women, girls, and people with disabilities.**

Safety perceptions are mixed, with **45% of respondents feeling unsafe due to poor structural conditions and lack of secure features.** Priority needs for safer shelter include **cash assistance (91.6%), mosquito nets (83%), tarpaulins (82%), bedding (74%), and construction materials (32%),** reflecting urgent gaps in protection and comfort. Access to services such as water, food, clothing, health care, and sanitation is uneven. While water and health services are generally accessible, food lacks nutritional value, and clothing donations are often unsuitable, posing health risks.

However, mental health is extremely needed among respondents especially women and children. This was confirmed during the FGDs and **30 out of 33 KII reported *concerns over psychological needs***. Sanitation facilities are inadequate, especially for menstrual hygiene and disability access. These findings underscore the need for inclusive, gender- and disability-sensitive interventions that improve shelter conditions and ensure equitable access to essential services.

Participation

Decision making about humanitarian services

Community Decision Making

Who make decision in your community since the crisis begin? Multiple response possible , N= 311

Actor	Count	% of respondent
Local Government	255	82.0%
Elders	46	14.8%
Military authority	44	14.1%
Religious Leaders	15	4.8%

Figure 11: The Decision-Making in the Community since the crisis

Since the Cambodia-Thai border crisis began, **local government** has emerged as the **central decision-making authority,** cited by **82% of respondents**—more than four in five. This dominance reflects the community's reliance on formal governance structures for coordination, resource distribution, and crisis response. Local authorities have likely played key roles in managing displacement, organizing aid, and maintaining order, positioning them as the most trusted and visible actors. In contrast, **traditional elders (14.8%) and military authorities (14.1%)** are mentioned far less frequently, suggesting limited influence in formal decision-making processes. Religious leaders (commonly the **Buddhist monks) (4.8%)** are rarely identified as key decision-makers, indicating minimal involvement in crisis governance. These dynamics ***underscore the importance of strengthening local government capacity;*** while also fostering inclusive engagement with traditional and informal leaders to ensure community voices are heard and trust is maintained during recovery efforts.

Participation in programs and assessments

Response	Women	Men	Total
Yes	90	44	134 (43.1%)
No	119	58	177(56.9%)
Total by Gender	102	209	

Figure 12: Community participation in the community decision-making (N=311)

Community participation in decision-making during the crisis remains limited, with only 43.1% of respondents reporting active **involvement** in decisions made by government or aid organizations. This indicates that ***more than half (56.9%) in total are excluded from formal processes, with women (67%) likely underrepresented due to structural and social barriers.***

Membership in associations or groups is also low—**only 24.1%** belong to any organized body, suggesting weak civic engagement and limited platforms for collective voice, especially for women. Furthermore, only **31.2% of respondents** report being personally consulted by aid organizations, reinforcing the gap in inclusive programming. These trends highlight the need for intentional strategies to engage women and marginalized groups in assessments and program design, including support for women's organizations, community dialogue forums, and gender-responsive consultation mechanisms.

Participation

"*For finding food and water, sometimes, I get none because the distribution is not sufficient-first come, first serve.* There is water filter tank, but it does not serve everyone, insufficient. I do not have pan for cooking." They added that "***The most vulnerable are widows, elderly people. It is difficult for them to go to receive the distribution while taking care of small children***". From FGD G-1 and other similar in other groups.

"Women, boys and girls encountered accident (body injured, fainting) while receiving the distribution", this due to the "No clear structure of distribution is held", added by KII one respondent.

Other relevant organisations working on gender equality and the services/programs they run

Plan International Cambodia is funded to TPO for outreach programs for established child-friendly spaces offering psychosocial support, recreational activities, and trauma counselling in Preah Vihear, Oddar Meanchey, Siem Reap province, and distributed hygiene kits, installed gender-separated latrines, and provided enclosed changing tents for women and girls. By focusing on safeguarding dignity and preventing abuse, especially for adolescent girls, they coordinated with government ministries and NGOs for integrated WASH and protection services.

Cambodian Women's Crisis Centre (CWCC) is operating in Banteay Meanchey and Siem Reap province to support returnees (women migrants and children) from Thailand. Their programs offer legal protection, emergency assistance, and community-based prevention programs and engage in advocacy at both national and international levels to combat gender-based violence and promote women's rights. Since the crisis began, CWCC received more than 200 households (women migrants and their children) who returned from Thailand. “We work to provide consultation support (about 200). What we found from this is that those who returned did not receive full payment from their employer when they need to move back suddenly to Cambodia. they also face restriction by their employer and cannot fully move around during the intensity of the conflict.” Respondent added.

Protection

Gender Based Violence

Prior to the current border crisis, women & girl’s inequality and violence against women & girls (VAWG) have been acknowledged worldwide as a violation of basic human rights and cost significant social and economic impacts at individual, family, and society level. A Global Gender Gap Index 2023[14], Cambodia ranked 136 among 172 countries. Intimate partner violence (IPV)[15], 21% of women reporting experiencing physical, sexual, emotional, and abuse by an Intimate Partner (IP) in (current or most recent) were dropped by 10% if compared to data available in 2016, however, 43% of women who have experienced this violence committed by IP has sustained injury. However, 53% of them who experienced physical or sexual violence never sought for help or told anyone about the violence4. Similarly, violence against children aged 1-14 was 66% including experienced physical (43%) and psychological (59%) violence from parents/caregivers. While national data prior to the border crisis indicated that 21% of women experienced intimate partner violence and 66% of children faced physical or psychological abuse, emerging data from displacement sites suggests heightened protection risks, with increased reports of harassment, family separation, and mobility restrictions—underscoring the urgent need for targeted GBV prevention and response in humanitarian settings.[16]

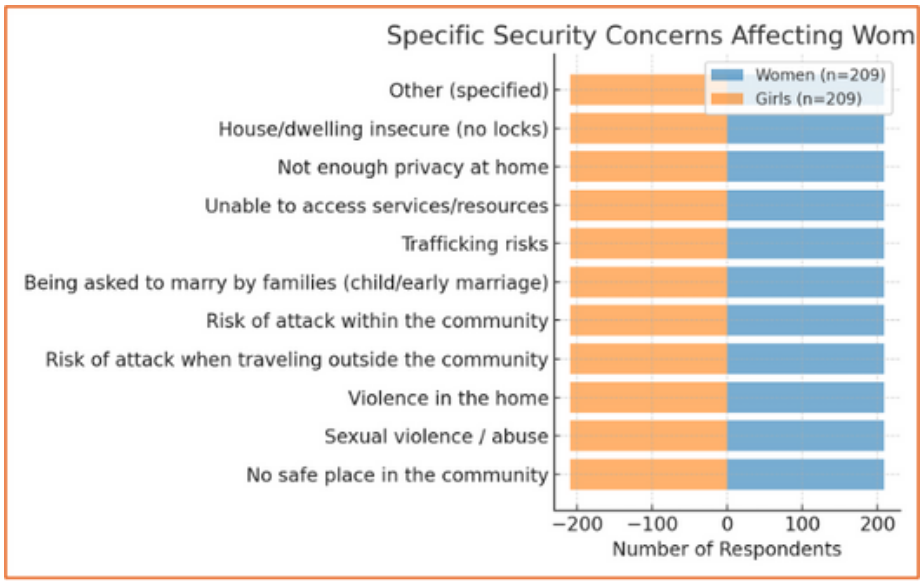

Figure 13: Specific Security Concerns Affecting Women & Girls among Respondents

14 UNDP (2025): Demographic human development status, Cambodia. https://www.undp.org/sites/g/files/zskgke326/files/2025-07/undp-kh-hdi-infographic-2025.pdf
15 Cambodia Demographic and Health Survey 2021-2022: National Institution of Statistics & Ministry of Health, 2023
16 Global Protection Cluster: Guidance for protection risks. https://globalprotectioncluster.org/protection-issues

Through the household survey data reveals that protection and security concerns among displaced populations reveal notable gender differences. A higher percentage of **male** respondents (**67.2%)** reported concerns about personal security where they live compared to **female** respondents (**53.3%)**; however, **the higher concerns among men due to their perception raised in their concern of their family's female members more than their own**. Since the onset of the emergency, **82.8% of male-headed households** reported an **increase in security concerns**, slightly higher than the **73.8% reported by female-headed households.** However, **women** expressed **greater challenges** in several specific areas: **37.4%** reported a **lack of information about assistance** (vs. 32.8% of men), and **36.4%** were affected by **family separation** (vs. 32.4% of men). **Mobility and safety issues** were **more pronounced for women**, with **29.0%** reporting an inability to move around safely compared to **21.1% of men**. **Harassment was also more frequently reported by women (6.5%)** than men (4.4%), underscoring gender-specific protection risks. While **employment difficulties** were **more common among men** (25.5% vs. 19.6%), **women** reported **higher levels of concern in other unspecified areas** (23.4% vs. 16.2%). These findings highlight the need for **gender-sensitive protection strategies** that address the distinct vulnerabilities faced by women and girls in displacement settings.

Child marriages

The joined study by MoWA and Plan international (2024)[17] indicated that child marriage remains a significant issue, particularly in rural and economically disadvantaged communities. Girls are disproportionately affected, often marrying before the age of 18 due to poverty, lack of education, and social norms. The highest prevalence is in Ratanak Kiri province (38%) among the other 8 selected provinces. However, the impacted provinces are not as high as the Ratanak Kiri, but it remains concerns for early child marriage and adolescent pregnancy. Based on the household survey data reveals that women and girls share nearly identical concerns, but with slight differences in emphasis. Women face stronger concerns around domestic violence, privacy, and access to services while girls face heightened risks of early/forced marriage and sexual exploitation.

Protection

"***Most vulnerable are children who like to run and play around, especially near the water area.*** There are 2 children died due to drowning and one elderly woman died due to illness" reported from FGDs and there are 3 unaccompanied children reported during the crisis, but camp manager tries to help them to stay temporarily with other families in the camp, one respondent from KII.

"There is a pond that is closed the camps which could be risk to the children" reported from the KII with health workers, he continued adding that "the risk area, which is the pond, that could be dangerous for children who may go to play around, so the authority regularly patrols and educates people about the safety measures that prevent children from going to the pond".

"Children are the most vulnerable. ***Boys could encounter physical harm; and girls could encounter sexual harassment, mental and physical harm. Children easily get sick like fever, cold",*** reported from different FGDs.

MoWA indicated that "***About 90% of displacement persons are women and girls that there is increased concern for women safety, yet there is no data yet on GBV, harassment or safety of women and girls***; however, will share it later from the technical department of GBV". Since this concern have been increased among stakeholders, the KII with NGOs and INGOs, and UN agencies also indicated similar concern that there is a risk of GBV, harassment, and other forms of violences against women and children and additional risk of absent of a such reporting mechanism in place.

17 MoWA & PI (2024): Report on Child, Early, and Forced Marriage and Unions (CEFMU)

Humanitarian Assistance - Analysis of Needs and Aspirations

Although many organizations, donors, private sector, and government humanitarian programs are providing services to the impacted communities for the displaced campsites and hosted communities, the data analysis reveals that while humanitarian assistance reaches many, equitable access remains a concern, particularly for women and girls. Respondents highlighted several gendered and protection-related barriers to accessing aid. Notably, 18.0% reported that men are prioritized, while 11.9% cited the absence of female staff, and 11.3% noted that travel to aid sites is unsafe for women and girls. Additional barriers include insufficient medical supplies (12.5%), inconvenient service locations (10.3%), and family restrictions on female mobility (9.3%).

These findings underscore the need for ***gender-sensitive programming and safer, more accessible service delivery models.*** Consultation with affected populations is also limited. Only **31.2%** of respondents reported **being personally consulted by aid organizations,** with similar rates among **women (31.1%) and men (30.3%)**. This indicates a broad gap in participatory approaches, which may hinder the alignment of aid with community priorities. In terms of assistance modalities, there is **a strong cross-gender preference for cash transfers,** selected by 83.6% of all respondents (82.3% of women and 85.9% of men). While both genders value cash, ***women show a higher preference for in-kind assistance (56.0%) compared to men (35.4%),*** suggesting that diversified aid packages may better meet household needs. Conversely, men show a slightly higher preference for service delivery (33.3%) than women (22.5%).

Few key findings from KII and FGD are:

"For finding food and water, **sometimes, I get none because the distribution is not sufficient-first come, first serve.** There is a water filter tank, but it does not serve everyone, insufficient. I do not have a pan for cooking." They added that "**The most vulnerable are widows, elderly people**. It is difficult for them to go receive the distribution while taking care of small children". From FGD G-1 & G4, and other similar in other groups.

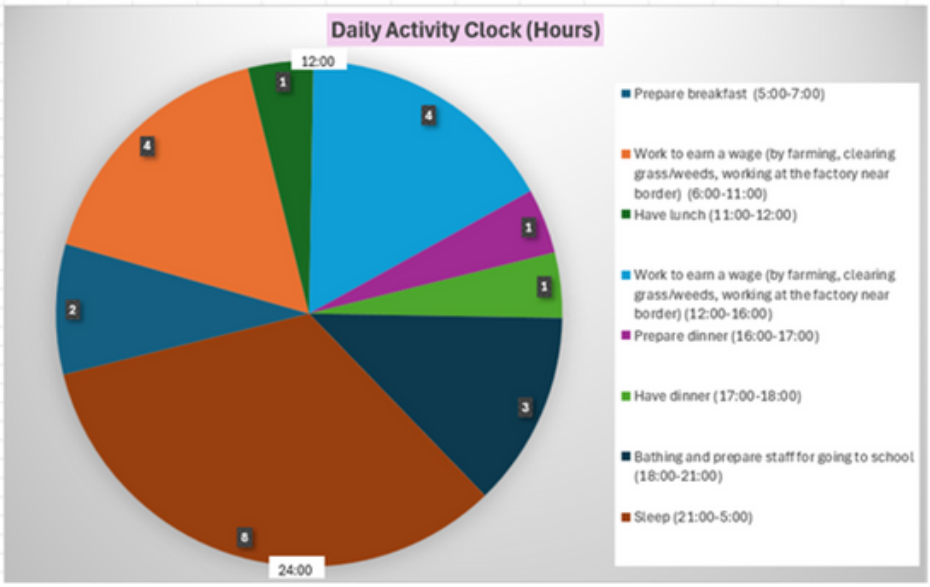

Figure 14: FGD-Group #6: Women Group Only (4 Middle Ages, 3 Minor, and 1 Pregnant)

"Women, boys and girls encountered an accident (body injured, fainting) while receiving the distribution" FGD, this due to the "No clear structure of distribution is held", added by KII one respondent.

"***If the distributions are held, I would prefer at around 8-9am and 4-5pm***" – this information confirmed the same preferred times in 4 different groups (G-1,3,4, &6) while similar preferred times but specific to the lower sunlight and any times that are easy for women to collect the distribution materials (G2&G7).

"Donors could **provide cash** through wings monthly (even 3-5 USD) is good for people to survive" – added FGD-G2. Cash assistance is raised in many FGD and in the householder survey is the preferred method and assistance among respondents.

Others raised concerns about the NFIs assistance as they indicated that "they need ***foods, milk for the baby, money/gasoline to fill up tractor, transportation, utensils, tarpaulins, tadpole, bed, clothes, and school materials for small children***" reported FGD-G1.

"Donors should provide **tarpaulins, blankets, hammocks, rice, nutritious foods, cash, school material, bicycles, clothes, shoes, solar lamps and batteries.** CARE could ask local teachers to **come and teach children at the camp site**. ***We need more gender-responsive latrines and bathing area"*** requested by the FGD-G8.

"The **displaced people** may have **mental problems** that are rooted from **concerns about money, their homes, and their animals, and their children lack educational and learning materials**." and particularly, "**the pregnant women are concerned about their child delivery and the newborn's materials** because mostly are from poor families and don't have the money […] and they face hygiene issue as using the shared bathrooms/latrines that cause them get the infectious disease because there is a lack of clean water" reported KII with Health Workers.

"Since the first conflict between Cambodia and Thailand, **the refugees were displaced** by **around 30 km**, but this was increased to 100 km as artillery could attack at distances of 20-30 km. The distance was set to ensure the safety of all refugees affected by the crisis. This place has clean restrooms with latrines, and a large open space for installing the collective camps. **The government provides tents** to the **refugees who lack tents** to install the shelters" reported the Deputy Provincial Governor. He added that "the government has a **specific emergency plan before the conflict occurs**, however, he is very concerned about the **hygiene during the rainy season**, which leads to the people's **cooking not being clean enough** due to lack of clean water so that can make them unhealthy'.

Overall, the data highlights the importance of ***inclusive consultation, gender-responsive planning, and flexible aid modalities*** to ensure that humanitarian assistance is both **equitable and effective.**

Sector Programming

Since the escalation of hostilities on 24 July 2025, humanitarian programs have been actively implemented by various partners to support displaced communities across Preah Vihear, Siem Reap, Oddar Meanchey, Pursat, and Banteay Meanchey provinces. These coordinated efforts span multiple sectors, including education, food security, health, protection, shelter, and WASH. Key partners such as World Vision, UNICEF, Caritas Cambodia, Plan International Cambodia, DCA, IOM, FH Cambodia, HI, HEKS/EPER, Oxfam, Bantay Srei, and Exceed Cambodia have delivered a wide range of services—from establishing child-friendly learning spaces and distributing essential food and hygiene kits to conducting health screenings, psychosocial support, and safeguarding trainings. Activities have been ongoing throughout August, with further assessments and interventions scheduled through the end of the month, demonstrating a strong collaborative response to the urgent needs of affected populations.

Education Sector Programming

- World Vision (WVI): Reading camps and recreational activities in 20 displacement sites in Preah Vihear and Siem Reap provinces; distributed 936 children's reading books; supported 15 child-friendly spaces for early childhood lessons.

- UNICEF: Distributed 749 early childhood development kits and school-in-a-box kits; supported Temporary Learning Centres (TLCs in Preah Vihear, Oddar Meanchey, Banteay Meanchey, and Siem Reap and Printing Home Learning Packages for 9,000 grade 1-3 students; distribution planned before the school year starting 1 November.

- Caritas Cambodia: Established 10 classrooms, 12 libraries, and 12 child-friendly spaces in displacement sites in Preah Vihear, Oddar Meanchey, and Siem Reap provinces.

Food Security, Nutrition, and Livelihoods Sector

- World Vision: Distributed 535 food and non-food kits and 1,200 cases of Dasani water in Preah Vihear displacement sites.

- UNICEF: Screening for acute malnutrition in displacement sites in Preah Vihear, Oddar Meanchey, and Siem Reap provinces (22–27 August).

- DCA: Conducting Post Distribution Monitoring for households who received cash assistance (28–31 August).

Health Sector

- UNICEF: Distributed 610 early childhood development kits and school-in-a-box kits to 26 sites in Preah Vihear and Oddar Meanchey provinces and Vaccinated 538 children with MR vaccine in Preah Vihear displacement sites; printed 45,800 health education materials; conducted Mental Health and Psychosocial Support (MHPSS) training for social workers and monks in Preah Vihear and Siem Reap provinces.

- HI (Handicap International) and the Persons with Disabilities Foundation developed a video of physical rehabilitation referral mechanisms between the MoH and the Ministry of Social Affairs, Veterans and Youth Affairs to share with members, networks, and healthcare staff to

increase awareness of the existing services at health and physical rehabilitation centers and Mobilized physical rehabilitation services through mobile outreach programs in Siem Reap and Preah Vihear provinces, providing assistive devices (wheelchairs, walking aids), minor repairs, and awareness sessions for persons with disabilities.

- Exceed Cambodia: Delivered 30 pairs of axillary crutches for rehabilitation in hospitals in Preah Vihear and Oddar Meanchey provinces; conducted rapid rehabilitation care needs assessment.

- Caritas Cambodia: Held awareness sessions on primary healthcare and psychosocial health; conducted psychosocial assessments and counselling in Preah Vihear, Oddar Meanchey, and Siem Reap provinces.

Mental Health and Psychosocial Support (MHPSS)

- UNICEF: Provided capacity building to social workers and religious leaders to support affected children and adults in displacement sites and communities. Supported the development of a child protection response plan focused on mental health, case management, and prevention of violence and exploitation.

- Plan International Cambodia: Psychoeducation sessions for 70 parents and caregivers; child-friendly spaces for 755 children in displacement sites

Protection Sector

- World Vision: Interactive sessions on safeguarding practices in 18 child-friendly spaces in Preah Vihear and Siem Reap provinces.

- UNICEF: Psychological First Aid training for 36 monks in Siem Reap; supported cash transfer programs benefiting 78,661 individuals.

- UNDP collaborated with Cambodian Mine Action and Victim Assistance Authority provided training on Explosive Ordnance Risk Education (EORE) to displacement sites in Siem Reap.

- UNFPA provided 45 dignity kits to women in displacement sites in Preah Vihear province.

- Plan International provided mobile psychological education in collaboration with local NGO partners to 146 female caregivers and women headed households.

- Bantay Srei provided cash assistance (US$110/household) to 291 families in some displacement sites in Siem Reap.

- Caritas Cambodia: Provided orientation on safeguarding, child protection, and accountability in displacement sites.

Shelter/NFIs Sector

- IOM: Distributed 300 emergency kits to displaced families in Siem Reap province.

- World Vision International (WVI): Provided over 6,000 NFIs (mosquito nets, blankets, tents, mats) across affected provinces.

- Save the Children/Caritas: Distributed 275 tarpaulins, 1,500 mosquito nets, and 5,700 sanitary pads.

- Caritas Cambodia: Provided emergency shelter items, including tents, plastic sheets, site shelters, and solar lights in Preah Vihear, Oddar Meanchey, and Siem Reap provinces.

- CRS: Supported Preah Vihear with transportation and provision of 4,500 insecticide-treated mosquito nets.

- HEKS/EPER: Provided 1,200 mosquito nets in Preah Vihear and 1,800 in Chong Kai.

- Samaritan's Purse: Distributed 700 tarpaulins in Chong Kai District, Oddar Meanchey province.

- Dan Church Aid (DCA): Provided unconditional cash assistance ($110/household) to 761 households (3,377 individuals) in Siem Reap and Preah Vihear provinces.

WASH Sector

- World Vision: Constructed 18 latrines, provided 4,076 hygiene kits, 3,700 cases of drinking water, one high-flow water treatment system in a health center, and 13 water tanks (2,000L) and Maintenance of mobile latrines, water systems, and tanks in 56 displacement sites; hygiene promotion sessions in Preah Vihear, Siem Reap, and Banteay Meanchey provinces.

- Oxfam: Provided 13 mobile toilets and two water tanks (2,000L) with a complete water purification system in Chong Kai and Banteay Ampil districts, Oddar Meanchey province.

- Plan International Cambodia: Distributed hygiene kits in Preah Vihear province and constructed 30 latrines in Oddar Meanchey province and distributed 5,000 hygiene kits; installed water filters, water stands, and handwashing stations in Preah Vihear province.

- FH Cambodia: Provided soap, shampoo, sanitation pads, and water filters in Oddar Meanchey province.

- Caritas Cambodia: Installed mobile latrines, handwashing stations, and distributed hygiene kits and water containers in Preah Vihear, Oddar Meanchey, and Siem Reap provinces.

- UNICEF: UNICEF’s prepositioned stocks reached at least 3,200 displaced people in Pursat and Oddar Meanchey provinces and prepared additional WASH supplies for communities, schools, and healthcare facilities in Oddar Meanchey and Preah Vihear provinces.

Timeline: Services have been ongoing since the escalation of **hostilities on 24 July 2025,** with specific activities planned or conducted between **15–22 August 2025.** Upcoming activities include assessments and interventions scheduled from **26–31 August 2025.**

Locations: Provinces: Preah Vihear, Siem Reap, Oddar Meanchey, Pursat, and Banteay Meanchey.

Conclusions

Four weeks after the Cambodia–Thailand border clashes began on 24 July 2025, displacement remains fluid and deeply concerning, with over 172,000 internally displaced persons and more than 870,000 economic migrants returning from Thailand. The humanitarian situation is compounded by overcrowded shelters, disrupted livelihoods, and limited access to essential services.

This study, conducted between 11–25 August using a mixed-methods approach across seven displacement sites in three provinces, reveals critical gaps in protection, health, education, and WASH services. Women and girls, who made up 67% of survey respondents, reported heightened vulnerabilities, including limited mobility, lack of information, and increased exposure to harassment. Access to basic services remains inadequate: 43% of respondents lacked sufficient food, 38% reported no access to clean water, and 29% had no access to health services. Gender and safety audits further highlighted the absence of safe spaces and gender-sensitive infrastructure for GBV risk mitigations and reporting mechanism. These findings underscore the urgent need for coordinated, gender-responsive humanitarian interventions that prioritize protection, restore essential services, and support the resilience of displaced communities.

Recommendations

CARE Cambodia recommends that gender analysis be continuously updated as the crisis evolves. Humanitarian actors should integrate gender-responsive approaches across all phases of response and recovery, ensuring that programming reflects the shifting needs and capacities of women, men, girls, boys, and other vulnerable groups.

Overarching recommendation

This Rapid Gender Analysis report should be updated and revised as the crisis unfolds, and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely and that programming will be adapted to the changing needs.

Targeted recommendations

Protection and GBV: Establish safe spaces, gender-segregated sanitation facilities, and confidential reporting mechanisms. Train staff on GBV prevention and response. Child Protection (CP) protocol and key safety and security messages are required for parents, guardians, camp managers to prevent and respond to CP needs. Child marriage is found as the most risk among adolescent girls that would link the inaccessible to the continuation to the education, so the program should focus on child married and supporting on livelihood for family to ensure the children access to education.

Mental Health and Psychosocial Support (MHPSS): Scale up MHPSS services, especially for women, children, and persons with disabilities. Ensure culturally appropriate and trauma-informed care. Maintain and expand mobile clinics, particularly in larger camps and remote areas. Ensure consistent access to medicines, fever and wound treatment, and first aid supplies, with gender-sensitive and child-friendly services. The most findings both from survey and KII, FGD, the mental health and psychosocial needs are the most urgent and required services among women and girls with trained outreach workers, group sessions, and referral systems.

WASH: Upgrade sanitation safety & privacy: Install/repair locks, improve lighting, ensure sex-segregated facilities, and safer siting to reduce night-time risk. Close availability gaps: Where there is no latrine at all, prioritize construction/rehabilitation with community maintenance plans. Prioritize the Menstrual Hygiene Management (MHM) integration by providing menstrual materials and washing/disposal facilities; include MHM messages in hygiene promotion. To sustain water access among affected populations is to maintain water-point safety and reliability to keep collection times low; monitor burden by gender/time use and require for latrine – sex-segregated and ensure accessibility for people and children with disabilities.

Education Access: Reopen and support schools, provide safe transportation, and offer financial support to reduce dropout rates, especially among girls. Additionally, create a **temporary child learning center** near the campsites or affected communities. To address the **economic pressure** (fees, work demands) require targeted support such as **cash transfers or education subsidies** to keep children in school.

Shelter/Food and Non-Food Items: Expand shelter capacity or to meet a minimum stand for campsite based on number of people in household and address the physical safety improvement of locks, partitions, and lighting. The high demand for cash suggests cash-based interventions could be effective for meeting varied shelter needs. Non-food item (NFI) distributions should prioritize mosquito nets, tarpaulins, and bedding to address immediate comfort and health concerns. Women and girls also highlight specific Menstrual Hygiene Management (MHM) needs. Additional primary focus on food and nutritional needs among pregnant, lactating women, and children/babies are the urgent needs.

Livelihood Recovery: Implement cash-for-work programs, vocational training, and financial inclusion initiatives targeting women and female-headed households. Through the skills and training needs among women possible both the community women and migrant women (returnees) to meet the market demand, it is required to invest on skill development including re-skill and upskill for women for economic opportunities. Training on financial literacy and financial services available should be considered. Linkages with institutions that provide interest free loans to help women/families to start up small businesses.

Inclusive Participation: Strengthen community engagement mechanisms to ensure women and marginalized groups are consulted and involved in decision-making.

Gender mainstreaming recommendations

- Integrate gender analysis into all sectoral assessments and program designs.
- Ensure sex- and age-disaggregated data collection and analysis.
- Build capacity of humanitarian staff on gender equality and intersectionality.
- Promote gender dialogue and shared decision-making within households and communities by incorporating male and boy engagement approaches.

Gender specific programming recommendations

- Prioritize services for pregnant and lactating women, adolescent girls, and female-headed households.
- Provide dignity kits, menstrual hygiene products, and reproductive health services.
- Support women's organizations and networks to lead community-based protection and early recovery initiatives.
- Address barriers to mobility, access to aid, and participation in humanitarian programming.
- Consider the specific needs of those with multiple marginalised identities (intersectionality), e.g., women with disabilities.

Annexs

Annex 1 : Gender in Brief, CARE Cambodia. Link to full document

Annex 2: Schedule of Visits

Women & Girls Rapid Assessment Preparation Plan
The Impacts of Cambodia-Thai Border War

Date: July -August 2025
Prepared by: Sinuon Hun and Sopheak

Primary Data Collection Plan

Purpose: The Women & Girls Rapid Assessment (WGRA) seeks to provide information on different needs, capacities and coping strategies of women, men, girls and boys and other vulnerable groups in the context of Cambodia-Thai border war in Cambodia within two provinces. In addition, this WGRA aims to advise the humanitarian programming in Cambodia with practical operational recommendations to meet the needs of different groups and to ensure we 'do no harm' in times of this emergency crisis. The specific WGRA's objectives are to:

- Understand the extent and nature of the direct and indirect impacts of Cambodia-Thai War on food security, nutrition, safety and access to different resources, services and information for women, girls, boys, and men and understand the impact Cambodia-Thai War has on them and other vulnerable people (disaggregated data).

- Understand the different coping strategies, barriers, capacities and specific needs of women, girls, boys, and men in responding to the crisis (considering intersectional inequalities) and identify key priorities for future programme responses, establish adaptive management strategies for humanitarian program planning, and response service delivery to meet those who are in needs during the crisis and immediate recovery stage after the ceasefire agreement in between two countries.

This primary data collection will combine of qualitative and quantitative data collection methods (disaggregated by sex and age) where it could provide the practical information and key finding to fill in the secondary data gaps that would help to develop the practical recommendations for CARE's humanitarian program intervention/assistance and inform other key stakeholders to respond to the different needs of women, girls, men, boys, and other intersectionality groups.

This primary data collection plan helps CARE and our Partner's team to be well prepared and equip with skills and knowledge of how to conduct the data and ensure safety and security, apply Do No Harm principles for the community people and staff during the field data collection. This will help to identify the potential risks and develop the risk mitigation plan to address those identified and unforeseen associated risk for referral pathway where is required.

The below information will provide the guidance of schedule for data collection, planning for the actual process of data collection methods and training to be provided for the numerators and risk mitigation plan and contact information for emergency reporting and response.

Table of Summary of Schedule for Team for field Data collection

Province #1- Phreas Vihear		**Province #2 – Oddar Meanchey**		**Province #3 – Siem Reap**	
Departure date: 10 Aug 2025		**Departure date: 13 Aug 2025**		**Departure date: 14th August 2025**	
Location Name 1:	Pal Hal Pagoda	**Location Name 1:**	Bat Tkov Pagoda	**Location Name 1:**	Chroy Neang Nuon Pagoda
Location Name 2:	Suwanna Rasmey Phnom Tbeng Pagoda	**Location Name 2:**	N/A	**Location Name 2:**	Bo Khnar Techo Pagoda
Location Name 3:	Thnal Baek Pagoda	**Location Name 3:**	N/A	**Location Name 3:**	Prasat Potum Moung Pagoda
Completed date:12 Aug 2025		**Return date to Phnom Penh 16 Aug 2025**			

Listed name partners:

Name of Partners /CARE	Staff Participated
YCC:	3 staff (all Males)
YFP	2 staff (1 Female)
CUMW	3 staff (2 Females)
ACT	2 staff (1 Female)
CARE Cambodia	6 staff (4 Females)

No.	**Data Collection Methods**	**Number of Total Sample Size**	**Number of Sample Size by targeted provinces.**		
1	**Household's Survey Questionnaire**	300 *Always consider women at least 50-60% among this Survey	Province #1 – Phreas Vihear (150)	Province #2- Oddar Meanchey (50)	Province #3- Siem Reap (100)
2	**Focus Group Discussion (FGD)**	**8** *(8 x 6=24 people)	Province #1 – Phreas Vihear (4)	Province #2- Oddar Meanchey (0)	Province #3- Siem Reap (4)

			Three Provinces and Phnom Penh		
3	**Key Informant Interview (KII)**	33 *Always consider women at least 50-60% among this KII.	NCDM (2) Health Center (2) or health workers NGOs/INGO/WLO/WRO/UN (10) MoSVY/ MoWA/MoEYS (3) School Principal (3) Community Leader or Religious Leader (2) Local Authorities/Provincial officers or CWCC (7) Vulnerable groups: pregnant/lactating women, widows, female-headed households, people living with disabilities (2) Vulnerable groups: pregnant/lactating women, widows, female-headed households, people living with disabilities (2)		
4	**Gender & Protection Audit (Observation Sheet)**	4	Province #2- Phreas Vihear (**2**)	Province #1 – Oddar Meanchey (**1**)	Province #3- Siem Reap **(1)**
5	**Individual Story**	2	Province #2- Phreas Vihear (1)	N/A	Province #3-Siem Reap (1)
Total:	**358 (people)**	**(179 people)**	**179 (people)**		

Table of Summary of the Sample Size and Methods

*Note: This sample size is recommended but could be adjusted when required.

No.	Name of Training	For CARE /Partners	When & where
1	Data collection methods & Kobo Toolbox	CARE team	04-05 August 2025 – CARE office
2	Data collection methods & Kobo Toolbox	Partners	7th August 2025 - CARE office
3	Safeguarding and Ethical Research standard	Both CARE & Partners	7th August 2025 - CARE office
4	First Aid Training	Both CARE & Partners	8th August 2025- CARE office

Ethical & Risk Mitigation Plan

"Do No Harm" Principle in RGA Planning & Implementation

When any intervention enters a context, it becomes part of that context. The 'do no harm' principle seeks to recognize the unintended consequences of research and programming on the relationships between groups of people and the operation of systems in a context and act to address those consequences.

RGA includes many dimensions of consideration related to the 'Do No Harm' Principle. Below are a few of the key areas:

1. Informed Consent in Data Collection
2. Safe Use of Technology and Data
3. Gender-Based Violence Risk Mitigation
4. Protection from Sexual Exploitation and Abuse (PSEA)
5. Embedding Safeguarding Measures

During the conflict and immediate after ceasefire agreement, staff and participants may also get impacted of the possible tension arise or during the movement of the displaced people to their home communities. It could cause the delay of the field work, and the conflict around the areas may also happened to impact the respondents and staff too. The mitigation is to follow the safety and security procedure that CARE has in place for each country including the Cambodia case. staff will advise to follow this procedure & guidance. Please contact to Safety & Security Focal CARE Focal Points.

For the community, they will be referral to any possible agencies and hotline that available in the community. All staff and enumerators, translators, and community members, and respondents need to follow the government's restrictions rules and regulations.

Annex 3: Tools and Resources Used

Gender in Emergencies Guidance Note Using the Rapid Gender Analysis Assessment Tools

This guidance note provides information on why and how to use the Rapid Gender Analysis Assessment Tools. The primary audience of this guidance note is assessment team leaders and gender advisors. The Care Emergency Group Gender Team will take responsibility for preparation of rapid gender analyses for Type 4 and large Type 2 responses.

Why use the RGA Assessment Tools?

RGA Assessment Tools are used to gather information from women, men, boys and girls about the impact of a crisis. CARE has seven standard tools used to collect information from women, men, boys and girls: Sex and Age Disaggregated Data (SADD), Key Informant Interviews (KII), Individual Stories, Community Mapping, Focus Group Discussions (FGD), Household Questionnaire, and Gender and Protection Audit.

When to use the RGA Assessment Tools?

The RGA assessment tools can be used as part of a general assessment, as part of the joint assessments, or as a stand-alone gender assessment. The tools are designed to be used throughout the different assessment phases. There is separate gender-based violence and protection assessment tools.

Using the RGA Assessment Tools:

The RGA Assessment tools collect different types of information about gender relations. The tools should be used together to triangulate the data and sources. Guidance for using these tools is available online.

The **Gender and Protection Audit** tool uses field observation to get a snapshot of gender and protection issues and is an entry point for the assessment team to explore an affected area.

The **Focus Group Discussion** tool is used to gather information about the opinions, beliefs, practices and attitudes of a group of people towards a specific topic of interest. It is designed to be carried out with affected groups separated by sex and age. Additional sector specific questions can be included into the FGDs as appropriate.

The **Key Informant Interview** tool has provisions for semi-structured interviews that can be conducted with community leaders and service providers (i.e. doctors, teachers, village chief, camp leader, women's committee leader, etc). It focuses on understanding the most significant changes to gender relations that are identified, community services and accessibility of those services.

The **Community Mapping tool** can be used to identify community resources, using a gender and protection lens. It includes two tools: community social and resource mapping and mobility analysis, which are designed to be used with mixed community groups.

The **Sex and Age Disaggregated Data** tool is used during the assessment phase of a crisis for collecting information about a community's age and sex distribution. It includes information on using existing SADD as a proxy as well as different options for collecting SADD.

The **Survey tool** can be conducted with households or with individuals to understand the impact of the current crisis on males and females. It reviews gender roles, access to services, protection and other needs.

Individual Story tool can be used to understand the impact of the crisis from the perspective of an affected individual woman, man, boy or girl.

Adapt the RGA Assessment Tools

The seven standard RGA assessment tools need be adapted to the context both to ensure that they are culturally sensitive and that the information needed for a particular crisis is collected. Sector specific questions are also available to help you tailor your RGA to your specific context.

How many people should be assessed?

The RGA Assessment tools use purposive sampling. This means that included groups are selected according to specific characteristics, in this case gender and age, which are important related to vulnerability. Sites are selected to gather information from women, men, boys and girls at different locations (camp or host community) and from different groups (ethnic, religious, etc.). These methods will be beneficial for collecting necessary information, but it will not generate a representative sample to allow for generalisation about the situation of all women, men, boys and girls.

Who should conduct the RGA assessment?

Assessment teams should include women and men. In contexts where this is challenging successful strategies for mixed assessment teams include hiring couples, brother and sister teams, working with local women or using remote assessment methods. Assessment teams should be trained on assessment methods, the tools, and referrals systems for protection issues should be identified. Specific training is required for GBV assessments to ensure ethical and safety needs are met.

Conducting the Assessment

Ensure that you have informed consent before using the tool. Respect the time of people sharing their experience with you. Keep a record (written and/or visual) of your results. Make sure the assessment teams de-brief at the conclusion of the assessment.

Want More Information

The CARE Gender Toolkit is a very comprehensive online resource that supports gender analysis. It includes “how to” guides, sample gender analyses, and tools from CARE and other agencies that are suited to the humanitarian context. Email the CARE Gender in Emergency team at emergencygender@careinternational.org

Key Documents

Before using the Assessment Tools, is essential that you read the About CARE RGA Toolkit, which provides an introduction to rapid gender analysis, as well as the RGA Guidance Note. Included with the RGA Guidance Note is a template for creating your own RGA. After collecting data, it will need to be assimilated into making recommendations for future programming. Guidance on that can be found in the Guidance Notes on Analysing Data as well as the Guidance Note on Making Recommendations.
Detailed information on conducting gender assessments can also be found in the IASC GBV Guidelines and the WHO Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence in emergencies. Additional support towards conducting assessments can be found through ACAPS, the leading organisation for field assessments in crisis.

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