PONLOK CHOMNES
DATA AND DIALOGUE FOR DEVELOPMENT IN CAMBODIA

Gender Equality, Disability and Social Inclusion in Cambodia's Policy Research and Dialogue Processes
A Qualitative Analysis

Report Team

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ACRONYMS

ACCESS	Australia-Cambodia Cooperation for Equitable Sustainable Services
AVI	Asian Vision Institute
CAPRED	Cambodia Program for Rural Economy Development
CCRS	Cambodian Center for Regional Studies
CCWC	Commune Committee for Women and Children
CDHS	Cambodia Demographic and Health Survey
CDPO	Cambodian Disabled People's Organisation
CDRI	Cambodia Development Resource Institute
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CICP	Cambodian Institute for Cooperation and Peace
CIWA	Cambodian Indigenous Women Association
CIYA	Cambodia Indigenous Youth Association
CKS	Centre for Khmer Studies
CPS	Centre for Policy Studies
CRPD	Convention on the Rights of Persons with Disabilities
CSEAS	Center for Southeast Asian Studies
CSO	Civil Society Organisation
DAC	Disability Action Council
DAWG	Disability Action Working Group
DFAT	Department of Foreign Affairs and Trade (Australian Government)
DWCCC	District Women and Children Consultative Committee
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FF	Future Forum
FGD	Focus Group Discussion

FPAR	Feminist Participatory Action Research
FPIC	Free, Prior and Informed Consent
GADC	Gender and Development for Cambodia
GBV	Gender-Based Violence
GEDSI	Gender Equality, Disability, and Social Inclusion
GMAG	Gender Mainstreaming Action Group
GRB	Gender-Responsive Budgeting
HR	Human Resources
IDPoor	Cambodia's National Poverty Identification System
IFAD	International Fund for Agricultural Development
INGO	International Non-Governmental Organisation
IP	Indigenous Peoples
IPO	Indigenous Peoples Organisation
KAS	Konrad-Adenauer-Stiftung
KII	Key Informant Interview
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic, and other gender-diverse or sexually diverse identities
LSMS	Living Standards Measurement Survey
MAFF	Ministry of Agriculture, Forestry and Fisheries
M&E	Monitoring and Evaluation

MEF	Ministry of Economy and Finance
MEL	Monitoring, Evaluation and Learning
MISTI	Ministry of Industry, Science, Technology and Innovation
MoE	Ministry of Environment
MoEYS	Ministry of Education, Youth and Sport
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoI	Ministry of Interior
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
MRD	Ministry of Rural Development
NCDM	National Committee for Disaster Management
NDC	Nationally Determined Contribution
NDSP	National Disability Strategic Plan
NGO	Non-Governmental Organisation
NIDIR	National Institute of Diplomacy and International Relations
NIS	National Institute of Statistics
NISA	National Institute of Social Affairs
NR	Neary Rattanak
NSDP	National Strategic Development Plan

NSDS	National Strategy for Development of Statistics
NSPPF	National Social Protection Policy Framework
NUBB	National University of Battambang
OPD	Organisation of Persons with Disabilities
PONLOK CHOMNES II	Ponlok Chomnes II: Data and Dialogue for Development in Cambodia
PPCIL	Phnom Penh Centre for Independent Living
PUC	Pannasastra University of Cambodia
PWCCC	Provincial Women and Children Consultative Committee
PwD	Person / People with Disability / Disabilities
REDD+	Reducing Emissions from Deforestation and Forest Degradation
RGC	Royal Government of Cambodia
ROCK	Rainbow Community Kampuchea
RUPP	Royal University of Phnom Penh
SDG	Sustainable Development Goal
SGD	Small Group Discussion
UC	The University of Cambodia
UN	United Nations
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WPM	Women Peace Makers

EXECUTIVE SUMMARY

This report presents an analysis of how gender equality, disability, and social inclusion (GEDSI) are integrated within Cambodia's policy research and dialogue processes, with a particular focus on the knowledge sector and the practices supported under the Ponlok Chomnes II program. It examines both institutional systems and lived experiences to identify where inclusion is progressing, where it remains uneven, and what is required to move toward more consistent, meaningful integration.

Purpose of the Study

This GEDSI Analysis was conducted under the **Ponlok Chomnes II: Data and Dialogue for Development in Cambodia (Ponlok Chomnes II)** program, supported by the Australian Government. The study examines how GEDSI dynamics shape participation in Cambodia's research and policy ecosystem.

The objectives of this Analysis are to:

- Analyse barriers, opportunities, and specific needs of women, persons with disabilities, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual (LGBTQIA+) individuals, indigenous and ethnic minorities, youth, and other disadvantaged groups in engaging with research and policy processes.
- Assess how government institutions, research organisations, and communities integrate GEDSI principles into practice.
- Identify realistic, actionable strategies to strengthen inclusive evidence generation and policy dialogue.

The research was conducted to answer the following overarching research questions, with the overall intention of practically informing future work and promoting higher standards in GEDSI mainstreaming:

Research Question 1

How do government officials mainstream or integrate GEDSI? What challenges do they face, and what additional support would strengthen integration in their work?

Research Question 2

How do researchers mainstream or integrate GEDSI? What challenges do they face, and what support would help embed GEDSI more effectively in research practice?

Research Question 3

What are the barriers, opportunities, priorities, and specific needs of women, persons with disabilities, LGBTQIA+ individuals, and other socially disadvantaged groups for participation in the knowledge sector and policy process?

Research Question 4

How can barriers be reduced and opportunities leveraged to improve participation of disadvantaged groups in the knowledge sector and policy process, enabling them to receive improved support?

By centring lived experience alongside institutional practice, the study highlights systemic gaps in agenda-setting, voice, and influence, and identifies practical entry points for strengthening inclusion across Cambodia's knowledge sector.

Analytical Framework

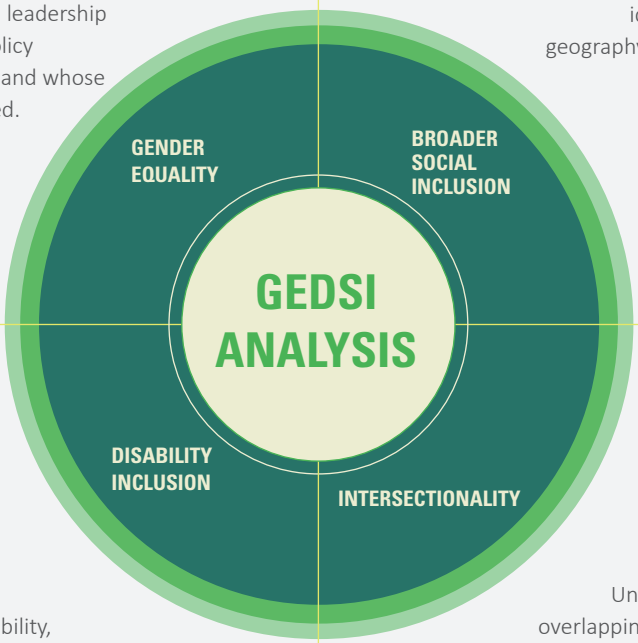
The Analysis applied DFAT's Gender at Work Framework, which views GEDSI not as separate categories but as interconnected dimensions shaping institutional and social change. The framework guided the design of research questions, tools, and analysis, focusing on both formal systems (laws, policies, institutional arrangements) and informal dynamics (social norms, power relations, everyday practices).

This framework allowed the study to move beyond siloed approaches, surfacing systemic blind spots and identifying opportunities for transformative inclusion.

Four interrelated dimensions structured the analysis:

Examining how norms, roles, and expectations influence access to research careers, leadership positions, and policy dialogue spaces, and whose expertise is valued.

Capturing axes of marginalisation such as ethnicity, indigenous identity, sexuality, geography, socioeconomic status, and age.



Assessing how attitudes, accessibility, organisational practices, and accommodation systems enable or restrict participation.

Understanding how overlapping identities (e.g., women with disabilities, indigenous youth) create compounded barriers that are often invisible in policy and research.

Methodology

The Analysis employs a **participatory qualitative approach**, prioritising credibility, accessibility, and inclusion.

The research team itself was diverse, including women, persons with disabilities, and indigenous researchers, strengthening inclusivity and interpretation of findings.

FOCUS GROUP DISCUSSIONS (FGDS)

52 group discussions with 278 participants (62% women, 12% persons with disabilities, and 17% LGBTQIA+) in Phnom Penh, Battambang, Siem Reap, Kampot, and Rattanakiri. These sites were chosen to reflect Cambodia's geographic and social diversity, ensuring voices from urban, rural, and indigenous contexts.

KEY INFORMANT INTERVIEWS (KIIS)

32 interviews were conducted with 74 respondents (36 females and 1 person with disability) across government ministries, universities, research institutes, civil society organisations (CSOs), and networks. Respondents were purposively selected to include both established GEDSI actors and less visible groups.

SECONDARY DATA REVIEW

National statistics, academic literature, program documents, and policy frameworks were analysed to contextualise qualitative findings.

Findings

Across government, the knowledge sector, and communities, GEDSI integration is increasingly recognised and reflected in growing levels of participation. However, it remains limited in its influence on research agendas, policy dialogue, and decision-making, and is not yet embedded within institutional systems. Barriers are not isolated within specific actors but occur across the entire evidence-to-policy chain, where gaps in inclusive evidence contribute to limited representation in dialogue and constrain the extent to which diverse perspectives shape policy outcomes. These dynamics reinforce one another, underscoring the need to move beyond fragmented efforts toward more coordinated, system-level approaches that strengthen GEDSI integration across all stages of the policy process.

Across the four dimensions of GEDSI, progress is most evident in gender equality, where established policies and mechanisms have supported increased participation, though influence remains limited. Disability inclusion is significantly less developed, with persistent gaps in accessibility, institutional practice, and representation. Broader social inclusion, including ethnicity, geography, and sexual orientation, remains often under-addressed in both research and policy processes. Intersectionality is the least reflected in practice, with limited attention to how overlapping forms of disadvantage shape experiences of exclusion, resulting in continued blind spots for groups facing compounded marginalisation.

Government – Policymakers and implementers

Government ministries increasingly recognise GEDSI priorities, but integration remains uneven. Policies such as the Gender Equality Policy and Action Plan and the National Disability Strategic Plan provide frameworks, yet implementation is fragmented and often under-resourced.

GEDSI is embedded in policy frameworks but weakly operationalised.

While ministries reference GEDSI priorities, implementation is often fragmented. Integration tends to depend on specific departments or external support rather than being systematically embedded across planning, budgeting, and monitoring systems.

Gender mainstreaming is more established than broader inclusion.

Gender equality is relatively well integrated, particularly through established mechanisms and mandates. However, this is often approached as a compliance exercise, with limited attention to deeper structural change or influence on decision-making. Women's representation in government structures is improving, but leadership roles remain limited. Gender mainstreaming is often treated as a compliance exercise rather than a transformative agenda.

Disability inclusion remains underdeveloped.

Ministries struggle with accessibility, coordination, and enforcement. Disability policies exist but lack practical mechanisms for implementation, leaving persons with disabilities excluded from services and decision-making.

Social Inclusion - subnational actors play a role but face capacity constraints.

Ethnic minorities, rural populations, and youth remain underrepresented in policy dialogue. Sub-national structures such as Commune Committees for Women and Children provide entry points for inclusion. However, limited resources, technical capacity, and authority constrain their ability to influence policy processes or ensure meaningful participation of disadvantaged groups.

Intersectionality is not systematically addressed.

Policies rarely account for overlapping forms of disadvantage. As a result, groups such as indigenous women with disabilities or rural youth remain largely invisible in policy design and implementation.

Knowledge sector institutions: Researchers and research organisations

Government institutions in Cambodia demonstrate increasing commitment to GEDSI, supported by national frameworks on gender equality and disability inclusion. However, integration into policy processes remains inconsistent and often limited to formal commitments rather than practice.

GEDSI is acknowledged but not systematically applied

While GEDSI principles are acknowledged, they are rarely embedded in research design, methodologies, or institutional practices.

Barriers persist in research careers and leadership

Women researchers face barriers in career progression, leadership, and recognition. Structural biases limit their influence in agenda-setting and knowledge production.

Disability inclusion is largely absent from research systems

Persons with disabilities are largely absent from research careers and institutional practices. Accessibility in recruitment, participation, and dissemination remains weak.

Research agendas do not fully reflect social diversity

Ethnic minorities, LGBTQIA+ individuals, and rural voices are peripheral in research agendas, resulting in evidence that does not fully reflect Cambodia's diversity.

Intersectionality is rarely integrated into analysis

Research tends to treat GEDSI categories separately, limiting understanding of compounded disadvantage. As a result, evidence may overlook these disadvantaged populations.

Structural constraints limit progress

Limited funding, lack of practical tools, and weak institutional incentives constrain the ability of organisations to integrate GEDSI more deeply. Without clear standards or accountability mechanisms, commitments remain inconsistent.

Communities and Civil Society

Community perspectives highlight that barriers to participation remain significant, particularly for those facing multiple forms of disadvantage. While there are opportunities for engagement, these are often limited in scope and influence.

Women face structural and social barriers to participation

Women's engagement is constrained by social norms, care responsibilities, and limited access to information. Even when participating in consultations, their ability to influence decisions is often restricted.

Persons with disabilities experience systemic exclusion

Participants report inaccessible environments, communication barriers, and persistent stigma. These factors limit participation in both research activities and policy dialogue, resulting in their priorities being overlooked.

Marginalised groups remain underrepresented in policy processes

Indigenous communities, ethnic minorities, LGBTQIA+ individuals, and rural populations report limited opportunities to engage meaningfully. Language barriers, geographic isolation, and discrimination further constrain participation.

Intersectional barriers remain largely invisible

Groups facing overlapping disadvantages, such as indigenous women with disabilities, experience compounded exclusion. These realities are rarely reflected in formal processes or policy responses.

Community organisations provide important entry points

Grassroots organisations and Organisations of Persons with Disabilities (OPDs) play a critical role in amplifying voices. However, their engagement with research institutions and with policymakers remains limited and often project-based.

RECOMMENDATIONS

For Government Ministries and Sub-National Authorities

Support coordination across ministries by strengthening existing mechanisms that ensure GEDSI priorities (beyond gender equality) are not treated in isolation but embedded across all policy domains. This requires both horizontal collaboration at the national level and vertical linkages to sub-national authorities.

Apply intersectional analysis in policy design and evaluation, ensuring that overlapping identities such as indigenous women with disabilities are explicitly considered in planning, implementation, and monitoring.

Embed GEDSI (especially disability inclusion) into budgeting and monitoring systems so that commitments translate into resource allocation and measurable outcomes. Without financial backing and accountability structures, GEDSI risks remaining rhetorical.

Institutionalise GEDSI accountability within government systems by assigning clear mandates, budgets, and reporting lines to gender and disability focal points, and linking GEDSI performance to senior leadership planning and evaluation processes.

Invest in the capacity of Commune Committees for Women and Children (CCWCs) and provincial actors to implement inclusive policies. Training, resources, and technical support are needed to move beyond intent and ensure that local authorities can meaningfully engage disadvantaged groups.

Embed GEDSI (especially disability inclusion) into planning, budgeting, and monitoring systems so that commitments translate into resource allocation and measurable outcomes, rather than remaining procedural or symbolic.

Strengthen inclusive and accessible consultation standards by introducing minimum requirements for accessibility (e.g. physical access, interpretation, captioning, accessible materials, and participation support), and ensuring these are consistently applied across ministries and sub-national processes.

Improve data systems to capture and use intersectional evidence, including stronger disaggregation (sex, disability, age, ethnicity, location) and practical tools to apply this data in policy design, planning, and budgeting.

Strengthen sub-national implementation and feedback loops by investing in the capacity of CCWCs and provincial actors, and ensuring community perspectives inform planning and are reflected in decisions.

Apply intersectional approaches in policy design and evaluation, using practical tools (e.g. stakeholder mapping, persona-based analysis) to ensure overlapping forms of disadvantage are addressed.

For Research Organisations and Universities

Position GEDSI as a core research quality standard, not a donor requirement, by embedding it in institutional policies, funding criteria, and governance systems, and integrating it across the full research cycle through inclusive sampling, participatory methods, disaggregated data, and intersectional analysis.

Strengthen leadership ownership and institutional incentives by requiring senior management to resource and prioritise inclusive research practices, and linking GEDSI performance to organisational systems.

Promote gender equality in research careers by addressing structural barriers to women's progression, creating mentorship and leadership pathways, and recognising women's expertise in agenda-setting and knowledge production.

Advance disability inclusion in institutional practices by improving accessibility in recruitment, participation, and dissemination. Research institutions should model inclusion by accommodating persons with disabilities in both staff roles and research processes.

Ensure representation of marginalised groups in research agendas by deliberately including ethnic minorities, LGBTQIA+ individuals, and rural voices. This requires shifting from tokenistic inclusion to genuine participation in shaping research priorities.

Address structural barriers in research careers, particularly for women and marginalised groups, through mentorship, leadership pathways, and more equitable recognition and workload distribution.

Expand representation in research agendas by partnering with OPDs, grassroots organisations, and local institutions to co-design research that reflects diverse and underrepresented perspectives.

Invest in practical capacity and tools for inclusive research, including training, peer learning, and accessible formats (plain language, visual, audio, multilingual outputs).

For Communities and Civil Society

Shift from consultation to meaningful participation and co-design by embedding community and OPD representation in research and policy processes, including agenda-setting, data interpretation, and decision-making spaces.

Reduce practical and structural barriers to participation by providing transport support, translation, sign language interpretation, accessible materials, and culturally appropriate engagement approaches.

Strengthen the capacity of OPDs and community organisations to engage in research and policy processes, including skills in evidence use, policy engagement, and safe advocacy.

Strengthen community-level mechanisms for disability inclusion, ensuring that persons with disabilities are not only consulted but actively involved in decision-making and monitoring of local initiatives.

Establish clear feedback and accountability mechanisms to ensure community input is reflected in decisions, strengthening trust and sustained engagement.

Build alliances between grassroots organisations and research institutions to amplify diverse voices. Partnerships can bridge the gap between lived experience and institutional evidence, ensuring that community perspectives inform national policy dialogue.

Conclusion

Cambodia has made progress in GEDSI policy intent, but significant gaps remain in practice. Government institutions, research organisations, and communities all face challenges in mainstreaming GEDSI, particularly in addressing intersectional barriers.

Strengthening GEDSI across the evidence-to-policy chain is essential for legitimacy and effectiveness in policymaking. Inclusive knowledge production ensures diverse perspectives inform decisions, making policies more responsive and equitable.

This Analysis calls for systemic, coordinated, and intersectional approaches to GEDSI integration anchored in institutional reforms, research practices, and community participation. By embedding GEDSI principles across Cambodia's knowledge ecosystem, the Ponlok Chomnes II program and its partners can help transform policy processes into genuinely inclusive platforms that reflect the realities and aspirations of all citizens.

01

INTRODUCTION

This GEDSI Analysis examines how gender, disability, and social inclusion (GEDSI) dynamics shape participation in Cambodia's research and policy ecosystem. It provides an integrated assessment of who is involved in knowledge production, who remains excluded, and the structural and institutional factors that drive these patterns. The purpose of the report is to offer a clear, evidence-based understanding of these barriers and to identify practical entry points for strengthening inclusion across the wider knowledge sector in Cambodia.

The work is situated within the Ponlok Chomnes II: Data and Dialogue for Development in Cambodia (Ponlok Chomnes II) Program with support from the Australian Government. The Program seeks to strengthen inclusive, evidence-informed policymaking by improving how knowledge is generated, communicated, and used in public policy processes. GEDSI considerations are central to this aim. When women, people with disabilities, youth, LGBTQIA+ persons, and other marginalised groups face limited access to research opportunities or policy engagement spaces, their perspectives and lived experiences are less likely to inform decision-making. The result is a knowledge sector that risks reinforcing gaps rather than closing them.

Inclusion in research and policy processes is not only about representation. It also affects who sets research agendas, whose knowledge is considered credible, who can meaningfully participate in research and dialogue spaces, whose voices influence decisions, and how evidence is communicated and taken up in policy processes [1]. A lack of diversity within research institutions, academic networks, and CSOs affects the quality and relevance of the evidence produced. Strengthening GEDSI across the evidence-to-policy chain is therefore essential for improving both the legitimacy and effectiveness of public policy in any context, including Cambodia.

[1] UN Women (2018). *Turning promises into action: Gender equality in the 2030 Agenda for Sustainable Development.*

While this analysis is grounded in lessons emerging from Ponlok Chomnes II, its implications extend well beyond a single program. The findings speak directly to broader government priorities on public administration reform, decentralisation, gender equality, disability inclusion, and evidence-informed policymaking. Ongoing initiatives such as the implementation of the Gender Equality Policy and Action Plan, the National Disability Strategic Plan, the National Social Protection Policy Framework, and efforts to strengthen policy research and data systems all rely on credible, inclusive evidence. Persistent gaps between policy intent and practice highlight the need for stronger GEDSI integration across how research is commissioned, produced, and used. Addressing these gaps is therefore not a program-specific concern, but a systemic issue affecting the quality, relevance, and legitimacy of policy decisions across sectors.

The study's objectives are to understand and analyse inclusion within the knowledge sector and identify realistic ways to strengthen participation. This includes:

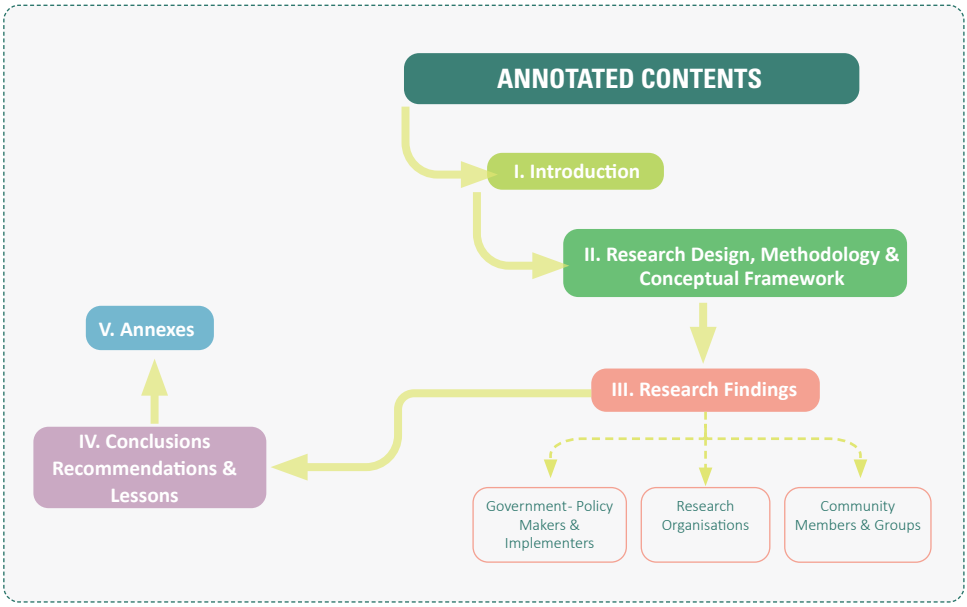
- Analysing the barriers, opportunities, and specific needs of women, people with disabilities, and other socially disadvantaged groups in engaging with the research and policy process;
- Identifying strategies for integrating GEDSI principles more effectively across Cambodia's knowledge sector; and
- Identifying realistic actions that institutions and networks can take to strengthen inclusion.

Cambodia has no shortage of gender assessments, disability studies, and social inclusion analyses. What this GEDSI analysis adds is a qualitative, systems-level perspective on how inclusion functions across the research-to-policy ecosystem. Rather than assessing outcomes within a single sector or population group, it examines how power, participation, and credibility are shaped across institutions, research, and practices. By centring lived experience and institutional practice together, the analysis surfaces gaps that are often missed in quantitative studies or standalone thematic assessments, particularly around agenda-setting, voice, and influence within evidence generation and use.

The Analysis draws on consultation transcripts, interview notes, and other documentation gathered by Ponlok Chomnes II, along with targeted follow-ups where needed. Participants' own accounts of navigating academic spaces, research roles, and policy dialogue platforms provide valuable insight into both systemic constraints and emerging opportunities.

The analysis also examines core GEDSI barriers across government institutions, research careers, institutional practices, communication, and policy engagement. It highlights intersectional experiences that shape access and influence and maps institutional drivers of exclusion. This Analysis is intended for a range of actors involved in Cambodia's knowledge and policy ecosystem. Its primary audience includes research institutions, universities, think tanks, civil society organisations (CSOs), and networks engaged in evidence generation and policy dialogue, as well as government institutions that rely on research to inform policy decisions. The analysis is also relevant for development partners and programs supporting governance, research, and social inclusion. While grounded in Ponlok Chomnes II, the findings and recommendations are relevant to a wide range of actors working to strengthen inclusion in Cambodia's knowledge ecosystem.

Structure of the report



02

RESEARCH DESIGN, METHODOLOGY, AND ANALYTICAL FRAMEWORK

The Analysis was designed as a participatory qualitative inquiry into how GEDSI operates across Cambodia's knowledge and policy ecosystem. From the outset, the research prioritised credibility, accessibility, and inclusion in both design and implementation. Data collection tools were developed in Khmer, fieldwork was carried out by trained interviewers drawn from Ponlok Chomnes II partner organisations with contextual and linguistic familiarity, and multiple validation steps were built into the process to test interpretations and strengthen reliability. These choices were intended to ensure that the evidence reflects lived realities as accurately as possible, while meeting accepted standards for qualitative research.

The research approach combines qualitative primary data, a targeted secondary review, and a consistent analytical framework grounded in GEDSI principles. Rather than treating participation as a downstream outcome, the study embedded participatory practice throughout the research process, from respondent selection and tool design to data interpretation. This approach allowed respondents not only to share experiences, but also to shape how inclusion, exclusion, and influence are understood within research and policy processes. The goal was to capture both institutional dynamics and lived experience, and to bring these perspectives together in a way that can inform practical action for the Ponlok Chomnes II program and the wider knowledge sector.

2.1. Research Design

The methodology reflects three considerations that shaped the overall design. First, the research and GEDSI community in Cambodia is small, which allowed the team to be comprehensive in reaching out to research institutes, networks, and practitioners. Second, the study deliberately sought out groups whose voices tend to be missing from national research and policy conversations. This includes persons with disabilities, LGBTQIA+ individuals, indigenous and ethnic minority communities, youth, elderly people, and rural groups. Third, the study employed a targeted yet inclusive sampling approach.

To meet these goals, the study brought together three streams of evidence: focus group discussions (FGDs) at the community level; key informant interviews (KIIs) with government, institutions, and practitioners; and secondary sources that helped contextualise and validate the findings. Triangulating these sources provided a balanced view of institutional practice, policy environments, and the lived experience of socially disadvantaged groups.

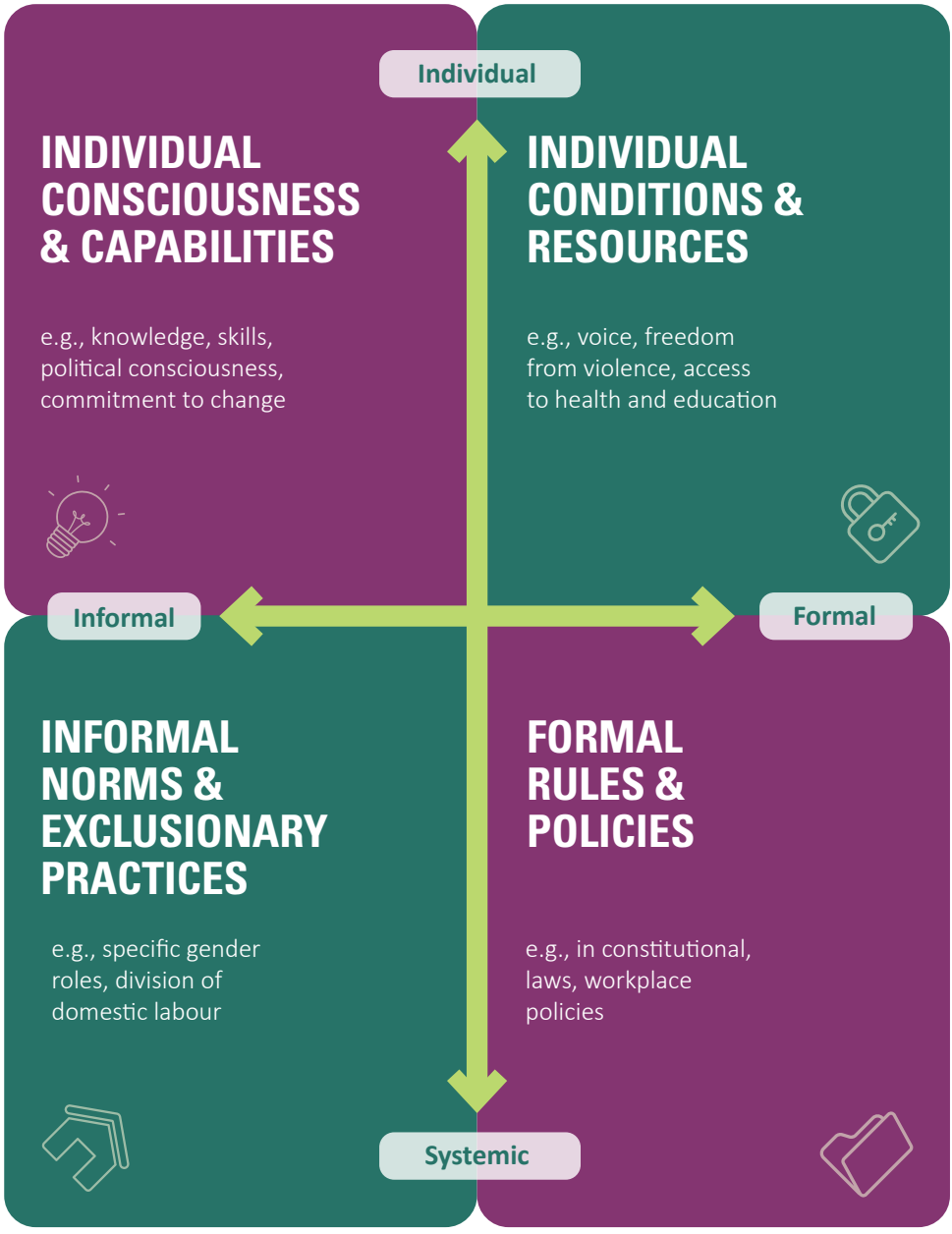
2.2. Analytical Framework

The Analysis applied DFAT's preferred GEDSI framework, the Gender at Work Framework[2] , as outlined in its Gender Equality, Disability, and Social Inclusion Analysis: Good Practice Note (DFAT, May 2023)[3]. The framework informed the design of research questions, tools, and data collection processes, as well as the selection of GEDSI priority groups and the overall analytical approach. It was used to examine both formal systems, including policies, laws, and institutional arrangements, and informal factors such as social norms, power relations, and everyday practices that shape inclusion and exclusion. Rather than treating gender, disability, and social inclusion as separate or additive categories, the Analysis applies an intersectional lens to assess how these factors interact to influence participation, recognition of knowledge, and decision-making across different levels of implementation.

[2] The Gender at Work Framework highlights the relationships between gender equality, organisational change and the power dynamics within institutions and communities. The Framework can be used to uncover opportunities and barriers to gender equality, to map a strategy for change, and to guide evaluative efforts to mark progress. *Gender at Work Framework - Gender at Work*

[3] *Gender equality, disability, and social inclusion analysis – Good practice note*

GENDER AT WORK FRAMEWORK



[4] Source: Gender at Work Framework; https://genderatwork.org/resources/gender-at-work-framework/

The Analysis focuses on four interrelated dimensions

1 **Gender equality** - examining how gender norms, roles, and expectations influence access to research careers, leadership positions, and policy dialogue spaces, as well as whose expertise is valued within institutions.

2 **Disability inclusion** considers how social attitudes, physical and digital accessibility, organisational practices, and accommodation systems enable or restrict participation by persons with disabilities.

3 **Broader social inclusion** captures additional axes of marginalisation, including ethnicity, indigenous identity, sexuality, geography, socioeconomic status, and age, which shape access to education, networks, resources, and decision-making platforms.

4 **Intersectionality** is treated as a cross-cutting analytical lens rather than a standalone category. It recognises that exclusion is often produced through the interaction of multiple identities and structural factors, and that barriers experienced by, for example, indigenous women with disabilities or rural LGBTQIA+ youth cannot be understood through a single dimension alone.

Box 1:
Defining Intersectionality

Intersectionality[5] recognises that people experience inequality and exclusion in different ways depending on how multiple aspects of their identity interact. Gender, disability, age, ethnicity, class, sexuality, location, and other factors do not operate in isolation. They overlap and combine to shape people's access to power, resources, opportunities, and decision-making.

An intersectional approach moves beyond single-factor analysis. It helps explain why individuals or groups facing similar forms of disadvantage may experience them differently, and why some are more marginalised than others. In GEDSI work, this means analysing how intersecting identities shape lived experiences and ensuring that policies and programs respond to these layered realities rather than applying one-size-fits-all solutions.

Across all four dimensions, the analysis examines underlying mechanisms of exclusion and inclusion. These include formal and informal institutional rules, incentive structures within research and policy systems, gatekeeping practices in funding and agenda-setting, and power dynamics that determine whose knowledge is legitimised and taken up. By applying this framework consistently across participant groups, locations, and institutional contexts, the analysis identifies patterns of systemic constraint as well as points where change is possible. Secondary sources are used where necessary to contextualise and validate these findings.

[5] In 1989, legal scholar Kimberlé Crenshaw coined the term *intersectionality* to describe how multiple forms of discrimination, power, and privilege intersect in Black women's lives, in ways that are erased when sexism and racism are treated separately. Since then, the term has been expanded to describe intersecting forms of oppression and inequality emerging from structural advantages and disadvantages that shape a person's or a group's experience and social opportunities. It describes overlapping or interdependent systems of discrimination related to age, disabilities, ethnicity, gender, geographic location, sex, socioeconomic status, sexuality, etc.

2.3. Overarching Research Questions

The research questions draw from the assignment mandate and have been further refined through discussions with the Ponlok Chomnes II team. The goal is to collect information that directly answers these questions through FGDs and KIIs tailored to each target group. Secondary sources are used to complement the primary data and are referenced where relevant. For consistency and ease of navigation, the Findings section follows the same set of research questions outlined below.

1. How do government officials mainstream or integrate GEDSI? What challenges do they face in GEDSI integration? What additional support/inputs would be helpful for GEDSI integration in their work?
2. How do researchers mainstream or integrate GEDSI? What challenges do they face in GEDSI integration? What additional support/input would be helpful for GEDSI integration in their work?
3. What are the barriers, opportunities, priorities, and specific needs of women, persons with disabilities, LGBTQIA+, and other socially disadvantaged groups for participation in the knowledge sector and policy process?
4. How can barriers be reduced and opportunities leveraged to improve the participation of socially disadvantaged groups in the knowledge sector and policy process, enabling them to receive improved support?

2.4. Participant Selection and Field Sites

- **KIIs**

Key informant selection was guided by consultations with the Ponlok Chomnes II team, the GEDSI Consortium, and networks across government, civil society, and academia. The focus was on individuals with practical experience in research, policy engagement, or GEDSI integration. Because the sector is relatively small, the team could engage a wide spectrum of organisations without sacrificing depth. In total, the team conducted 32 KIIs with 74 respondents, representing government ministries, universities, research institutions, Organisations of Persons with Disabilities (OPDs), women's networks, development programs, and grassroots organisations.

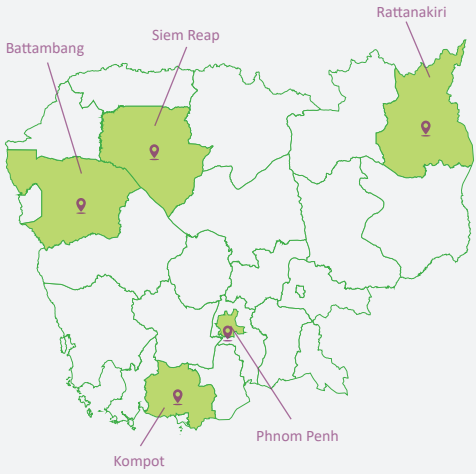
The selection approach was purposive and aimed to include both established GEDSI actors and less visible groups. Specific efforts were made to include perspectives from LGBTQIA+ individuals, persons with disabilities, Indigenous and ethnic minority groups, and rural communities. Engagement with grassroots organisations, OPDs, and relevant government stakeholders helped reach respondents who may not be visible through institutional networks alone.

Table 1: List of KIIs

Type	Institutions	Number of Participants KIIs
Government	Ministry of Industry, Science, Technology, & Innovation (MISTI), Ministry of Women's Affairs (MoWA), Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSVY), Ministry of Agriculture, Forestry and Fisheries (MAFF), Ministry of Environment (MoE), National Committee for Disaster Management (NCDM), Ministry of Foreign Affairs and International Cooperation (MoFA), Ministry of Economy and Finance (MEF), and Provincial Women and Children Consultative Committee (PWCCCs)	48 (22M, 26F)
University	Angkor University, National University of Battambang (NUBB), National Institute of Affairs (NISA)	5 (4M, 1F)
Programs	Cambodia Australia Partnership for Resilient Economic Development (CAPRED), Australia-Cambodia Cooperation for Equitable Sustainable Service (ACCESS), United Nations Women (UN Women), Cowater	5 (5F)
GEDSI Consortium	Women Peace Makers (WPM), Gender and Development for Cambodia (GADC) and Cambodian Disabled People's Organisation (CDPO)	3 (3F)
IPO/WO	Cambodia Indigenous Youth Association (CIYA) and Cambodia Indigenous Women Association (CIWA), Rainbow Community Kampuchea (ROCK)	5 (1M, 4F)
Network	SheThinks Network	2 (2F)
Research Institutes	Cambodia Development Resource Institute (CDRI), Centre for Policy Studies (CPS), Centre for Khmer Studies (CKS), Future Forum (FF)	6 (3M, 3F)

FOCUS GROUP AND COMMUNITY-LEVEL DISCUSSIONS

The selection of provinces and districts for FGDs was determined through consultation with Ponlok Chomnes II, provincial partners, and government stakeholders, including the Commune Committees for Women and Children (CCWC). Five locations were chosen to reflect Cambodia's geographic and social diversity: Phnom Penh, Battambang, Siem Reap, Kampot, and Rattanakiri.



- **Phnom Penh**

  was selected for its central role in national research and policy dialogue and its diverse population.

- **Battambang**

  was included due to its high number of persons with disabilities and presence of disability and rehabilitation centres.

- **Siem Reap**

  was chosen for its large vulnerable labour force linked to tourism.

- **Kompot**

  represents coastal regions with significant ethnic minority populations,

- **Rattanakiri**

  was selected to represent indigenous communities in mountainous areas.

Local authorities, particularly CCWCs, supported outreach and helped ensure participation from groups often excluded from formal research. Across the five sites, the research team conducted 52 discussions with 278 participants (Table 1), including women and men, persons with disabilities, LGBTQIA+ individuals, youth, elderly people, and ethnic minority and Indigenous participants. Their lived experiences form a central basis for the analysis and recommendations.

This purposive sampling approach was designed to balance institutional representation with the inclusion of under-represented groups, ensuring the analysis reflects both system-level perspectives and lived experiences across Cambodia's diverse contexts.

Table 2: Composition of FGD participants by stakeholder group, location, and GEDSI characteristics (including intersectionality)

Types	Institutions	Total numbers	Number of women	LGBTQIA+	People with disability	IP/ Ethic minority	Intersectionality
Government (District) 10 FGDs	DWCCC + Focal person in charge of livelihood/ Climate Change	32	24	0	0	3	2 females from indigenous community, 6 female elderly
Government (Commune) 10 FGDs	CCWC + Focal person in charge of livelihood/ Climate Change	67	58	0	1	10	3 female youth from indigenous community, 7 female elderly, 1 female with disability
GEDSI Target group 20 FGDs	Phnom Penh	30	17	9	7	4	9 LGBTQIA+ Youth, 6 female youth (4 female youth with ethic minority background), 2 females with disability
	Battambang	33	5	8	9	0	5 females with disability, 8 LGBTQIA+ youth
	Siem Reap	29	20	7	6	1	5 females with disability
	Kampot	31	19	8	8	10	7 LGBTQIA+ youth, 2 female youth from ethnic minority background, 4 female youth, 1 elderly from ethic minority background, 8 elderly women from ethic minority background, 3 women with disability, 1 female elderly
	Rattanakiri	36	25	12	2	36	1 female with disability, and indigenous community, 12 LGBTQIA+ youth from indigenous community, 6 female youth from indigenous community
CSO discussions – 10 Local NGOS	OPD/Women's organisations/ Indigenous Peoples' organisations in Kampot, Siem Reap, Battambang and Rattanakiri	20	10	3	0	3	Intersectionality not recorded

RESEARCH PRINCIPLES

Do no harm

The team took steps to reduce any potential risk to participants, respondents, and field researchers. This included securing consent for all interviews and FGDs, ensuring safe and neutral settings, avoiding inflammatory or inappropriate questions, using clear and respectful language, and maintaining a professional and sensitive approach throughout. All respondents' identities are protected, with anonymity and confidentiality upheld unless explicit permission is granted.

Leave no one behind

Aligned with the 2030 Agenda for Sustainable Development[6] , the research applied a strong social inclusion lens. The team ensured that voices of women, people with disabilities, indigenous communities, and other socially disadvantaged groups were central throughout the process.

Child Safeguarding

Consistent with DFAT's child protection policy [7] , all field researchers received guidance on appropriate conduct around children. While the research did not engage children directly, Ponlok Chomnes II and the research team prioritised full compliance with safeguarding responsibilities.

[6] *Transforming our world: the 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs*

[7] *Child Protection Policy 2025 | Australian Government Department of Foreign Affairs and Trade*

2.5. Research Tools, Data Collection and Analysis

The interview guides and discussion tools were developed directly from the core research questions and the objectives of Ponlok Chomnes II. For the KIIs, the tools focused on institutional practices: how priorities are set, how research is carried out, how GEDSI is integrated or overlooked, and how organisations interpret their role in influencing policy.

For FGDs, the tools were designed to draw out lived experience and local perspectives on how research and policy processes affect communities. Participants were encouraged to speak about the challenges they face in voicing concerns, accessing information, participating in consultations, and securing support from government or civil society actors. The tools were used flexibly, adapting to the background and comfort levels of participants. In several cases, the team made real-time adjustments to ensure questions were accessible to participants with disabilities, those unfamiliar with research processes, or those speaking local languages.

Analysis was conducted iteratively as data became available from desk research, consultations, KIIs, and FGDs. Findings presented in this report reflect a consolidated synthesis of primary and secondary sources, guided by the research questions and the GEDSI analytical framework. Interview and discussion notes were systematically documented, organised, and reviewed to identify recurring themes, areas of divergence, and emerging insights across respondent groups and locations.

To protect confidentiality, primary sources are not individually attributed in the report. Publicly available documents and program materials are cited where relevant. Secondary sources are referenced using standard footnote citations, with links to original sources included where available. Notes from all interviews and discussions were securely retained as raw, unanalysed data to support transparency, ethical accountability, and potential future review in line with good qualitative research practice.

Secondary Data Review

To supplement and verify the primary data, a targeted review of secondary sources was conducted. These included national statistics, academic literature, program documents, policy briefs, government strategies, and information from organisational websites. Secondary sources were especially useful in areas where respondents had limited visibility of broader institutional landscapes, or where quantitative data was needed to contextualise qualitative findings. This review provided important background on gender disparities, disability inclusion, rural marginalisation, and the structure of the knowledge sector.

2.6. Research and Data Collection Team

The core research team comprised an international GEDSI specialist and a national consultant with extensive research experience in Cambodia. They worked jointly on research design, data collection, and analysis, and led both primary and secondary research. Local researchers supported community-level data collection, facilitating FGDs with community groups and civil society organisations. The team worked in coordination with Ponlok Chomnes II, drawing on knowledge from the program and technical inputs where relevant, while retaining analytical independence.

The study explicitly recognised that researcher identity and positionality can influence data collection and interpretation. To address this, the research team was intentionally diverse. The Phnom Penh–based team included two women, one Cambodian and one Canadian, from different age groups.

The field research team of seven included five women and two men, one researcher with a disability, and two indigenous researchers. This composition supported more inclusive engagement and strengthened interpretation of findings.

All field researchers participated in a one-day training led by the international and national consultants, covering the study objectives, Ponlok Chomnes II context, key GEDSI concepts, and use of the discussion guides. Researchers received ongoing support during fieldwork through regular coordination with the national consultant and a research coordinator. A follow-up training on child safeguarding was also conducted to reinforce ethical practice.

An initial draft of the Analysis was prepared by the research team and circulated to the reference group for feedback. The reference group included the GEDSI Consortium, the DFAT Disability Inclusion Helpdesk, MISTI, and ACCESS II. Later, an online validation session was conducted by the research team on 16 August 2024. This session was held in English and included participants who were involved in the interview process. A separate session was also conducted in Khmer with sub-national stakeholders.

Based on inputs and feedback received on the initial draft, a gender and development specialist was engaged who subsequently took responsibility for developing the second draft, consolidating inputs and undertaking substantial refinement to bring the Analysis to its final form.

2.7. Limitations of the Study

This analysis is based primarily on qualitative data collected through FGDs, KIIs, and stakeholder consultations, complemented by a targeted review of selected policy documents and secondary sources. While this approach provides rich, context-specific insights into GEDSI integration in Cambodia's research and policy processes, several limitations should be noted.

First, as with any qualitative study, the findings are not statistically representative. Some groups were under-represented in certain provinces, and time constraints limited the scope for follow-up interviews. However, the breadth of respondents, diversity of locations, and consistency across data sources provide a strong basis for the analysis and recommendations that follow.

Second, the findings are largely perception-based and reflect the experiences and perspectives of participants engaged in the study. Although efforts were made to ensure diversity across stakeholder groups and geographic locations, the analysis may not fully capture the full range of experiences across all ministries, sectors, or population groups.

Third, while the analysis examines key elements of the research–policy interface, it does not systematically map how evidence is generated, used, and translated into policy decisions across sectors. As a result, the assessment of the evidence-to-policy chain remains illustrative rather than exhaustive.

Finally, the recommendations presented are intended to be practical and forward-looking but may require further validation and prioritisation through consultation with government and key stakeholders. Additional data, including more comprehensive secondary analysis and administrative data, would strengthen the evidence base for future iterations of this work.

03

RESEARCH FINDINGS

Cambodia's policy landscape has undergone steady institutional development over the past decade, with government, researchers, and communities each playing a role in how knowledge is produced, interpreted, and translated into public action. Despite policy commitments to equity and inclusion, the evidence-to-policy chain remains shaped by systemic limitations, uneven capacity, and gaps in how the state engages with people whose lived experiences fall outside standard administrative categories.

The findings are framed across three lenses: government; researchers/research institutions; and communities,- not as silos, but as interacting sites of power and knowledge. For government and research institutions, the insights tend to reflect more formal and systemic issues. At the community level, formal and informal factors appear in more equal measure, where community members speak about discrimination, access barriers, and bias, while sub-national authorities largely describe their work through the lens of policy obligations and service delivery. This structure allows the analysis to answer the overarching research questions while showing how identities and inequalities intersect throughout the system, depending on the lens used.

3.1. Government: Policy Makers and Implementers

RESEARCH QUESTION 1

How do government officials mainstream or integrate GEDSI? What challenges do they face in GEDSI integration? What additional support/inputs would be helpful for GEDSI integration in their work?

3.1.1. Overview of policy frameworks and practices for evidence and consultation

Cambodia does not have a single overarching law that mandates inclusive consultation, feasibility studies, and evidence use across all policy and law-making processes. Instead, the government's approach reflects a mix of sector-specific legal requirements, administrative practice, and policy norms shaped by international commitments. Environmental legislation, including the Law on Environmental Protection and the Environment and Natural Resources Code, provides the clearest legal precedent for mandatory impact assessments and public consultation during planning and policy formulation.[8] Beyond these areas, consultation and use of research are not uniformly required by statute but are increasingly expected in practice, particularly for national strategies and action plans. Cambodia's commitments under international frameworks, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of People with Disabilities (CRPD) alongside coordination bodies, have also reinforced expectations around evidence, consultation, and reporting, even where these are not legally codified.

In policy implementation, the government has consistently acknowledged the value of research, monitoring, and stakeholder engagement, particularly in areas related to GEDSI. Most national policies and action plans include provisions for monitoring, evaluation, and periodic review, and many emphasise the need to engage line ministries, sub-national authorities, civil society, and affected communities. For example, the National Strategic Development Plan 2019–2023 (updated 2024) outlines mechanisms for results-based monitoring, inter-ministerial coordination, and sub-national engagement. Similarly, Neary Rattanak VI and related sectoral gender action plans set out monitoring frameworks and highlight the importance of consultation with civil society and local authorities, while the National Social Protection Policy Framework 2016–2025 explicitly incorporates multi-stakeholder coordination and community engagement in implementation processes.

[8] Royal Government of Cambodia, *Law on Environmental Protection and Natural Resource Management (1996), and Environment and Natural Resources Code* (adopted 2023), which establish requirements for environmental impact assessments, strategic environmental assessments, and public participation during project planning, policy development, and approval processes.

At the same time, some ministries, including the Ministry of Economy and Finance (MoEF), have established internal research or analytical units to support policy formulation and monitoring and evaluation. However, the roles and functions of these groups remain relatively informal and ad hoc, limiting their ability to systematically generate and use evidence across the policy cycle.

In practice, GEDSI-related research and knowledge generation are largely financed through donor-supported programs working in partnership with government, rather than through clearly identifiable standalone budget lines[9]. Government resources for GEDSI and evidence generation are typically embedded within sectoral ministry budgets and national plans[10] , while large-scale investments in research, data, and inclusive policy dialogue continue to be driven by development partners. Taken together, this reflects a governance model where the importance of research, data, and inclusion is clearly recognised and acted upon, but institutionalised unevenly across sectors and still heavily reliant on external support to translate commitment into systematic practice.

Across interviews, government officials consistently described a policy environment that recognises the value of GEDSI and is moving toward stronger, systemwide integration. These commitments are reinforced by national frameworks such as the Pentagonal Strategy, the National Strategic Development Plan, Neary Rattanak VI, the National Disability Strategic Plan, the Master Plan on Gender and Climate Change (2018-2030)[11] , and the Nationally Determined Contribution (NDC 3.0)[12]. Additionally, several significant national initiatives are underway including new gender equality and social inclusion policies - that are expected to apply across all line ministries once approved. These developments have the potential to provide a unified framework for action and push Cambodia toward more consistent GEDSI implementation at scale.

When viewed through the four dimensions of the analytical framework (i.e. gender equality, disability inclusion, social inclusion, and intersectionality), the evidence points to a system that is evolving, but still uneven, with clear strengths in policy intent and continued challenges in execution. Government ministries continue to shape how GEDSI is interpreted, implemented, and monitored across Cambodia's policy and knowledge systems. National policy intent is strong, and most ministries now reference GEDSI in their strategies, reforms, and sector plans.

[9] Programs like Australia-financed ACCESS 2, CAPRED and Ponlok Chomnes work directly with government counterparts to embed GEDSI principles into policy, investment planning, and sub-national budgeting practices. Funding for GEDSI-related implementation and research is mostly delivered through donor programs. Government ministries allocate internal budgets for implementation of national plans, but these tend to be embedded in existing sector budgets (MoWA, MoEYS, MoH) rather than standalone lines tagged for GEDSI research or monitoring

[10] The State budget does not yet include a separation between the pool of government and external resources that has been specifically allocated for GEDSI related projects.

[11] Master Plan on Gender and Climate Change 2018-2030

[12] *https://ncsd.moe.gov.kh/node/add/resources*

3.1.2. Gender Equality in Government Structures and Policy Processes

Gender equality is the most established element of GEDSI within government. Several ministries, including the Ministry of Women's Affairs (MoWA), Ministry of Planning (MoP), Ministry of Education, Youth and Sport (MoEYS), Ministry of Health (MoH), Ministry of Agriculture, Forestry and Fisheries (MAFF) and others, have gender mainstreaming mandates articulated in sector-specific strategies and action plans.

MoWA's *Neary Rattanak V* (2019–2023)[13] and the *Neary Rattanak VI*[14] continue to anchor national gender priorities, with commitments on women's economic empowerment, leadership, and protection from gender-based violence.[15] Neary Rattanak VI is linked to legal frameworks, policies, reform programs and sectoral policies to fulfil the commitments of the RGC. MoWA is also moving forward with a National Gender Equality Policy encouraged by and to be submitted to the Office of the Council of Ministers. These frameworks taken together reinforce Cambodia's commitments under the CEDAW and form the backbone of gender work across sectors.

[13] Neary Rattanak V (2019–2023)

[14] NR6-English-V10_Web.pdf

[15] The Ministry of Women's Affairs (MoWA) officially launched and disseminated the Neary Rattanak VI Strategic Plan 2024-2028 on 8 April 2024 to promote gender equality and empower women and girls in Cambodia. Neary Rattanak VI is a five-year master plan that sets out 41 measures focusing on gender mainstreaming through a gender-transformative approach, with six priority programs on promoting 1. Women's Economic Empowerment; 2. Social Ethics, Women's and Family's Values; 3. Well-Being of Women and Girls; 4. Legal Protection for Women and Girls; 5. Women in Leadership and Governance; and 6. Women and Climate Change.

Box 2:
Insights from the Ministry of Women's Affairs (MoWA)

MoWA described a policy environment that is gradually widening from a ministry-specific agenda to a national one. Officials explained that the Neary Rattanak VI was developed because "most stakeholders thought that it only belonged to MoWA," and the ministry wanted a tool that would "influence other ministries to think about gender." The policy was finalised as Neary Rattanak VI and adopted in March 2024.

MoWA's policy development and gender mainstreaming processes show a somewhat structured, state-led approach to participation and evidence use, with clearer emphasis on consultation than on shared agenda-setting. Strategic documents such as the National Policy on Gender and Neary Rattanak V are informed by a five-yearly gender assessment across six sectors, drawing on a mix of administrative monitoring data, national surveys (including Cambodia Demographic and Health Survey (CDHS) and ACCESS), desk reviews, and targeted primary data collection in selected regions. Consultation is multi-tiered and sequenced, beginning after zero drafts and spanning national ministries, subnational authorities, CSOs, international NGOs, and selected GEDSI beneficiaries, with the scale of participation shaped by available budgets. Research and evidence are referenced as inputs, including commissioned studies and selected CSO research where methodological quality and representation are deemed sufficient. However, participation is largely consultative rather than co-creative, with MoWA retaining control over framing, priorities, and validation.

While sectoral gender mainstreaming action plans across 29 ministries reference monitoring and reporting, community participation is more clearly articulated at implementation and validation stages than in defining research questions or policy directions. Intersectionality is acknowledged in implementation examples and through mechanisms such as disability working groups and climate-gender sub-sectors, but it is not consistently framed as an analytical lens within research design or monitoring frameworks. Line ministries have Gender Mainstreaming Action Groups (GMAGs), though their functionality is inconsistent. In several ministries, GMAGs meet infrequently, depend on individual champions, and are not fully resourced.

The Pentagonal Strategy Phase 1 (2023-2028) [16]reinforces these commitments. A key pillar (Pentagon 4- Resilient, Sustainable and Inclusive Development) outlines five priorities with direct relevance to GEDSI. One of these five priorities includes demographic resilience and gender equality.[17]

MoEYS integrates gender in its Education Strategic Plan and collects sex-disaggregated education data from the school level upward. MAFF implements its 2023–2028 Gender Policy Book through its Gender Mainstreaming Action Group (GMAG) and supports women's leadership, agricultural extension, food security, and climate-related work. MoH's policies highlight gendered health disparities, especially in maternal health and reproductive health. Other ministries, including the Ministry of Industry, Science, Technology and Innovation (MISTI), and MoP, reference gender in sector plans, though the level of application varies.

These initiatives represent important steps toward institutionalising gender considerations within Cambodia's evidence-to-policy chain. Overall, the gender architecture offers a relatively stable foundation for evidence-informed policy and research.

3.1.3. Disability Inclusion in Policy Development and Public Service Systems

Disability inclusion has gained prominence as Cambodia implements the National Disability Law and the National Disability Strategic Plan 2019–2023[18]. The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) leads this agenda, supported by the Disability Action Council. To date 19 ministries have now established Disability Action Working Groups (DAWGs).

All provinces also maintain Disability Action Councils, reflecting a growing effort to organise disability-related work at sub-national levels. The National Disability Strategic Plan 2024-2028 was launched during the international disabled day on 3 December 2024[19]. This strategic plan drew on consultations with persons with disabilities, civil society, UN agencies, and government stakeholders. This strategic plan is a major inclusion-focused national strategy in process. After launching, dissemination efforts are being conducted at the sub-national level.

[16] Royal Government of Cambodia, Pentagonal Strategy – Phase I: Sustaining Peace, Accelerating Growth, and Promoting Equity and Sustainability, Phnom Penh, 2023.

[17] The remaining four priorities of the Pentagonal Strategy are i. sustainable management of natural resources, cultural heritage, and tourism; ii. agricultural and rural development; iii. urban management and modernization; iv. environmental sustainability, climate readiness, and the promotion of a green economy.

[18] National disability strategic plan 2019-2023 - Laws OD Mekong Datahub

[19] Khmertimes, December 2024, https://www.khmertimeskh.com/501602542/cambodia-launches-national-disability-strategic-plan-2024-2028/

Through the implementation of Sub-Decree no. 372 on the implementation on the National Social Assistance Program under family package of National Social Assistance Fund, MoSVY is making an effort to promote a national social assistant program[20]. The program intends to strengthen family well-being and build a resilient society. This program intends to: promote maternal and infant well-being and address malnutrition; encourage timely school enrolment for children; and alleviate livelihood hardship faced by persons with disabilities, elderly, and people living with HIV/AIDs. Poor families holding an ID poor card at level 1 or level 2 (a national program that identifies poor and vulnerable households) are eligible to register for the program.

Cambodian Disabled People's Organisation (CDPO) has been closely engaged throughout the consultation and implementation of the program. On 15 December 2025, CDPO convened a dialogue titled "The role of organisations of persons with disabilities and their contribution to social protection programs at the sub-national level," bringing together policymakers and OPDs. The dialogue created a practical space for persons with disabilities to raise concerns, share lived experiences, and put forward concrete requests directly to relevant authorities.

MoEYS has taken some of the most concrete steps through inclusive education guidelines and pilots that aim to create more disability-friendly school environments. MoH has strengthened screening, referral, and rehabilitation services, although access remains uneven, particularly outside urban centres. MoP has expanded the availability of disability-disaggregated data by incorporating disability modules into national household surveys. In parallel, there has been steady progress in disability-inclusive social protection. Reforms to the ID Poor system and social assistance program have improved identification of persons with disabilities and their eligibility for benefits, including disability allowances and health equity fund coverage.[21]

DFAT's Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) program has produced useful evidence and practical insights on disability inclusion in Cambodia through its long-term partnership with the the Royal Government of Cambodia. ACCESS (now ACCESS 2) works directly with the MoSVY, the Disability Action Council, and other government partners to support implementation of the National Disability Strategic Plan and improve inclusive service delivery for persons with disabilities. It also supports organisations representing people with disabilities and survivors of gender-based violence to engage in policy and planning processes and to strengthen

[20] RGC, 29 December 2023, sub-decree no. 372 on the implementation on the National Social Assistance Program under family package of National Social Assistance Fund.

[21] Independent Strategic Review - DFAT support to the Identification of Poor Households (IDPoor) in Cambodia Phase 3. This review notes expanded mechanisms for identifying persons with disabilities through the national disability identification system and links this to social protection targeting and service access improvements for persons with disabilities.

technical capacity at national and sub-national levels. These partnerships and documentation efforts, including annual reports and evaluations, offer a substantive overview of operational challenges, service gaps, and participation mechanisms in disability inclusion.[22]

At the same time, disability inclusion remains weakly reflected in overarching national development frameworks. In the Pentagonal Strategy, disability is barely referenced and those references are mostly in relation to veterans rather than persons with disabilities more broadly. This limited visibility suggests that disability has not yet been fully integrated as a cross-cutting development issue at the highest strategic level, reinforcing its continued treatment as a sectoral or welfare concern rather than a core element of inclusive growth, governance, and human capital development.

Box 3:

Disability Inclusion at the Ministry of Interior

In December 2023, the Ministry of Interior (MoI) established a Disability Action Team to advise the Ministry on disability issues and strengthen inclusion of persons with disabilities within its workforce. Chaired by the Secretary of State and overseen by the MoI as Honorary Chair, the Team is mandated to provide policy advice, support development of plans and strategies, and propose revisions to disability-related laws and regulations through the Disability Action Council of Cambodia. Its focus is institutional rather than service delivery, with a specific emphasis on improving the status, training, and employment opportunities of civil servants with disabilities within the MoI, where representation currently stands at just 0.93 percent. While the initiative signals increased attention to disability inclusion in public administration, it also raises coordination questions given MoSVY's statutory role on disability welfare, underscoring the need for clearer mandates and stronger inter-ministerial alignment to avoid overlap and ensure coherent GEDSI implementation.

[22] *ACCESS 2 Program, Australia Cambodia Cooperation for Equitable Sustainable Services – Phase 2 (ACCESS 2), accessed January 29, 2026, https://access2cambodia.org/access-2-program/*

Box 4:

Disability Inclusion at Ministry of Agriculture Forests and Fisheries

MAFF outlined a structured but early-stage approach to disability inclusion. The ministry has a Disability Working Group created "to check whether the ministry has employed people with disabilities" and to demonstrate its commitment to "equity and equality" in line with government policy. MAFF feeds disability data into national processes led by the MoSVY, participating in census exercises, workshops, and conferences on disability.

Officials noted that disability work is "more difficult compared to gender," as it requires more targeted data and coordination. MAFF maintains an office for persons with disabilities and 25 provincial units, beginning with internal staff and extending efforts to farmers, including those with disabilities. While the ministry has no separate budget line, leadership commitment, active working groups, and partnerships were identified as the main enablers of progress, helping ensure "support without leaving no one behind."

3.1.4. Social Inclusion: Ethnic, Indigenous, Geographic, Socioeconomic, and Age Dimensions

Social inclusion in Cambodia's research and policy environment remains uneven. Gender and disability frameworks have clearer institutional footing, supported by national commitments such as the Pentagonal Strategy, the National Strategic Development Plan (NSDP), and the National Disability Strategic Plan. In contrast, broader social inclusion is more fragmented and varies significantly across ministries and levels of government. Indigenous Peoples, ethnic minorities, rural communities, and the urban poor are the groups most often referenced in national documents, but the depth of engagement differs widely.[23] Social norms, administrative capacity, and structural inequalities continue to shape who participates in research processes and who benefits from policy decisions.

[23] *Cambodia's national policy and planning documents consistently reference Indigenous Peoples, ethnic minorities, rural communities, and the urban poor as priority groups. However, the extent of engagement and the specificity of commitments vary significantly across documents – from the National Report on the Demographic and Socio-Economic Situation of Indigenous Peoples in Cambodia and land rights instruments, to broader socio-economic frameworks like the National Strategic Development Plan and the National Social Protection Policy Framework (2024–2035). In many cases, these groups are named as priority populations but are not consistently reflected in implementation mechanisms, monitoring systems, or meaningful participation processes.*

A few sectors show stronger attention to social and geographic disparities. Institutions working on labour migration, youth development, and social protection have made clearer links between exclusion, economic vulnerability, and access to services. The National Social Protection Policy Framework with MoSVY as a key implementing ministry, identifies informal workers, elderly populations, and vulnerable households as priority groups, signalling an effort to align social protection with lived realities rather than treating poverty as a uniform condition. The Ministry of Environment (MoE) also represents a notable example of more consultative practice, particularly through its work on protected area management and the requirement for free, prior, and informed consent (FPIC) in relevant processes. Even when MoE does not engage directly, its partnerships with development agencies and NGOs frequently involve Indigenous and local communities, reflecting stronger attention to meaningful participation and locally grounded decision-making[24].

3.1.5. Intersectionality: Layered Barriers and Policy Blind Spots

Intersectionality is essential for understanding how different forms of disadvantage combine to shape access to knowledge, participation in policy processes, and experiences of state services, yet it remains the least understood pillar across government evidence systems. While the term "GEDSI" is familiar, many officials interpret it as a checklist of separate categories rather than a lens that captures how multiple identities intersect.

Policies such as the Neary Rattanak VI, the National Disability Strategic Plan, and the National Social Protection Policy Framework mention multiple vulnerable groups, but they rarely analyse how gender, disability, ethnicity, geography, and poverty interact. As a result, policy responses tend to be siloed: gender handled by GMAGs; disability by the Disability Action Council and Disability Focal Points; indigenous issues by Ministry of Rural Development; and socioeconomic issues by MoP and others. This fragmentation makes it difficult for government to generate or operationalise evidence that reflects real, lived experiences.

[24] *Ministry of Environment. Cambodia National REDD+ Strategy 2017–2026. Phnom Penh: Royal Government of Cambodia, 2017. Commits to safeguards aligned with international standards, including free, prior, and informed consent (FPIC), stakeholder engagement, and participation of Indigenous Peoples and local communities in forest and land-use decision-making.*

Intersectional analysis was particularly limited in research commissioned by ministries or academic institutions. Most studies disaggregate by sex, and occasionally disability or geography, but seldom analyse how these identities overlap. For example, national surveys such as the Cambodia Demographic and Health Survey (CDHS) and the Cambodia Socio-Economic Survey (CSES) routinely report outcomes by sex and location but do not analyse compounded forms of disadvantage, such as how gender intersects with disability, ethnicity, or poverty status. Similarly, sectoral research commissioned by line ministries often treats gender, disability, and poverty as separate analytical categories, resulting in parallel rather than integrated analysis. Without this lens, policies risk overlooking the people most affected by structural inequality, including indigenous women with disabilities, LGBTQIA+ youth in rural areas, migrant workers with limited education, and elderly people living in remote provinces.

> *Ponlok Chomnes II's work with ministries has highlighted the need for more integrated approaches, such as through co-design processes, participatory research methods, and capacity development on GEDSI-aware evidence interpretation. However, systemic adoption remains early stage.*

3.1.6. GEDSI Integration at Sub-National Levels

Sub-national structures are critical for translating national GEDSI commitments into action, as provinces and communes are often the first and most consistent point of contact with communities. In practice, however, engagement at this level remains largely framed around gender alone. Broader GEDSI considerations such as disability, social exclusion, and intersecting forms of marginalisation are rarely integrated in a systematic way, reflecting both capacity constraints and the highly centralised nature of decision-making.

[25] *National Institute of Statistics (NIS), Ministry of Planning. Cambodia Demographic and Health Survey 2021–22. Phnom Penh: Royal Government of Cambodia, 2023 - Disaggregates extensively by sex, age, and residence, but does not apply an intersectional analytical framework. NIS. Cambodia Socio-Economic Survey 2022. Phnom Penh: Ministry of Planning, 2023 - Presents poverty and welfare indicators by sex and geography, with limited analysis of overlapping identities. Ministry of Women's Affairs. Gender Mainstreaming Action Plan 2019–2023. Phnom Penh: Royal Government of Cambodia, 2019 - Acknowledges gender disparities but largely treats disability, ethnicity, and poverty as separate policy concerns rather than intersecting ones.*

• PROVINCIAL LEVEL

Provinces provide strategic direction and coordination. A core mechanism is the Provincial Women and Children Consultative Committee (PWCCC), established in 2009. Chaired by the Provincial Governor or Deputy Governor, the PWCCC brings together departments of Women's Affairs and Social Affairs, local NGOs, and community leaders to advise on policies and program affecting women and children.[26] This structure is mirrored at the district level, where committees address more localised concerns.

• COMMUNE LEVEL

The Commune Committee for Women and Children (CCWC) is responsible for frontline GEDSI-related work, including protection, welfare, livelihoods, and climate-related initiatives. They support services related to child protection, maternal health, prevention of family separation, income-generation, and climate-resilient agriculture.[27] CCWCs draw representatives from commune officials, local NGOs, and community leaders. Since 2020, selected provinces have expanded CCWC membership to include youth, older persons, persons with disabilities, and in Indigenous areas, Indigenous representatives. In Indigenous areas such as Rattanakiri and Mondulkiri, Indigenous representatives also participate. These changes, now being scaled nationally with support from the United Nations Development Program (UNDP) and other partners, aim to make local governance more inclusive and responsive to diverse community needs.

Group discussions with CCWC and Provincial Women and Children Consultative Committees (PWCCCs) showed that, while members may not use terms such as GEDSI, mainstreaming, or intersectionality, they do recognise the need to prioritise vulnerable groups, including those with multiple vulnerabilities. Key target groups include ID Poor 1 and 2 families, persons with disabilities, pregnant women, children under two, and Indigenous Peoples. The committees also support national social protection programs, including COVID-19 cash transfers, cash transfers for pregnant women, and family package cash transfer programs.

[27] MOSVY. N.d. Handbook for Commune Committees for Women and Children (CCWC) https://bettercarenetwork.org/sites/default/files/2019-10/CCWC%20Handbook%20English%20V6%20Hi.pdf

3.1.7. Challenges: Where GEDSI Integration Breaks Down

Despite clear policy commitments and growing institutional attention to GEDSI, integration across government remains uneven and largely inconsistent in practice. Gender equality is often treated as an administrative requirement rather than a substantive analytical lens, shaping how policies are framed, whose voices are included in consultations, and how evidence is interpreted. At the same time, disability inclusion continues to be constrained by limited accessibility and persistent stigma, with disability frequently understood through medical or welfare-based perspectives rather than as a rights-based and participatory issue. Taken together, these challenges reflect deeper structural, institutional, and attitudinal barriers that continue to reinforce exclusion across policy and decision-making processes, rather than systematically reducing it.

The sections below outline the specific challenges identified through the research.

1 **GEDSI is treated as a compliance exercise rather than an analytical lens.** GEDSI is frequently inserted into plans and templates to meet formal requirements, without shaping policy design, budgeting or program choices. Many officials continue to interpret GEDSI as a set of separate categories rather than to understand how power, identity and exclusion interact. This limits the depth of analysis and reinforces siloed responses across ministries.

2 **Conceptual understanding remains narrow and uneven.** Gender equality is still widely equated with women's participation and representation, rather than with challenging existing gender norms, roles and power relations that affect all groups. Disability is often understood through a medical or welfare lens, focusing on impairments rather than on structural and environmental barriers. Broader social inclusion, including ethnicity, indigenous identity, sexual orientation, and geography, receives limited attention and is often reduced to generic references to "vulnerable groups." Intersectionality is the least understood pillar, with few ministries analysing how gender, disability, poverty, and identity overlap in practice.

3 **GMAGs and disability focal points exist but are inconsistently functional.** Many lack authority, dedicated budgets, or technically trained staff. GEDSI responsibilities are often added to existing roles, reducing time and influence. Fragmented coordination between MoWA, MoSVY and technical ministries further weakens integration into sectoral policies, research agendas and data systems.

4 **The assessment of the national statistical system points to a clear and persistent mismatch between policy requirements and available data.** While there is moderate alignment for high-level strategic indicators (approximately two-thirds similarity), the system is not equipped to generate the detailed, disaggregated, and issue-specific data needed to support evidence-based decision-making. National frameworks such as the Pentagon Strategy and Neary Rattanak VI are reasonably well served by existing headline indicators. In contrast, the National Disability Strategic Plan is critically underserved, with no strong data matches identified for its core objectives, highlighting a fundamental gap in disability-related data. The matching analysis between national policy priorities and available datasets, drawing primarily on CAMSTAT, the data platform for the National Institute of Statistics, reveals uneven data coverage across sectors.

- **Areas with stronger data availability** include macroeconomic and basic labour indicators with inflation and unemployment data, show high levels of alignment with policy demand. Standard education indicators, such as dropout and gross enrolment rates, are also well covered and consistently reported. Reproductive health indicators and gender-related legal frameworks are another area of relative strength, with reliable data on maternal mortality, modern contraceptive use, and the existence of legislation addressing gender equality and intimate partner violence. In addition, UN Sustainable Development Goal (SDG)-related indicators, which were largely absent in earlier years, show a notable increase in availability from 2020 onwards. Infrastructure data was consistently available between 2015 and 2019, although this consistency has not been maintained in more recent periods.

- **Areas with limited or weak data availability** are more pronounced and policy-relevant. Disability represents the most significant gap in the system. Existing datasets typically report aggregate education or employment outcomes without identifying participation by persons with disabilities, making it impossible to assess inclusion or track progress against the National Disability Strategic Plan 3 commitments. Governance and judicial reform indicators are also largely missing, including measures related to judicial performance, business readiness, and logistics efficiency. In the gender domain, while policy and legal frameworks are documented, there is little data on implementation, such as the number of multisectoral response mechanisms for gender-based violence or the availability of childcare facilities in public and private institutions. Environmental and tourism-related data is inconsistent and episodic, with no sustained data series to support long-term analysis.

5

A cross-cutting weakness across all themes is the lack of disaggregated data. Many indicators are collected only at the national level and are not broken down by sex, age, disability, or geographic location. This limitation is particularly evident in the Neary Rattanak VI analysis, where all indicators requiring demographic disaggregation were assessed as weak matches.

Box 5:

Ministry of Environment: What's Getting in the Way of GEDSI Mainstreaming

The Ministry has spent years trying to anchor gender in its work, but progress is uneven. Gender focal points juggle this role on top of their regular jobs, and without a dedicated budget or technical lead, gender work is often confined to basic participation targets rather than deeper analysis. Linking gender to environment is still a stretch for many departments, which are stronger on natural resource management than on broader environmental protection. Data is another bottleneck: most of what the ministry uses is secondary because sex, age and disability-disaggregated data is still not systematically collected or shared.

Budget structures make this harder. Gender-responsive budgeting hasn't fully taken hold, and when program budgets shrink, gender allocations shrink with them. Development partners often route funding through intermediaries instead of the ministry, which weakens capacity and ownership. Despite these constraints, MoE sees real opportunity in green economy initiatives, women's economic roles in climate-sensitive sectors, and upcoming reforms on data and budgeting. The ministry is keen to partner more directly with government and development actors who can help close these gaps and move gender mainstreaming beyond compliance.

Box 6:

Integrating GEDSI into Cambodia's Budgeting Framework: Views from MEF

GEDSI-related budgeting in Cambodia is framed within the government's program-based budgeting system, where all ministries are required to align their policy objectives and programs with the national Pentagonal Strategy. In principle, this means GEDSI should be reflected in policy objectives and translated into funded programs, particularly for ministries such as MoWA and MoSVY. Gender Working Groups in each ministry are formally responsible for mainstreaming gender-responsive budgeting (GRB), and planning officials have reiterated that all ministries are expected to plan for GEDSI-related activities. Based on interviews with MEF, General Department of Budgeting, current budget formulation and review processes prioritise program results and alignment with government objectives, rather than tracking the distributional impacts of spending on gender or disability outcomes. In practice, however, there is no dedicated budget line or functional classification for gender or disability, making systematic tracking difficult. While budgets can be identified when activities explicitly target women or persons with disabilities, indirect GEDSI expenditures are not consistently captured or disaggregated, and there is no agreed national methodology for doing so. Constraints include the absence of a national budget envelope for GEDSI, competing fiscal priorities, and differing definitions of what constitutes gender or disability-related spending across sectors. As a result, budgeting focuses primarily on program outputs, rather than on measuring the equity impacts of public expenditure.

DISABILITY-SPECIFIC CHALLENGES

6 **Disability inclusion continues to be limited by inadequate physical and communication accessibility across government systems.** Many government buildings and meeting venues remain inaccessible, while digital platforms and public communications rarely provide accessible formats, sign language interpretation, or captioning. These gaps directly limit the meaningful participation of persons with diverse disabilities in policy discussions and decision-making processes. The shortage of qualified sign language interpreters further compounds this challenge. There is no up-to-date official data on interpreter availability, but reports from 2022 indicate that Cambodia had fewer than 20 sign language interpreters nationwide. This severe shortfall significantly restricts access to public consultations, official information, and essential services for persons who are deaf or hard of hearing, reinforcing their exclusion from policy formulation and civic engagement.[28]

7 **Persons with disabilities rarely occupy roles in government.** These challenges limit both the participation of persons with disabilities and the relevance of the policies designed for them. Official data from the government show that persons with disabilities are a small fraction of the public workforce. As of late 2024, 3,816 persons with disabilities were employed across 39 ministries and state institutions, equivalent to about 2 percent of government jobs.[29]

8 **The research also shows attitudinal barriers faced by people with disabilities remain strong.** Several ministry officials commented that disability inclusion is "specialised work" or outside their mandate, signalling a narrow, compliance-based understanding of disability rights rather than a mainstreamed approach. This influences which evidence gets prioritised, how consultations are designed, and whose voices shape policy choices. Many officials still focus on impairment types rather than structural and environmental barriers. This affects how policies are designed and limits the integration of inclusion measures across the policy cycle.

[28] *Secretary of State Em Chanmakara Calls for More Sign Language Interpreters to Meet Cambodia's Needs | News | DAC*
[29] *The Phnom Penh Post | Government boosting digital inclusion for persons with disabilities*

Box 7:
Gaps in Disability Policy and Cross-Ministerial Coordination

CDPO identified the absence of a national disability identification card as one of the most urgent barriers to inclusion. While the ID-Poor system offers a useful model, people with disabilities currently lack an equivalent mechanism that formally recognises their status or links them to social protection benefits. CDPO noted that an ID-person-with-disability card, ideally integrated with the ID-Poor system, could unlock targeted support—similar to the cash transfers provided to poor households during Covid-19.

Progress on this issue requires coordinated action across several ministries, and this is where the system is weakest. The Ministry of Health has no clear policy on fee exemptions for people with disabilities. CDPO is working with MoH to develop a strategy that could eventually enable free healthcare, but the MoSVY, which is the lead ministry on disability, has no mechanism to engage MoH directly. As a result, policy development is fragmented, slow and dependent on ad hoc relationships.

CDPO also highlighted major research gaps that need attention before meaningful reform is possible. These include understanding how disability could be integrated into social protection schemes, identifying what this would look like in rural contexts, mapping how disability intersects with other identities, and developing basic monitoring and evaluation frameworks to track progress.

The challenge is not only technical but structural: disability is cross-cutting, yet the institutions responsible for delivering services are not configured to work together. This leaves people with disabilities without clear pathways to the support they are entitled to.[30]

[30] *Based on interviews conducted with CDPO.*

Box 8:
Challenges in Advancing Gender and Disability Inclusion in Disaster Risk Management

The National Committee for Disaster Management (NCDM) team was candid about the gaps that continue to hold back more inclusive disaster management. “Our biggest challenge is data,” they said. Although guidance exists, field teams often report “only consolidated numbers” during emergencies, and some systems like CAMD “do not have disaggregation yet.” They noted that this limits targeting and that they are now preparing new reporting forms to fix the issue.

They also acknowledged a narrow evidence base: “We rely only on government data,” even when NGOs and partners may hold useful information. Capacity varies across sub-national levels, which affects the consistency of reporting. While gender and disability are recognised in policy, the team explained that “putting it into practice is still difficult,” especially for local officials managing urgent disaster responses.

SOCIAL INCLUSION AND INTERSECTIONALITY

9 **Broader social inclusion is the least institutionalised pillar.** Officials frequently rely on broad labels such as “vulnerable groups,” masking differences related to ethnicity, Indigenous identity, sexuality, geography, and poverty.

10 **Large gaps remain for Indigenous Peoples and LGBTQIA+ communities.** Indigenous groups are often consulted late in legislative processes and have limited influence over decisions that affect their land, livelihoods, and cultural identity.

Box 9:

How MoSVY Understands and Applies GEDSI and Where It Still Struggles

MoSVY frames GEDSI through the lens of inclusion, focusing on gender, disability, and age. The team explained that every policy process starts with evidence: desk reviews, white papers, and, when needed, primary data from the grassroots. “Inclusion is built into how we collect and analyse information,” they said, pointing to a seven-dimension framework that looks at service culture, leadership decisions, participation, and whether policies and data systems genuinely reflect the needs of women, persons with disabilities, older people, and intersecting groups.

Disability inclusion runs through several mechanisms: the Disability Action Council, the Department of People with Disability Welfare, and the National Disability Fund- all operating from national to commune level. Registration systems, disability cards, and the forthcoming National Disability Strategic Plan help guide ministries on how to integrate disability across action plans.

However, there are sticking points. Funding for disability services is “never enough,” especially for community-based rehabilitation. Data remains a challenge with the need for stronger disaggregation, better statistical capacity, and more reliable evidence to guide targeted interventions.

11 **There is no National Action Plan for Indigenous Peoples, and the legal framework remains outdated.** LGBTQIA+ issues receive minimal policy attention and are largely absent from official planning and reporting. All in all, challenges remain significant and tend to reinforce exclusion rather than reduce it.

12 **There is also lack of operational guidance for implementing inclusive policies.** Even when policies reference inclusion, many ministries lack the tools, standards and practical guidelines needed to translate these commitments into action. Programs often rely on standardised approaches that fail to reflect Cambodia's social and cultural diversity. The absence of clear instructions leaves frontline officials without direction on how to engage marginalised groups or adjust programs to meet differentiated needs.

SUB-NATIONAL IMPLEMENTATION GAPS

13 **Sub-national structures are critical for translating national GEDSI commitments into action, as provinces and communes are often the first and most consistent point of contact with communities.** In practice, however, engagement at this level remains largely framed around gender alone. Broader GEDSI considerations such as disability, social exclusion, and intersecting forms of marginalisation are rarely integrated in a systematic way, reflecting both capacity constraints and the highly centralised nature of decision-making.

14 **Feedback from GEDSI target groups highlights gaps between national policy and sub-national implementation.** Key challenges reported by CCWCs include limited funding, high workloads, and insufficient staffing. Although multiple government representatives are nominally involved, most work is carried out by a single CCWC focal person often a female commune council member. Where no female council member exists, a female community volunteer may be appointed as focal person. The focal person is responsible for coordinating activities, preparing reports, and implementing initiatives related to women and children.

3.1.8. Recommendations: Government Perspectives on Strengthening GEDSI Integration

Government officials repeatedly signalled a strong commitment to GEDSI but emphasised that this commitment is not yet translating into consistent practice across policy, research, and implementation. To move beyond intentions, officials identified a set of practical, system-level supports needed to integrate GEDSI at every stage of the evidence-to-policy chain.

1 MOVING GEDSI BEYOND COMPLIANCE

To move GEDSI beyond a compliance exercise, it is essential to embed it as a core component of policy and program design rather than a checklist item. Ministries should be required to demonstrate how GEDSI analysis shapes strategy, budgeting, and programmatic choices, with accountability mechanisms assessing the quality of integration rather than its mere presence. Practical workshops and training can help officials see GEDSI as a lens for understanding power, identity, and exclusion, illustrating how it can inform more effective, cross-sectoral responses.

2 EXPANDING CONCEPTUAL UNDERSTANDING

Addressing conceptual gaps requires expanding the understanding of GEDSI beyond narrow definitions. Gender equality should be framed not only as women's participation but as the transformation of social norms, roles, and power dynamics that affect all groups. Disability must be approached through a social model that considers structural and environmental barriers, while broader inclusion should explicitly incorporate ethnicity, Indigenous identity, sexuality, geography, and poverty. Intersectionality, often the least understood aspect, should be emphasised through targeted guidance, cross-ministerial learning sessions, and practical examples that show how overlapping identities affect lived experiences and access to services.

3 STRENGTHENING INSTITUTIONAL CAPACITY AND COORDINATION

Institutional and capacity constraints must be addressed by strengthening mechanisms such as GMAGs and disability focal points. These entities should have clear mandates, dedicated budgets, and technically trained staff, rather than relying on overstretched personnel with GEDSI responsibilities added to existing roles. Coordination between ministries, including MoWA, MoSVY, and technical departments, should be formalised to reduce fragmentation and ensure consistent integration of GEDSI into sectoral policies, research, and data systems. Ongoing capacity-building, mentoring, and performance-based incentives can further enhance both authority and influence within these structures.

4 INTEGRATING INTERSECTIONALITY IN DATA SYSTEMS

Applying an intersectional lens across the data value chain from collection to publication and uptake would strengthen evidence for policy by ensuring marginalised voices are represented in administrative records, surveys, and citizen generated data. This approach would also shift power dynamics in data governance, recognising community ownership of data and embedding safeguards for privacy and ethical use. By publishing intersectional data in accessible formats and building capacity among ministries, OPDs, and civil society to analyse and act on these insights, Cambodia can generate more nuanced evidence to inform inclusive policy responses. Embedding intersectionality into policies, plans and strategies would help policymakers identify hidden inequalities, design targeted interventions, and create feedback loops that build trust and demand for better data, ultimately advancing the country's commitment to "leave no one behind".[31]

6 STRENGTHEN SOCIAL INCLUSION AND INTERSECTIONALITY

Strengthening social inclusion and intersectional approaches demands institutionalising engagement with groups often overlooked in policy processes, including Indigenous Peoples and LGBTQIA+ communities. Ministries should avoid generic labels like "vulnerable groups" and adopt clear guidance on identifying and consulting with diverse populations. Intersectional analysis should be systematically required in policy and program reviews to show how multiple identities influence access, benefits, and risks. Awareness campaigns and capacity-building can reinforce the importance of including historically marginalised groups in planning and decision-making, ensuring that inclusion is both intentional and meaningful. Development partners were seen as essential in supporting this transition- from building technical capacity and strengthening data systems to piloting inclusive approaches and facilitating cross-ministerial coordination. Their support is viewed as critical to moving GEDSI from policy intent to practical, sustainable implementation.

5 ADDRESS DISABILITY-SPECIFIC CHALLENGES

Disability inclusion requires both structural and participatory measures. Government offices, meeting spaces, and digital platforms should be made physically and digitally accessible, with provisions such as ramps, signage, captions, and sign language interpretation. Recruitment of persons with disabilities should be actively promoted through targets, mentorship, and career pathways, while policy consultations must deliberately include persons with diverse disabilities from the earliest planning stages. Ministries demonstrating effective inclusive practices could be recognised through incentives or awards to encourage broader adoption.

[31] *Open Data Watch, Guide: Integrating Intersectionality in Data Systems (2025), https://opendatawatch.com/wp-content/uploads/2025/publications/Guide_Integrating-Intersectionality-in-Data-Systems.pdf. This is a practical guide published by Open Data Watch in partnership with Data2X and explains how to apply an intersectional lens to development data systems so that data better reflects people's real-world experiences across multiple social characteristics like gender, age, ethnicity, disability, and income. The guide walks through every stage of the data cycle — from deciding what to collect, to how data are published, accessed, analysed, and used in policy — with the goal of making data more inclusive and useful for decision-making. It highlights practical considerations to improve data quality, involve marginalized groups in data processes, and ensure data are actually used to drive positive change.*

3.2. Knowledge Sector Institutions

RESEARCH QUESTION 2

How do researchers mainstream or integrate GEDSI? What challenges do they face in GEDSI integration? What additional support/input would be helpful for GEDSI integration in their work?

This section presents findings related to how researchers mainstream and integrate GEDSI in their work. It examines the approaches they currently use, the practical challenges they encounter in applying GEDSI consistently, and the additional support or inputs that would help strengthen GEDSI integration across the research cycle.

Cambodia's policy discourse increasingly reflects a recognition of the role of data and research in effective decision-making. Government statements have repeatedly emphasised the need for accurate, disaggregated, and micro-level data to ensure policies reflect lived economic and social realities, particularly for micro-businesses, household incomes, and vulnerable populations. The Prime Minister has publicly called for stronger academic research and improved data systems to inform national development strategies, linking evidence directly to policy targeting and implementation [32]. This emphasis is reinforced in official remarks underscoring the role of national research institutions as key contributors to policy formulation, data collection, and public debate. These signals suggest a growing government understanding that inclusive, evidence-based policy making, including attention to GEDSI dimensions, depends on credible research, strong research institutions, and sustained engagement between researchers, policymakers, and communities.

[32] https://en.freshnewsasia.com/index.php/en/localnews/67129-2026-01-20-07-11-34.html; https://kiripost.com/stories/pm-calls-for-micro-business-data-to-align-with-economic-growth-reality; https://coc2025.cdri.org.kh/storage/uploads/programme/pdf/1741097582_en.pdf; https://www.khmertimeskh.com/501521408/raising-incomes-through-data-focus-of-world-population-day/; https://www.khmertimeskh.com/501596172/pm-urges-enhanced-academic-research/

3.2.1. Overview of the Knowledge Sector

Cambodia's knowledge sector, defined as the ecosystem of institutions that produce, analyse, and use research to inform public policy, has expanded significantly in recent years. This includes public universities, think tanks, research institutes, and civil society organisations. The Ponlok Chomnes 2020 Diagnostic Study highlights that while this ecosystem is increasingly active, it remains uneven in capacity, coordination, and policy influence.[33]

At the core of academic research are public universities like the Royal University of Phnom Penh (RUPP),[34] which combines large undergraduate and postgraduate programs with research and service to society, and other national institutions such as the Royal Academy of Cambodia[35] that act as a government-linked think tank and human resource developer in multiple fields. Private universities host research councils and institutes that support faculty and student research across social, economic, and scientific domains. These bodies aim to build internal research capacity, produce publications, and connect Cambodian scholars to regional and global networks.[36]

However, evidence from the Diagnostic Study on the Cambodian Knowledge Sector highlights that while universities are critical anchors of the research ecosystem, their research function remains secondary to teaching mandates. Academic staff often face heavy teaching loads, limited access to research funding, and weak incentives for publication, constraining their ability to sustain long-term research agendas. As a result, research production within universities is often fragmented and dependent on externally-funded projects rather than institutionally driven priorities.[37]

Alongside universities, Cambodia's knowledge sector includes a growing group of specialised research organisations and think tanks that play a more prominent role in policy-oriented research and dialogue. Institutions such as the Cambodia Development Resource Institute (CDRI), the Centre for Policy Studies (CPS), the Center for Khmer Studies (CKS), and Future Forum (FF) conduct applied research across governance, economic development, education, climate change, and natural resources. Compared to universities, these organisations are often more directly engaged in policy processes, producing policy briefs, working papers, and analysis tailored to government and development partner needs. Their positioning allows them to act as intermediaries between research and policymaking, contributing to evidence-informed dialogue and, in some cases, influencing policy formulation.

[33] Pak, K., Fathimath, I., and Pellini, A. (2020), Diagnostic Study on the Cambodian Knowledge Sector, Policy Pulse, https://policypulse.org/wp-content/uploads/2020/07/Diagnostic_Study_FINAL_English-3.pdf

[34] Royal University of Phnom Penh

[35] https://www.rac.gov.kh/public/

[36] The institutions cited are illustrative rather than exhaustive. They highlight a small selection of prominent actors in Cambodia's academic research landscape. A comprehensive and regularly updated list of public and private universities is maintained by the Cambodian Ministry of Education, Youth, and Sport.

[37] Pak, K., Fathimath, I., and Pellini, A. (2020), Diagnostic Study on the Cambodian Knowledge Sector, Policy Pulse, https://policypulse.org/wp-content/uploads/2020/07/Diagnostic_Study_FINAL_English-3.pdf

The Diagnostic Study further notes that much of the research produced by these organisations is shaped by short-term, donor-funded consultancy work rather than sustained, programmatic research agendas. While this enables responsiveness to emerging policy issues, it can limit continuity, depth of analysis, and the development of independent research priorities. It also contributes to variability in research quality and limits investment in longer-term capacity building, including methodological innovation and interdisciplinary approaches.

Beyond these core institutions, a broader ecosystem of research and policy actors contributes to knowledge production and dialogue. This includes organisations that combine research with advocacy and community engagement, such as Sahmakum Teang Tnaut (STT), as well as platforms that support coordination and capacity development across civil society, such as the Cooperation Committee for Cambodia (CCC). Regional and international research actors, including the Cambodian Institute for Cooperation and Peace (CICP), Asian Vision Institute (AVI), and Konrad-Adenauer-Stiftung (KAS), also contribute to policy analysis and dialogue on governance, regional cooperation, and socio-economic development.

Together, these institutions form a diverse and evolving research ecosystem that not only produces evidence but also serves as a platform for dialogue, collaboration, and the development of emerging researchers. However, as explored in the following sections, the extent to which GEDSI is systematically integrated across this ecosystem remains uneven. [38] [39]

Leadership and staffing across these institutions reflect their differing mandates and operational models. Universities are typically led by senior academics and faculty leadership structures, while think tanks and research institutes are led by executive directors or boards with policy and sector expertise. Across the sector, research teams often combine Cambodian and international researchers, though senior research and leadership positions remain concentrated among a limited pool of experienced professionals. The Diagnostic Study also highlights gaps in career pathways for researchers, particularly for early-career scholars, and limited opportunities for advanced training and mentorship within Cambodia.

Most research is conducted by academics, research staff, or consultants engaged through project-based funding. Outputs include peer-reviewed publications, policy briefs, technical assessments, and evaluations aimed at diverse audiences, including national and sub-national government, development partners, civil society organisations, and academic communities. These outputs contribute to policy dialogue, inform program design and implementation, and shape public debate. However, the

[38] Konrad-Adenauer-Stiftung Cambodia. (2025). The evolving role of think tanks in Cambodia: Special report. Konrad-Adenauer-Stiftung Cambodia.

[39] There is no single official public inventory that comprehensively lists all non-governmental organisations, think tanks, research institutes, and civil society organisations operating in Cambodia. Information on these actors is instead spread across multiple non-official databases and directories maintained by civil society networks, research platforms, and development partners.

extent to which research systematically informs decision-making depends on factors such as timing, relevance, accessibility, and the strength of relationships between researchers and policymakers.

GEDSI features in research agendas and processes though unevenly. Some research programs integrate GEDSI concepts formally, especially where work targets inclusion in education, governance, health, or livelihoods. Training and guidance on applying a GEDSI lens in research design and analysis have been offered by several international initiatives, helping researchers build skills to identify and measure disparities and inclusion outcomes. GEDSI networks and consortiums also advise on inclusive research practices, engagement with marginalised communities, and capacity building for inclusive policy research. [40]

3.2.2. GEDSI practice in Research Organisations

Research organisations and researchers participating in this Analysis demonstrate strong interest in inclusive research. However, systematic and sustained integration of GEDSI principles remains limited. In practice, women, young people, persons with disabilities, Indigenous communities, ethnic minorities, and individuals with intersectional identities are often included only when they are the direct focus of a study. Few organisations apply GEDSI considerations consistently across research design, analysis, or dissemination. Much of the existing work that touches on gender or other social identities are driven more by donor priorities than by internal policies, frameworks, or institutional incentives.

This reflects broader patterns identified in the Diagnostic Study of the Cambodian knowledge sector, which highlights that research agendas are often shaped by short-term, externally funded projects rather than sustained institutional priorities. As a result, cross-cutting issues such as GEDSI are treated as project-specific requirements rather than core elements of research quality.

Awareness of GEDSI concepts is generally low, with most organisations focusing primarily on gender and lacking clear mandates or practical guidance for inclusion. Interviews and discussions revealed that whilst researchers commonly cited budget and capacity constraints, there appears to be limited urgency among staff and managers to address these gaps. As research is predominantly donor-funded, the absence of strong incentives or expectations from donors often results in weak motivation to integrate GEDSI systematically.

A further challenge is the lack of a shared understanding of GEDSI. Across Ponlok Chomnes II partners, there is no single consistent definition guiding implementation. While most initiatives include some focus on women, other dimensions such as disability, ethnicity, or Indigenous identities are often addressed separately rather than through an intersectional lens. Although the concept of intersectionality is increasingly referenced in strategies and discussions, it is rarely translated into concrete research design, methods, or analysis.

[40] *Homepage | Policy Pulse*

Box 10:

How Ponlok Chomnes II Mainstreams GEDSI in Research-Policy Linkage

Ponlok Chomnes II has taken steps to model the kind of GEDSI mainstreaming it encourages across the sector. This includes a combination of institutional structures, technical support, and program-wide practices.

At the institutional level, the program has established three key mechanisms:

1. GEDSI Consortium comprising Cambodian Disabled People's Organisation (CDPO), Gender and Development for Cambodia (GADC) and Women Peace Makers (WPM), local organisations with deep expertise in gender equality, disability inclusion, and social inclusion

2. SheThinks Network, Cambodia's first and emerging national all women's research network supporting women researchers through mentoring, capacity building, and collective engagement;

3. GEDSI focal points within partner organisations, who act as internal champions to promote GEDSI integration in research design, implementation, and organisational practices.

Through the GEDSI Consortium, Ponlok Chomnes II provides hands-on technical support to research partners. This includes delivering GEDSI and Feminist Participatory Action Research (FPAR) training, linking researchers with marginalised communities, contributing to policy dialogue processes, and supporting the development and application of research guidelines.

Beyond these structures, GEDSI is integrated across the research–policy cycle, including in research design through research quality standards, inclusive dialogue guidelines, and policy engagement mechanisms such as the Policy Engagement Fund. It is further supported through accessible communications and tracked through MEL indicators on inclusive research, dialogue, and participation.

These mechanisms help address a key gap across the sector: limited in-house GEDSI expertise within research organisations. By combining technical support with peer networks and platforms for engagement, Ponlok Chomnes II is contributing to a more inclusive and connected research ecosystem.

Variation across organisational models

Across the organisations that were interviewed , there is clear intent to integrate GEDSI into research, but practice remains uneven and highly dependent on organisational mandate, individual leadership, and available support. The Centre for Policy Studies demonstrates the strongest policy-facing application of GEDSI-informed research, particularly through mixed-methods rural livelihood studies commissioned jointly with government counterparts such as the Ministry of Rural Development (MRD), MEF, and MAFF. These studies routinely disaggregate data by gender and include Indigenous peoples and persons with disabilities, with findings feeding directly into national policy formulation and follow-up policy dialogue. At the same time, CPS highlighted persistent operational constraints, including language and cultural barriers when engaging Indigenous women, limited accessibility for persons with disabilities in both research processes and public infrastructure, and the absence of clear regulatory standards for disability-inclusive design. GEDSI integration is further shaped by donor flexibility, notably under DFAT- and Ponlok Chomnes II supported projects, which allowed additional GEDSI-related research questions. However, guidance on GEDSI largely depends on internal expertise rather than a standardised research framework, resulting in variable depth of intersectional analysis.

By contrast, the Center for Khmer Studies and Future Forum operate primarily in academic and fellowship-based research ecosystems, where GEDSI integration is more aspirational and capacity-driven than systematic. CKS does not have an institutional research framework and places responsibility for GEDSI largely on individual fellows' topic choices, with limited training on how to integrate GEDSI into research design, methods for analysis. Future Forum shows more deliberate efforts to embed GEDSI through organisational policy, reflective learning, and applied outputs such as policy briefs and urban design concepts, with some evidence of policy influence at municipal and national levels. Nonetheless, both organisations cited gaps in specialised GEDSI expertise, coaching and editorial support, and practical guidance on translating GEDSI concepts into rigorous research and writing. Across all three institutions, the findings point to a need for more structured, research-specific GEDSI frameworks, sustained and better-sequenced capacity support, and stronger emphasis on intersectionality beyond gender, particularly disability and Indigenous inclusion.

In 2024, the Center for Khmer Studies, through Ponlok Chomnes II, conducted a study to assess the state of research capacity in Cambodia, focusing on both individual skills and the institutional environment that sustains them. The findings reveal a growing yet uneven base of capacity. Cambodian researchers, particularly those affiliated with universities, think tanks, and research institutes, demonstrate solid strengths in literature review, research design, data collection, and academic writing. Most respondents rated themselves at a basic ta good level across these competencies, reflecting steady progress. Participation in research training is widespread, driven by universities, research institutes, and donor-supported programs, helping to embed research practice among early- and mid-career scholars.

[41] *Interviews were conducted with teams at CPS, CKS, FF, CDPO and others.*
[42] *Based on interview conducted with researchers from the Ponlok Chomnes partners.*

Role of Ponlok Chomnes II in supporting GEDSI integration

Ponlok Chomnes II has introduced several mechanisms to support to guide how inclusion should be reflected in research, mainly through its *Guidebook on Quality Research*.[43] These guidelines set minimum standards for credible, ethical, and policy-relevant research and explicitly require GEDSI considerations to be integrated across the entire research cycle. They provide practical direction on framing GEDSI-responsive research questions, applying culturally and gender-sensitive methods, ensuring participation of marginalised groups, and adhering to a strong 'Do No Harm' ethical principle. They also emphasise disaggregated data analysis, reflection on intersectional inequalities, and inclusive dissemination linked to policy change.

In practice, however, awareness and uptake of the guidelines remain uneven, particularly beyond Ponlok Chomnes-supported partners. While the framework reflects a strong institutional commitment to GEDSI-aware research, its effectiveness depends heavily on researchers' capacity to move beyond gender-only approaches and to apply broader GEDSI considerations consistently in methodology, analysis, and stakeholder engagement. In this sense, the translation of GEDSI principles into day-to-day research practice is still emerging, with limited consistency across the broader knowledge sector.

3.2.3. Gender Equality in Research Careers, Leadership, and Knowledge Production

Across Cambodia's research ecosystem, there is broad rhetorical commitment to gender equality, but this has not yet translated into equitable career pathways, leadership representation, or influence over knowledge production. Interviews point to persistent structural and informal barriers that shape who enters research careers, who advances, whose expertise is recognised, and whose knowledge informs policy. These barriers affect women disproportionately and are compounded for persons with disabilities, indigenous researchers, and those from rural or non-elite backgrounds.

Gendered entry and career pathways

From a human resources perspective, women researchers face intersecting constraints in recruitment, retention, and promotion. Informal expectations around family and care responsibilities limit women's ability to undertake field-intensive research, extended travel, or unpaid networking, all of which are often treated as markers of commitment and readiness for advancement. Participants explained:

[43] *Ponlok Chomnes: A Guidebook on Quality Research, 2025, Phnom Penh. https://policypulse.org/publications/references/research-quality-standards/#:~:text=High%20quality%20research%20is%20crucial,A%20Guidebook%20on%20Quality%20Research!*

> *It's not written anywhere, but if you can't travel or stay late or say yes all the time, you're seen as less serious.*

Access to professional networks, mentorship, and social capital remains uneven, reinforcing gendered hierarchies within research institutions. Formally, many organisations lack transparent promotion criteria, tenure pathways, or recognition systems that value collaborative, applied, or community-based research, areas where women are often overrepresented. Advancement continues to rely heavily on informal networks, senior sponsorship, and visibility in elite policy spaces, reinforcing existing gender hierarchies.

Leadership gaps and concentration of expertise

Men remain disproportionately represented among senior researchers, institutional leaders and "recognised experts." Interviewees consistently linked this to unequal access to doctoral training, international exposure, and research funding opportunities. While comprehensive national data is limited, participants noted that PhD holders remain overwhelmingly male, particularly in economics, climate science, natural resource management and other technical fields. One researcher stated,

> *When ministries want an expert, they already have a list in mind, and it's mostly men who studied overseas.*

This concentration of credentials shapes who is invited into policy dialogue, whose analysis is amplified and whose perspectives shape national debates.

Gender bias in research agendas and knowledge production

Gender bias also shapes what research is conducted and how knowledge is produced. While sex-disaggregated data is increasingly common, gender is often treated as a descriptive variable rather than an analytical lens. Research questions rarely interrogate gender norms, power relations, or decision-making structures, and gender analysis is frequently confined to background sections rather than shaping findings or recommendations.

Several interviewees highlighted that this is not simply a skills issue. Tight timelines, limited budgets and donor-driven research questions constrain the ability to design participatory or inclusive studies. Early-career researchers, in particular, reported limited practical training in gender-sensitive and inclusive methodologies. One researcher noted,

> *"We are told gender matters, but we're not given the time or tools to do it properly."*

Unequal access to technology, data systems and assistive tools further disadvantages researchers with disabilities and those based outside Phnom Penh, reinforcing geographic and social inequalities in knowledge production.

Work environment, safety, and retention

Informal professional networks remain strongly male-dominated, shaping access to mentorship, information, and opportunities. Women researchers reported heightened scrutiny of competence, particularly in leadership or technical roles. Fieldwork was repeatedly cited as a site of risk, with limited institutional protocols addressing safety, harassment ,or duty of care. A female researcher said,

> *"If something happens in the field, it's treated as a personal issue, not an institutional responsibility."*

These dynamics contribute to higher attrition among early- and mid-career women researchers, weakening leadership pipelines and reducing continuity within institutions.

Box 11:
Challenges Faced by Women Researchers

A SheThinks Network researcher described the barriers she encountered early in her career. As a young woman in a managerial role, her credibility was often questioned in the field and inside her organisation. She found that colleagues and supervisors took her ideas less seriously, and she had to work much harder than male peers to prove she could lead. Managing male staff brought added scrutiny, and respect was inconsistent.

She also faced social expectations such as bonding over drinks that made it harder for her to build professional relationships on equal footing. Fieldwork carried its own risks. She recalled travelling alone with rangers and community members and intervening when an endangered monkey was being captured, balancing protocol with her own safety.

Over time she learned to navigate these pressures and received support from some supervisors, but her experience reflects the extra hurdles many women researchers face and the value of networks like SheThinks in creating safer and more supportive professional spaces.

The SheThinks Network emerged in response to these challenges and broader gaps in the research ecosystem. Established in 2022–2023, it grew from a shared recognition that women researchers in Cambodia were dispersed across institutions and often lacked mentorship, peer support, and professional networks. Many early-career women described feeling isolated or sidelined in male-dominated research environments.

This gap became evident through Ponlok Chomnes II engagements and consultations, which consistently highlighted the need for a dedicated platform to support women's leadership in the knowledge sector. In response, Ponlok Chomnes convened two direction-setting workshops in May 2023 to assess this demand. The outcome was clear: women researchers wanted a space of their own.

Over 2023–2024, the initial group moved from idea to structure. Members co-developed a vision, mission, and core values, and later drafted a formal Charter that now guides governance and operations. A strategic workshop in March 2024 refined the program areas and long-term direction. The recruitment of the first leadership team in mid-2024 gave the Network a clear backbone. Throughout this process, Ponlok Chomnes II provided technical guidance on GEDSI concepts and helped strengthen the Network's thinking about inclusive research practice. This helped SheThinks shape itself not just as a professional group, but as a community rooted in equity and accessibility.

SheThinks is now a national women's research network with a structured program covering member engagement, capacity building, mentoring, knowledge mobilisation and public outreach. The 2024–2028 workplan includes training on research methods and GEDSI integration, writing and publication support, joint research projects, grant proposal development, and platforms for academic presentation. The Network is also building pathways for collective research outputs, positioning women not only as participants but as producers of evidence.

In a sector where institutions have been slow to build their own GEDSI frameworks, SheThinks fills a practical gap. It offers the peer support, confidence-building, and technical grounding that many women researchers say they lack in their workplace environments. The Network also reflects what Ponlok Chomnes II aims to promote within the wider ecosystem: inclusive research spaces, strong participation by underrepresented groups, and communities of practice that strengthen GEDSI from the ground up.

3.2.4. Disability Inclusion in Research and Institutional Practices

Disability inclusion is increasingly acknowledged in Cambodia's knowledge sector, with a small number of initiatives showing emerging awareness. Government research bodies such as the National Institute for Social Affairs (NISA) conduct studies on children and older persons with disabilities and have collaborated with partners on research related to ID Poor cash transfers and climate-vulnerable populations. Selected climate and rural livelihoods programs have also piloted engagement with persons with disabilities, including initiatives supporting farmers with disabilities to adapt to climate risks. These examples point to growing recognition of disability as a development concern and to pockets of practice within an otherwise uneven landscape.

Despite these efforts, disability inclusion remains one of the weakest and least institutionalised aspects of research and organisational practice. Partners consistently described disability inclusion as "the hardest part" of GEDSI to operationalise. The issue is not lack of understanding, but systemic barriers that extend well beyond research organisations themselves. These begin earlier, including unequal access to inclusive education, limited opportunities to progress into higher education and research careers, and persistent social stigma. Within research institutions, these challenges are compounded by barriers in recruitment, workplace accessibility, research methods, funding, and attitudes. As a result, persons with disabilities remain underrepresented as research participants as well as researchers and knowledge producers.

Institutional and operational barriers

Across interviews, disability inclusion was consistently described as the least resourced and least institutionalised dimension of GEDSI. While many researchers reported a basic conceptual understanding of disability inclusion, few felt equipped to apply it in practice.

Barriers are evident in recruitment and workplace systems. Few research organisations have disability-inclusive human resource policies or clear procedures for reasonable accommodation. Several partners reported never having employed a staff member with a disability, not due to explicit exclusion, but because job requirements, workplace environments, and expectations are not designed for accessibility. As one partner noted,

> *"We don't reject persons with disabilities, but the system itself is not ready for them."*

These structural barriers are also reflected in recruitment and participation in research-related opportunities. Some partners, including Future Forum and the Center for Khmer Studies, reported that when research fellowship opportunities were opened to persons with disabilities, the number of applicants was very low. Those who did apply often faced challenges meeting standard requirements or sustaining participation, with some dropping out during the process.

These patterns do not reflect a lack of interest or ability, but rather the cumulative effects of unequal access to education, training, and professional development opportunities. Without targeted support, mentoring, and more flexible entry points, persons with disabilities remain at a disadvantage in accessing and sustaining roles within the research sector.

Where persons with disabilities are employed, support is often partial and ad hoc, depending on available resources rather than institutional standards. Rigid work arrangements, assumptions about productivity, and limited access to accommodations continue to restrict participation and career progression. Weak implementation of inclusive education policies further constrains the development of researchers with disabilities, reinforcing their limited presence as knowledge producers and policy actors.

Institutional accountability remains weak. Few organisations have explicit disability inclusion policies or clear accountability structures. Disability focal point roles, where they exist, are often informal, under-resourced, and added to existing workloads. As a result, responsibility for inclusion is diffused rather than institutionalised, and progress depends on individual initiative rather than organisational systems.

Where guidance exists, it is often generic and difficult to apply in practice. As one interviewee noted, *"We don't need more concepts. We need to know exactly what to change in our office, our recruitment, and our research methods."* This gap between principles and practical tools limits the ability of organisations to translate commitments into day-to-day practice.

These structural barriers are reflected in the lived experiences of researchers with disabilities. The participants with disabilities in this Analysis described both overt and subtle forms of exclusion, particularly in academic and research institutions. Physical inaccessibility of campuses and offices, lack of reasonable accommodations, rigid work arrangements and assumptions about productivity continue to restrict participation. One participant with a disability shared:

> *"The problem is not my capacity. It's the environment and the attitude that assumes I can't do the work."*

Barriers in research design and participation

Disability inclusion is particularly weak at the level of research design and implementation. Accessibility measures such as adaptive research tools, sign language interpretation, alternative formats, or extended engagement timelines are rarely planned or budgeted for. Instead, they are often treated as optional add-ons or dismissed as cost constraints. As one partner put it, *"Including persons with disabilities always means extra time, translators, transport and budget, and these are rarely planned for."* As a result, persons with disabilities are seldom included in consultations, validation workshops, or dissemination processes, even when research findings directly concern them.

Disability-focused research tends to occur only when explicitly required by donors, reinforcing a compliance-driven approach rather than a systemic one. This dynamic, limits learning, weakens evidence quality, and signals that disability inclusion is conditional rather than foundational to credible research practice.

Researchers face practical challenges in identifying and engaging participants, including limited availability of disaggregated data, weak collaboration with Organisations of Persons with Disabilities (OPDs), and additional costs associated with inclusive methodologies.

Engaging persons with different types of disabilities requires tailored approaches. For example, working with deaf participants requires sign language interpreters, while engaging persons with intellectual or psychosocial disabilities may require adapted tools, simplified communication, and longer engagement periods. However, research timelines and budgets are rarely structured to accommodate these requirements. As a result, disability inclusion is often avoided or simplified because it is perceived as "too complicated" or "too resource intensive."

These challenges are compounded by gaps in disability-related data systems. Recent evidence from Open Development Cambodia[44] highlights that disability data in Cambodia is collected across multiple systems, including the national census, the ID Poor database, and sectoral administrative systems managed by ministries such as the MoSVY. However, these datasets are fragmented, not interoperable, and often based on different definitions and measurement approaches, including varying use of the Washington Group on Disability questions (a standard set of universal questions on disability to use in surveys and censuses) [45]. This makes comparison, aggregation, and consistent analysis difficult across sectors.

[44] *Open Development Cambodia (ODC) (2025). Policy Brief: Open Data for Disability Inclusion in Cambodia. Phnom Penh: Open Development Cambodia: https://policypulse.org/wp-content/uploads/2025/03/2025_policybrieft_opendata_disability.pdf*

[45] *https://www.washingtongroup-disability.com/question-sets/*

In addition, publicly accessible data on disability remains limited. While some headline figures are available, detailed datasets are rarely open or regularly updated, particularly at sub-national levels. Available data often lacks depth, with limited disaggregation by type of disability, gender, age, location, or socio-economic status. For example, administrative and survey data may identify persons with disabilities but do not capture the barriers they face in accessing services, livelihoods, or participation in public life. This restricts the ability of researchers to design targeted studies or ensure representative sampling.

As a result, identifying and reaching persons with disabilities for research is often time-consuming and dependent on informal networks or ad hoc engagement with OPDs. Even where data exists, it is not consistently standardised or accessible, making it difficult to use for rigorous analysis or policy-relevant research. These constraints limit both the inclusion of persons with disabilities in research processes and the quality of evidence produced. Disability remains underrepresented in datasets that inform policy decisions, reinforcing its marginalisation in evidence-based planning.

Physical, financial, and communication barriers

Even where research design seeks to be inclusive, participation is often constrained by physical, financial, and communication barriers. Many research and dialogue spaces lack basic accessibility features such as ramps, elevators, and accessible transport. Partners in Battambang and Kampot described policy meetings held in venues without ramps, elevators, or accessible transport. *"For many people using wheelchairs, participation ends before it begins,"* one participant said. Phnom Penh is only marginally better, with accessibility standards applied inconsistently and rarely monitored. Where ramps exist, they are often poorly designed or unusable.

One organisation described how "even trying to build a ramp became a long struggle," due to unclear standards, limited budgets and lack of technical guidance. This problem extends to public buildings used for research and consultation, including commune halls, health centres and universities.

Financial barriers further compound exclusion. Transport, personal assistants, and adaptive devices make participation costly, particularly for rural residents. Disability cards and legal entitlements rarely translate into practical financial support. *"The cost of travelling to policy spaces is simply out of reach,"* one participant said. These costs are rarely included in research budgets, excluding people by default.

Communication barriers also limit meaningful participation. Meetings without sign language interpretation, documents not available in accessible formats, and information shared through inaccessible channels mean that even when persons with disabilities are physically present, meaningful participation remains limited. These gaps are rarely recognised as research quality issues, but they directly affect whose knowledge is captured and whose voices shape findings.

Social stigma and attitudinal barriers

Beyond infrastructure and resources, attitudinal barriers remain deeply entrenched. Stigma and assumptions about capacity were reported as particularly acute for people with psychosocial disabilities. Assumptions about productivity continue to restrict participation.

Participants shared that

> *"The problem is not with capacity. It's the environment and the attitude that assume they can't do the work."*

Fear of disclosure, lack of safeguarding measures, and limited ethical competence among researchers often result in exclusion by default. Several partners noted that individuals are discouraged from participating not only by institutions, but sometimes by families and community leaders. These attitudes erode confidence and reinforce the idea that policy spaces are not meant for them.

Critically, these attitudinal barriers are rarely addressed through institutional training or policy. Inclusion, therefore, depends on individual sensitivity rather than systemic safeguards, making it inconsistent and fragile.

OPD capacity and limited policy influence

At the system level, OPDs play a critical role in representing disability perspectives, yet their ability to influence research and policy processes remains constrained. Compared to women's rights organisations and larger civil society actors, many OPDs operate with weaker governance systems, limited policy analysis capacity, and unstable, project-based funding. Assessment findings indicate that while research quality and organisational mission are generally strong across civil society partners, OPDs face particular challenges in translating evidence into timely, policy-relevant inputs. Short policy windows often require rapid, tailored analysis, but limited technical staffing and the absence of core funding restrict OPDs' ability to respond effectively. As a result, participation in technical policy discussions is often uneven, and influence remains limited.

Capacity gaps are also evident across thematic and institutional areas. While partners demonstrate relatively stronger performance on gender equality, disability inclusion remains consistently weak, reflecting limited expertise, tools, and internal systems to operationalise inclusion. Many OPDs rely on informal practices rather than documented policies and procedures, which undermines accountability, onboarding, and institutional continuity. Disability focal point roles, where they exist, are often informal, under-resourced, and added to existing workloads, leaving progress dependent on individual champions rather than sustained organisational commitment. This is compounded by limited investment in monitoring, evaluation, learning, data management, and communications, all of which are critical for strengthening research uptake and policy influence.

These organisational constraints are reinforced by systemic challenges. Fragmented government coordination and unclear institutional mandates, particularly between the MoSVY and the Disability Action Council, weaken accountability and follow-through. Although Cambodia's Disability Law sets out clear obligations, enforcement remains limited, allowing non-compliance to persist with few consequences. In this context, inclusion is often treated as optional rather than mandatory, and OPDs are left to advocate for implementation without the institutional backing, data, or resources needed to sustain meaningful engagement in policy processes.

Fragmented progress, not systems change

There are signs of progress. Organisations such as CDPO are building advocacy and leadership skills among persons with disabilities. Some ministries and local authorities have improved access and invited representatives from OPDs into policy committees. Donors and NGOs have supported participation costs and awareness campaigns.

However, these efforts remain fragmented and project-based. As one partner summarised,

> *"We are invited, but not enabled."*

Until accessibility, resourcing, enforcement, and representation are treated as non-negotiable elements of research and policy processes, disability inclusion will remain partial and uneven. Treating disability as an exceptional concern continues to weaken evidence and undermine inclusive policy-making.

Box 12:

Summary of Key Outcomes from the Co-development Meeting on Inclusion Guidelines and Organisational Disability Champion

A kick-off meeting brought together People's Action for Inclusive Development (PAfID) partners, disability organisations, and people with disabilities to build a shared understanding of what disability-inclusive research and dialogue should look like in practice. Participants reached strong agreement on core principles, including “Nothing About Us Without Us,” the need to remove practical and attitudinal barriers, and the importance of full and meaningful participation of people with disabilities at all stages of research and dialogue. The discussion surfaced clear gaps in current practice, particularly around accessibility, communication methods, researcher capacity, budget allocation, and confidence to engage people with different types of disabilities. Importantly, the meeting validated that these challenges are systemic rather than isolated, cutting across organisational policies, research design, and event delivery.

The meeting resulted in concrete next steps for PAfID’s support under this assignment. Partners endorsed the co-development of practical accessibility guidelines for research and dialogue, supported by tools such as checklists, budgeting guidance, and ethical considerations for engaging people with disabilities. There was consensus on establishing a voluntary working group of organisational disability focal points to champion learning, reflection, and application within partner institutions, while recognising workload concerns that require internal discussion. Inputs from people with disabilities directly shaped the priority areas for the guidelines, ensuring they respond to real barriers rather than abstract commitments. Overall, the meeting laid a solid foundation for a co-created, practice-oriented approach to disability inclusion that partners can realistically apply in their research, dialogue, and policy engagement work.

3.2.5. Social Inclusion: Ethnicity, Indigenous Identity, Youth, Geography, Sexual Orientation, and Socioeconomic Inequality

Uneven institutionalisation and incentives

Across research organisations, social inclusion beyond gender remains uneven, under-developed and largely dependent on project focus rather than institutional standards. While gender equality is relatively well understood and, in some cases, institutionalised, other GEDSI dimensions particularly ethnicity, indigenous identity, youth, sexual orientation, geography and socioeconomic inequality receive far less systematic attention. This reflects earlier findings in the Analysis that gender equality is the most embedded GEDSI dimension within government systems. The same hierarchy is clearly visible in the research sector.

Insights from the Ponlok Chomnes II-supported GEDSI training reinforce this gap. Many participants openly acknowledged that their understanding of social inclusion is limited. While most researchers felt reasonably confident addressing gender, far fewer felt equipped to operationalise other forms of exclusion in research design, data collection, or analysis. As one researcher participating in the Analysis noted, *"Gender is something we are used to thinking about. Social inclusion feels much broader and more difficult, and we don't always know where to start."* Another reflected, "*We talk about inclusion, but when it comes to ethnicity or sexuality, people worry about making mistakes, so they avoid it altogether.*"

While some research institutions, particularly those based in Phnom Penh such as CDRI, CKS, and CPS, have produced studies on rural poverty, landlessness, indigenous communities, and livelihood vulnerability, these efforts remain largely thematic. Inclusion is pursued when aligned with project objectives or donor priorities rather than embedded as a standard expectation across research portfolios. Few organisations have internal guidelines, review processes, or incentives that require researchers to systematically consider who may be excluded and why. As one interviewee explained, "*If the research Terms of Reference don't mention Indigenous People or youth, then usually we don't go there. It's not something the organisation systematically asks us to do.*"

This reflects broader patterns identified in Cambodia's knowledge sector, where research agendas are often shaped by short-term, externally funded projects rather than sustained institutional priorities. Under these conditions, inclusion is not systematically required, and researchers have limited incentives or resources to go beyond the scope defined by project terms of reference.[46]

[46] *Pak, K., Fathimath, I., and Pellini, A. (2020), Diagnostic Study on the Cambodian Knowledge Sector, Policy Pulse, https://policypulse.org/wp-content/uploads/2020/07/Diagnostic_Study_FINAL_English-3.pdf*

Barriers in research design and methods

A recurring finding is that social inclusion is often treated as an add-on rather than a core element of research quality. Indigenous peoples, ethnic minorities, LGBTQIA+ individuals, youth, and other marginalised groups are rarely included unless they are the explicit subject of a study or required by donors. In the absence of such requirements, research tends to default to more visible or accessible populations. One researcher reflected,

> *"We usually think about inclusion after the research questions are already set. By then, it's hard to change the design." Another noted, "Inclusion is often something we add in the methodology section, but it doesn't really shape the study."*

This approach limits both representation and the analytical depth of research, as exclusion is not considered in problem framing, data interpretation, or the development of recommendations. It also reflects time and resource constraints, as well as the absence of institutional review mechanisms that require inclusion to be integrated from the outset.

These challenges are reinforced by methodological constraints and operational realities. Research frequently relies on broad categories such as "rural households," "vulnerable families" or "communities." While convenient, these labels mask differences related to ethnicity, language, migration status, land tenure, poverty, and social exclusion. Several participants acknowledged this limitation. As one interviewee put it,

> *"We know that 'rural' doesn't mean the same thing everywhere, but we don't always have the tools or time to unpack that." Adding, "Once you disaggregate too much, it becomes more complicated to analyse and explain, so people stay at a high level."*

Geographic and logistical barriers further shape research practices. Engagement with Indigenous and marginalised communities is often limited by language differences, remoteness, and the additional time and cost required for inclusive fieldwork. Universities and research centres outside Phnom Penh typically have weaker infrastructure and fewer trained staff, reinforcing an urban bias in evidence generation.

While these challenges are real, interviews suggest that institutional comfort with standardised methods also plays a role. One participant noted, "*We tend to work in places we already know. Going to remote areas means more time, translation, and coordination, and that's not always supported.*" Another reflected, "*Sometimes it's easier to say it's too difficult, rather than change how we work.*"

Persistent blind spots and dimensions of inclusion

Sexual orientation and gender identity remain among the least addressed dimensions of social inclusion. Although awareness of LGBTQIA+ issues is slowly increasing, researchers frequently expressed uncertainty about ethics, safeguarding and confidentiality. This uncertainty often leads to avoidance. As one researcher explained,

> *We are worried about putting people at risk or doing harm, so many times we just don't include questions on sexuality at all.*

Others noted the absence of institutional guidance. *"If there were clear ethical guidelines, we would feel more confident. Right now, it depends on individual judgement".* As a result, sexuality and gender identity remain largely invisible in research outputs, limiting both understanding and policy response.

As one participant summarised, *"Gender has frameworks, tools, and training. Social inclusion is still very abstract for many of us."* Without targeted capacity-building, clearer methodological guidance and stronger institutional expectations, social inclusion will continue to lag behind gender, limiting the relevance, credibility, and policy impact of research.

3.2.6. Intersectionality: Understanding Layered Barriers and Overlapping Identities

Weak institutional incentives and accountability

Across interviews, a consistent theme was the absence of strong institutional or donor-driven expectations around intersectional analysis. While GEDSI is often referenced in proposals, intersectionality is rarely required, assessed, or monitored in a meaningful way. As one senior researcher put it: *"If donors don't ask for it, and leadership doesn't insist on it, then it stays as a nice idea rather than a requirement."*

Without clearer incentives, accountability mechanisms or leadership signals, intersectionality remains optional and unevenly applied across the research cycle. This reflects broader patterns in Cambodia's knowledge sector, where research is often shaped by short-term, externally funded projects, limiting incentives to invest in more complex and resource-intensive approaches such as intersectional analysis.

Across the research ecosystem, intersectionality is increasingly recognised as relevant to understanding lived experience in Cambodia. This shift has been driven in part by Ponlok Chomnes II-supported GEDSI training and donor-funded initiatives that encourage researchers to look beyond gender alone. Some institutes have begun to acknowledge how gender intersects with disability, ethnicity, age, sexual orientation and geography to shape risks, access, and outcomes differently. This is most visible in sectors such as climate change and rural livelihoods, where differentiated vulnerabilities are harder to ignore. However, while the language of intersectionality is becoming more familiar, its translation into research practice remains uneven and limited.

Barriers in research design and methods

Weak integration of intersectionality is most evident at the methodological level. Few studies include intersectional sampling strategies, tailored data collection tools, or explicit analysis plans that consider overlapping identities. Dissemination approaches also tend to assume a homogenous audience, overlooking differences in language, literacy, accessibility, and digital access.

A rural development researcher described challenges in engaging indigenous women:

> *"Language barriers, education levels, cultural norms. It feels very complicated, so sometimes we just avoid involving them directly."*

Similar patterns were reported in relation to disability inclusion. The absence of sign language interpreters or accessible formats was frequently cited as a reason for excluding persons with disabilities from consultations or policy dialogues, rather than as a gap requiring adjustment.

These decisions, while framed as pragmatic, result in the systematic exclusion of those most affected by policy decisions. This limits the ability of research to capture how overlapping forms of exclusion shape lived experience, reducing the depth and relevance of evidence used in policy processes.

Growing awareness but limited application

Researchers and research managers generally demonstrate conceptual awareness of intersectionality, often describing it as “important” or “necessary” for inclusive research. Yet for most institutes, it remains a relatively new and abstract idea rather than an operational approach.

Across conversations, researchers participating in the study noted: *“We understand that gender is not the only factor anymore. But when it comes to actually designing the study, we don’t really know how to reflect that.”* In practice, intersectionality is often reduced to the inclusion of multiple demographic variables rather than an analysis of how identities interact to shape power, exclusion, or opportunity. This limits its explanatory value and risks reproducing surface-level inclusion without deeper insight.

Ethical uncertainty and avoidance of marginalised groups

Several informants highlighted discomfort and uncertainty around engaging with LGBTQIA+ communities, ethnic minorities, and persons with disabilities. While participation is slowly increasing, many researchers lack ethical confidence and practical guidance.
Participants reflected

> *We are worried about doing harm or asking the wrong questions. But because we don’t know how to do it properly, we end up not doing it at all.*

This pattern suggests that exclusion is less about technical impossibility and more about insufficient training, weak institutional guidance and limited ethical frameworks tailored to intersectional research.

In some cases, constraints are also framed in terms of limited resources or expertise. As one participant noted, “We don’t have the resources or expertise, so it’s safer not to include them.” This reinforces a tendency toward avoidance rather than adaptation of research approaches.

Overall, the research sector in Cambodia shows strong interest but limited institutional readiness to integrate GEDSI meaningfully. Gender is acknowledged, disability inclusion is sporadic, and broader social inclusion and intersectionality remain inconsistent and underdeveloped. Most progress is tied to donor-driven research rather than organisational frameworks. With sustained support particularly from Ponlok Chomnes II, research organisations could move beyond conceptual awareness and build the practical skills, institutional incentives and resource structures needed to produce more inclusive, relevant, and high-quality evidence.

3.2.7. Challenges: Good Intentions, Hard Realities

Within Cambodia's knowledge and policy ecosystem, there is clear and growing commitment to advancing GEDSI. However, translating this intent into consistent practice remains difficult. The challenges are not only technical, but structural, institutional, and political, shaping both how research is produced and how evidence influences policy.

Constraints to GEDSI influence in policy processes

Civil Society Organisations (CSOs) play a critical role in GEDSI policy processes in Cambodia, operating at the intersection of lived experience and formal decision-making. Their influence, however, is neither linear nor guaranteed. While CSOs are routinely invited into consultations, access does not consistently translate into influence over final policy outcomes. Impact depends less on formal inclusion and more on relationships, strategic positioning, and the ability to convert community realities into policy-relevant evidence.

Interviews with members of the GEDSI Consortium point to real but uneven progress. Several organisations described situations where substantive CSO inputs were reflected in early policy drafts, only to be diluted or removed at later stages. This often occurred during political bargaining, leadership changes, tensions between technical and political actors, or late-stage revisions made without further consultation. These patterns erode trust in participatory processes and expose a persistent gap between consultation and decision-making authority.

The limited influence of civil society on GEDSI policy outcomes is rooted in structural and political constraints. Responsibility for GEDSI is commonly delegated to technical units or focal points with limited authority, while final decisions rest with political actors for whom inclusion is often negotiable. As a result, leadership support is inconsistent and reliant on individual champions rather than embedded institutional commitments, leaving progress fragile and easily reversed.

There is also evidence of selective uptake of GEDSI concepts. Although global frameworks are formally endorsed, they are frequently viewed as externally driven or misaligned with domestic political priorities, leading to selective uptake or dilution during policy negotiation. Consultation processes further weaken influence: they are often rushed, under-resourced, and structured in ways that privilege well-connected actors over grassroots organisations, Indigenous communities, and persons with disabilities. Language barriers, bureaucratic requirements, and limited recognition of community-based and Indigenous knowledge compound these exclusions, weakening the link between lived experience and policy decisions. In this context, GEDSI is often treated as negotiable rather than foundational, limiting the extent to which inclusive approaches are institutionalised in policy processes.

Experiences from Ponlok Chomnes suggests that while mechanisms such as the Policy Engagement Fund have created more direct entry points for evidence-informed engagement with government counterparts, sustained influence still depends on timing, relationships, and alignment with government priorities. This highlights that improving GEDSI outcomes requires not only better evidence, but also stronger attention to how policy processes function in practice.

Constraints to GEDSI integration in research

Within Cambodia's knowledge-policy ecosystem, GEDSI integration remains uneven and largely dependent on project requirements rather than institutional standards. Research agendas continue to be shaped primarily by short-term, externally funded projects, which prioritise responsiveness over continuity. Under these conditions, GEDSI is often treated as a project requirement rather than a core dimension of research quality. Few organisations have internal policies, incentives, or accountability mechanisms that require systematic integration, resulting it significant variation in practice. Even where there is strong interest in GEDSI, practical application remains limited. Researchers generally demonstrate a good understanding of gender, but other dimensions such as disability, ethnicity, sexual orientation, and intersectionality are less consistently understood and applied. Across interviews, a common pattern emerges: conceptual awareness has advanced faster than methodological capability. Inclusion is often considered late in the research process, limiting its influence on study design, data collection, and analysis. As a result, GEDSI is frequently reflected in descriptive data rather than shaping core findings or policy recommendations.

Participation barriers further constrain inclusion. Organisations such as Future Forum and the Center for Khmer Studies have reported low application rates from persons with disabilities in fellowship and research programs, alongside challenges related to retention and completion. These patterns reflect broader systemic barriers, including unequal access to education, limited exposure to research pathways, and environments that are not designed to support diverse needs. As a result, the presence of persons with disabilities and other marginalised groups within the research community remains limited, affecting whose perspectives are reflected in evidence generation.

Operational constraints also play a significant role. Inclusive research requires additional time, resources, and planning, including the use of adaptive tools, sign language interpretation, accessible formats, and extended engagement processes. However, these measures are rarely built into research design or budgets and are often treated as optional add-ons. As one partner noted,

> *"Including persons with disabilities always means extra time, translators, transport and budget, and these are rarely planned for."*

As discussed in earlier sections, these constraints contribute to the exclusion of persons with disabilities from consultations, validation processes, and dissemination activities, even when research findings directly concern them.

These challenges are compounded by gaps in disability-related and disaggregate data systems. Data on persons with disabilities remains limited, fragmented, and often not publicly accessible. Existing data sources, such as national censuses, ID Poor databases, and administrative systems, are not consistently aligned and often use different definitions or measurement approaches. Data is rarely disaggregated beyond basic categories and lacks detail on types of disabilities, geographic location, and socio-economic conditions. This makes it difficult for researchers to identify participants, design inclusive methodologies, or conduct robust analysis, reinforcing the underrepresentation of disability in research and policy evidence.

3.2.8. Recommendations: Research Organisations' Perspectives on Supporting GEDSI Integration

The findings show that GEDSI integration in Cambodia's research sector depends on practical, well-resourced support, not abstract commitments. Researchers and research managers consistently emphasised that inclusion only becomes real when it is backed by clear guidance, accessible funding, institutional incentives, and hands-on support. Yet, when the full GEDSI framework is applied, it becomes clear that meaningful integration goes beyond what Ponlok Chomnes II alone can deliver. Many of the barriers are systemic and lie outside the immediate scope of research organisations, particularly when it comes to the availability and preparedness of marginalised graduates.

Despite systemic constraints, research organisations can take meaningful action at the program and organisational level. These actions do not require waiting for national reform, but do require deliberate planning, investment, and partnership.

The most feasible and impactful entry points include:

1 Moving GEDSI beyond project-based compliance.

GEDSI integration needs to shift from a project requirement to a core standard of research quality. Research organisations should embed GEDSI across the full research cycle, from agenda-setting and design to analysis and dissemination. This requires moving beyond checklist approaches and ensuring that inclusion meaningfully shapes research questions, methods, and findings. Donors and research leaders can support this shift by assessing not only whether GEDSI is included, but how it influences research outcomes and policy relevance.

2 Expanding practical application of GEDSI in research methods

While conceptual understanding of GEDSI has improved, many researchers lack the tools and confidence to apply it in practice. Targeted support is needed to strengthen inclusive research design, including sampling strategies, data collection methods, and analysis that reflect diverse and intersecting experiences. Practical guidance, mentoring, and examples of applied methodologies can help researchers move from awareness to implementation, particularly in areas such as disability inclusion and intersectionality.

3 Strengthening participation and pathways into research

Expanding who participates in research is essential to improving the inclusiveness of evidence. Research organisations can broaden participation by creating roles across the research process, including data collection, coding, transcription, communications, and administration.

- Research organisations can partner with OPDs, universities, and vocational training providers to develop internships and entry-level positions that build skills in research support, data management, and communication. Such pathways can bridge the gap between limited formal qualifications and practical competence. As one partner noted: “Persons with disabilities can contribute in many ways, but we don’t have structured pathways to include them.”
- At the same time, partnerships with universities, OPDs, and training providers can support internships, fellowships, and entry-level opportunities that build relevant skills. These approaches help address structural barriers that limit the participation of persons with disabilities and other marginalised groups in research.

4 Strengthening inclusive recruitment, retention, and workplace systems

Inclusive participation requires more than recruitment. Research organisations should strengthen workplace systems to support retention and progress, including reasonable accommodations, flexible work arrangements, and accessible environments. Partnerships with specialist organisations can provide technical support on workplace accessibility and staff development. Without these systems, inclusion efforts are likely to remain ad hoc and unsustained.

5 Recognising and resourcing the costs of inclusion

Inclusive research requires dedicated resources, including transport, interpretation, adaptive formats, and extended engagement timelines. These costs should be treated as standard components of research design and budgeting rather than optional additions. One respondent said, *"Including persons with disabilities always means extra time, translators, transport and budget, and these are rarely planned for."* Both research organisations and funders have a role in ensuring that accessibility and inclusion are adequately resourced from the outset, reducing the tendency to exclude participants due to perceived cost constraints.

6 Strengthening institutional incentives and accountability

Sustained GEDSI integration depends on clear institutional expectations and accountability mechanisms. This can include embedding GEDSI criteria in research approval processes, linking performance indicators to inclusive research practices, requiring budget allocations for accessibility, and establishing internal review systems that assess inclusion across the research cycle. Without such mechanisms, GEDSI is likely to remain uneven and dependent on individual initiatives. For many organisations, inclusion is still perceived as a "nice to have" because it is not tied to funding, accreditation, or policy influence. As a result, GEDSI continues to be treated as an add-on rather than a core requirement for credible and policy-relevant research.

3.3. Community Members

RESEARCH QUESTION 3

Research Question 3: What are the barriers, opportunities, priorities and specific needs of women, persons with disabilities, LGBTQIA+ and other socially disadvantaged groups for participation in the knowledge sector and policy process?

How can barriers be reduced and opportunities leveraged to improve the participation of socially disadvantaged groups in the knowledge sector and policy process, enabling them to receive improved support?

This section presents findings related to how women, persons with disabilities, LGBTQIA+ individuals, and other socially disadvantaged groups experience and navigate participation in the knowledge sector and policy processes. It examines the barriers that limit their engagement, alongside the opportunities, priorities, and specific needs identified by community members themselves.

Rather than assessing institutional frameworks, this section adopts a participation-focused lens. It examines where and how barriers emerge across the research and policy process, from access to participation, to the ability to contribute meaningfully, to whether voices are reflected in decisions. It also considers how these barriers differ across groups and are compounded by intersectional identities. The emphasis is on identifying practical entry points to move participation from ad hoc or symbolic engagement towards more consistent and meaningful inclusion.

3.3.1. Context shaping participation

Cambodia's rural–urban divide shapes how community groups experience policy, research processes, and public services, and influences their ability to engage in them. Poverty remains concentrated in rural areas. Poverty remains concentrated in rural areas, where access to healthcare, education, infrastructure, and social protection is limited. According to the World Bank Living Standards Measurement Survey, which is the official household survey used by the National Institute of Statistics (NIS), rural poverty in 2023 was estimated at 22.8 percent, compared with 4.2 percent in Phnom Penh and 12.6 percent in other urban areas. These disparities shape how GEDSI target groups experience and respond to policies and national reforms.[47]

Household incomes and access to basic services remain deeply uneven, and this is shaped by the uneven reach of government provision. While infrastructure improvements such as water access have expanded through government and aid programs, rural communities still face major service gaps. Healthcare is limited, schools are under-resourced, roads are often unpaved, and many areas lack reliable electricity. This is reflected in the distribution of health professionals: roughly 40 percent of physicians and 74 percent of specialist doctors are based in Phnom Penh, serving a growing middle and upper class, while around 90 percent of the poor live in rural areas with little access to care.

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Against this backdrop, it is unsurprising that a key theme from fieldwork was the large gap between national policy ratification and actual service delivery on the ground. Sub-national service providers (CCWC, DWCCC, and PWCCC) reported many policies and programs referencing GEDSI, including the role of CCWC, social protection schemes, cash transfers, and the ID Poor program. Yet GEDSI target groups themselves, especially people with disabilities, small-scale farmers, Indigenous peoples, migrants, and the urban poor, reported that they have not benefited equally from these services.

A 2021 DFAT–EU–World Bank analysis [48]
highlighted the need for changes in Cambodia's intergovernmental fiscal architecture to improve delivery of public services. That remains true today. Community-level research shows that implementation gaps, low resourcing, and limited accountability continue to undermine policy intentions.

[47] World Bank LSMS 2023, National Institute of Statistics (NIS), Ministry of Planning

[48] World Bank Cambodia – Intergovernmental Fiscal Architecture Study: https://documents.worldbank.org/curated/en/099440003152223052/pdf/P168407082902104a0b28a0d00b4ec6625f.pdf. The study examines Cambodia's intergovernmental fiscal framework and highlights persistent challenges in assigning expenditure responsibilities, financing sources, and strengthening service delivery through subnational governments. It points to gaps in system design and resource allocation that limit effective delivery of public services.

This disconnect between policy and lived experience extends beyond service delivery to participation in research and policy processes itself. In practice, GEDSI groups rarely engage directly in policy processes, and their perspectives are often conveyed through intermediary actors. CCWCs and grassroots NGOs play an important intermediary role in conveying the perspectives of GEDSI target groups, particularly where government agencies and research institutions do not engage directly with communities. This engagement is often reactive, taking place in response to requests from government or researchers rather than as part of sustained, two-way participation. While information is collected through these channels, GEDSI target groups consistently reported that their inputs are not always reflected in policy decisions or translated into improved services. As a result, many needs remain unaddressed or only partially met.

These gaps are reinforced by resource constraints across the system. Discussions with MoSVY and MoWA highlighted limited financial and human resources to support GEDSI-focused interventions, particularly for persons with disabilities. Similar constraints were echoed by local service providers, who described difficulties delivering adequate and sustained support at the community level, even where policy commitments exist.

Community-level fieldwork further underscored these challenges. Primary research with GEDSI target groups, complemented by perspectives from local government actors, revealed differentiated barriers linked to gender, disability, indigeneity, ethnicity, and socioeconomic vulnerability. Taken together, these findings point to the need for more targeted, inclusive, and adequately resourced approaches to participation, evidence generation and service delivery. Without addressing these group-specific constraints, efforts to integrate GEDSI into research and policy processes will continue to fall short of meaningful inclusion.

All observations in the sections that follow reflect the lived experiences and perspectives shared directly by community members during the field research.

3.3.2. Gender Equality: Barriers and Priorities for Women's Participation

Across provinces, women face persistent and interlinked barriers that limit their participation in research and policy processes. These barriers operate across the participation pathway, from access to consultations, to the ability to contribute meaningfully, to whether their perspectives influence decisions. Evidence from community-level fieldwork shows that while women are often present in consultations, their participation does not consistently translate into influence or improved outcomes.

Structural Barriers: Institutional practices and the care economy

Structural constraints remain a primary limitation on women's participation, particularly at the point of access. In rural areas such as Battambang and Kampot, women's time is heavily shaped by unpaid care responsibilities, household labour, and livelihood activities. Many participants reported prioritising daily survival and income-generating work over attending consultations, especially in contexts of economic instability.

Climate change further intensifies these constraints. In Battambang, women reported that frequent flooding disrupted agricultural production and reduced household income, forcing them to prioritise immediate livelihood needs over participation in meetings or consultations.

Participants also pointed to institutional constraints. Women-focused organisations described limited funding and technical capacity to conduct independent research, often relying on external consultants and short-term projects.

Within government systems, participants highlighted internal power hierarchies and resistance to gender-responsive inputs. Several women in Kampot reported that feedback on health and sanitation issues was repeatedly collected but "never reflected in the final decisions."

Normative and attitudinal barriers

Participant inputs underscore how gender norms continue to shape whose expertise is considered legitimate. Women in Battambang and Kampot described feeling less confident engaging with researchers or officials, particularly on topics such as land, natural resources, finance, or migration, which are widely perceived as male domains. Many said they defer to husbands or male relatives in public discussions because they expect their views to carry less weight.

Women also reported that invitations to consultations are often directed to men by default, even when discussions concern programs that directly affect women, including health services, social protection, and labour migration. Based on these reflections, women are positioned more as beneficiaries than as contributors to knowledge and policy, narrowing the range of perspectives captured.

Even when participating, internal power dynamics within commune and district-level institutions were seen to limit the influence of women's inputs in decision-making processes. In rural areas, limited access to education further affects women's ability to engage effectively. Some participants noted that while women attend various group discussions, they may struggle to express their views clearly, particularly in formal or technical discussions.

Process barriers: research and dialogue design

Based on participants' experiences, the design and conduct of research and consultations further limit women's influence. Women frequently described participation as extractive: they are consulted, but their inputs are not integrated into final policies. This has led to consultation fatigue, particularly among low-income women, many of whom said they engage only when they see clear and tangible benefits.

"We were asked many times about health and sanitation, but nothing changed. We don't see our ideas in the final decisions." – Woman participant, Kampot

Participation is also often mediated through intermediary actors, such as CCWCs and NGOs, rather than through direct engagement. While these actors play an important role in conveying community perspectives, this indirect model can dilute women's voices and reduce accountability for how inputs are used.

At the same time, participants identified conditions that improve engagement. Women reported more meaningful participation when enumerators were women, when discussions were conducted in accessible and culturally appropriate ways, and when researchers clearly explained the purpose and intended use of the research. These findings highlight the importance of trust, transparency, and representation in shaping participation outcomes.

Safety and accessibility-related barriers

Participant inputs highlighted safety and mobility as significant constraints, particularly for low-income women. In Phnom Penh, women from poorer neighbourhoods reported avoiding evening meetings due to poor lighting, unsafe transport, and fear of harassment. In rural areas, long distances and lack of affordable transport further reduced participation, especially when meetings were held far from villages or outside daylight hours. These structural constraints are compounded by situational factors. During fieldwork, heavy rain and unreliable transport further reduced women's ability to attend meetings, particularly in areas with weak infrastructure.

Such practical considerations are rarely factored into research and consultation design. As a result, participation processes tend to favour men and more economically secure groups who face fewer mobility and safety constraints. Intersectional factors, including age, poverty, and household status, further intensify these barriers, particularly for young women and female-headed households.

3.3.3. Disability Inclusion: Barriers and Priorities for Persons with Disabilities

Based on reflections and inputs from participants, people with disabilities described some improvements in services and inclusion efforts, such as community-based rehabilitation, inclusive education initiatives, and awareness programs supported by OPDs and NGOs. Disability identification cards were also noted as a helpful tool for accessing some social protection benefits. However, these changes were uneven and often limited in reach. One participant noted,

> *"The disability card exists, but it does not change much in our daily life."*

These barriers are interconnected and occur across the participation pathway, limiting not only access to consultations, but also the ability of persons with disabilities to contribute meaningfully and influence policy outcomes.

Accessibility barriers: physical, financial and communication constraints

Access to research and policy processes is constrained by a combination of physical, financial, and communication barriers.

Participants consistently identified mobility as a core barrier to participation in research and policy processes. Lack of accessible transportation, ramps, and accessible venues prevented many people with disabilities from attending meetings and consultations. In Battambang, participants highlighted the absence of ramps and accessible public transport as a key obstacle. Participants said, *"Even if we want to join, we cannot because we cannot reach the venue."*

Financial constraints further limit participation. Participants explained that research involving people with disabilities requires additional resources for transport, accommodations, and accessible communication tools, but such costs are rarely budgeted. In Phnom Penh, people with disabilities noted that despite being entitled to benefits under existing laws, these rarely materalise in meaningful ways. Participants described this gap clearly: *"The law says we should get support, but in reality, we still have to bear most of the costs ourselves."*

Communication barriers also play a significant role. Accessible formats, including sign language interpretation, Braille documents, and alternative formats were rarely provided in research and consultation settings. Lack of an interpreter came up frequently as a challenge. Participants also noted that some data collectors lacked confidence or training in how to communicate effectively, resulting in exclusion by default.

Voice and participation barriers: stigma and capacity gaps

Social stigma remains a significant constraint. Participants described being marginalised in community discussions, with their views dismissed or not taken seriously. In Kampot, people with disabilities reported being frequently marginalised in community discussions, with their voices dismissed or overlooked. They felt that people treated them differently, as though they are not part of the community. Their inputs are not taken seriously. This dissuades most people from speaking up.

Barriers to participation also vary across different groups. Deaf participants highlighted exclusion due to lack of interpretation, while persons with visual impairments pointed to limited access to assistive technologies and accessible materials. Limited education and literacy, particularly in rural areas, further constrain the ability to engage in technical or formal discussions.

Barrier to representation and accountability

Representation within research and policy spaces remains limited. Participants noted that they rarely see persons with disabilities involved as researchers, facilitators, or decision-makers, reinforcing perceptions that their perspectives are secondary rather than central to policy processes.

Accountability mechanisms are also weak. Participants expressed uncertainty about how people with disabilities were consulted in policy processes, including new strategies such as the Disability Strategy. Several noted that consultations often took place through OPDs rather than directly with affected individuals. Participants felt that consultation was mostly with the representative organisations and not directly with the affected people. As one participant noted,

> *"We never hear back about what was done with our inputs."*

This absence of feedback reduces trust and contributes to declining motivation to engage. As a result, participation often remains consultative rather than influential.

Intermediary roles: local authorities and OPDs

In practice, participation of persons with disabilities is rarely direct and is instead mediated through local authorities and OPDs. Village chiefs and commune leaders were consistently identified as critical intermediaries between research teams and people with disabilities. Where local authorities were informed and proactive, they helped facilitate participation. Where local authorities were proactive, they would ensure that participants were included in such meetings.

OPDs were also described as critical intermediaries. They help connect research teams with communities, explain research processes, and build trust among participants. This role is particularly important in reaching persons with disabilities who may otherwise remain excluded.

However, these intermediary roles are often informal and under-resourced. OPDs reported limited funding to support sustained engagement, while local authorities may lack training or incentives to prioritise inclusive participation. While this model can improve access, it can also shape how participation occurs. Consultations conducted primarily through organisations rather than individuals may limit the diversity of lived experiences captured.

System-level constraints: policy implementation, data gaps, and trust

At the system level, broader structural constraints further limit meaningful participation. Participants described a gap between policy commitments and implementation. While legal frameworks and tools such as disability ID cards exist, their practical value is limited by weak service delivery, inconsistent enforcement, and low awareness. As a result, policies are often experienced as existing in principle rather than in practice.

Gaps in data systems further constrain inclusion. Disability status is often misclassified or not captured in surveys, affecting eligibility for services and limiting the ability to generate accurate, disaggregated evidence. Several participants reported being recorded as having “no disability” due to a lack of understanding by data collectors.

These data limitations weaken both research quality and trust. When data does not accurately reflect lived experiences, it contributes to a disconnect between evidence generation and policy design, reinforcing perceptions that participation does not lead to meaningful change.

Box 13:

Key Barriers to Participation and Priorities for People with Disabilities in Research and Community Processes: Summary of Findings from FGDs Conducted

Across Battambang, Kampot, and Phnom Penh, participants described a consistent set of obstacles that limit meaningful participation of people with disabilities in research and policy processes.

Key priorities and recommendations identified during the FGDs:

- **Physical access remains a major constraint.** Many meeting spaces, schools, and community halls are not accessible for wheelchair users or people with mobility challenges. Lack of ramps, accessible seating, and reliable transport continues to prevent participation, particularly in rural areas.

- **Communication and research tools often exclude persons with disabilities.** Sign language interpretation is rarely available, questionnaires are not adapted, and alternative communication formats are seldom used. In some cases, households were skipped entirely because enumerators assumed participation would take too long or be too complex.

- **Financial barriers further limit participation.** Transport costs, lost work time, and the need for personal assistance are rarely compensated, making it difficult for persons with disabilities to attend consultations or interviews.

- **Weak implementation of disability policies reduces practical impact.** While mechanisms such as disability ID cards exist, participants reported limited benefits due to inconsistent service delivery, weak enforcement, and gaps between legal provisions and actual support.

- **Social stigma and low representation reinforce exclusion.** Participants described being discouraged from speaking in community discussions and rarely seeing persons with disabilities represented in research teams, local committees, or decision-making spaces. This contributes to low confidence and reinforces perceptions that their perspectives are secondary.

- **Barriers vary across disability types and contexts.** Deaf participants highlighted persistent exclusion from public services, health facilities, education, and licensing processes due to communication barriers. Participants with visual impairments pointed to gaps in assistive technology, limited institutional understanding, and psychosocial impacts such as low confidence and anxiety. Limited literacy and education, particularly among deaf participants and persons with disabilities in rural areas, further constrain meaningful engagement in complex research or policy discussions.

- **Consultation without follow-through erodes trust and participation.** Across discussions with organisations of and for persons with disabilities, participants reported being repeatedly consulted through workshops and research but seeing little evidence that their inputs led to concrete action or policy change. Weak feedback mechanisms, combined with persistent accessibility gaps, have contributed to participation fatigue and declining motivation to engage.

Participants offered clear, practical recommendations to address these gaps.

Participants consistently emphasised that improving participation requires moving beyond invitations towards meaningful inclusion and influence. This means ensuring that persons with disabilities are not only present, but able to engage effectively and shape outcomes.

- Ensure reasonable accommodation in all engagement processes, including appropriately positioned and supported sign language interpreters, accessible materials provided in advance, personal assistance, adequate breaks, and realistic transport support.

- Improve communication approaches, using accessible formats such as sign language videos with subtitles, audio content, simplified text, and digital platforms such as Facebook and Telegram to reach diverse groups.

- Strengthen engagement through OPDs and community-based approaches, while also enabling more direct participation of persons with disabilities in research and dialogue processes, particularly beyond Phnom Penh.

- Involve persons with disabilities directly in research design and implementation, including as enumerators and facilitators, to improve trust, relevance, and data quality.

- Adapt research methods, using more narrative, conversational, and inclusive approaches rather than highly technical formats, to better support meaningful participation.

- Shift away from charity-based approaches, prioritising skills development, internships, and capacity building, alongside sustained engagement with government to translate evidence into action and support long-term inclusion.

3.3.4. Social Inclusion (Ethnicity, Indigenous Identity, Gender, Sexual Orientation, Geography, Socioeconomic Status, Age)

Across ethnicity, indigeneity, gender, sexual orientation, geography, age, and socioeconomic status, exclusion from research and policy processes in Cambodia is not incidental. It is produced through recurring institutional, social, and economic mechanisms that shape who is able to participate, whose knowledge is recognised, and whose realities are ultimately reflected in policy. These mechanisms consistently privilege formally recognised, urban, Khmer-speaking populations while marginalising others, resulting in persistent evidence gaps and policy blind spots.

Access barriers: language, documentation, and economic constraints

Language and consultation design are among the most consistent drivers of exclusion. Research tools and policy consultations are conducted in Khmer[49] and rely on formal meeting formats that assume literacy, confidence in public speaking, and familiarity with bureaucratic processes. Indigenous communities in Mondulkiri and Ratanakiri, as well as ethnic minority groups in Battambang and Phnom Penh, described being present in consultations but unable to meaningfully engage: *"We attend the meeting, but we don't really understand what is being discussed. By the time we follow, the discussion has already moved on."*

Participants also shared that they are asked if they agree with a particular issue or recommendation, but they do not really understand what agreeing means for them or what it would translate into. This results in participation without comprehension, limiting the ability to engage meaningfully or influence outcomes.

Administrative systems and economic precarity further reproduce exclusion. Ethnic Vietnamese communities described how lack of civil documentation limits access not only to services but also to research and consultation processes that rely on official records. *"If your name is not in the system, you are not invited. It's like you don't exist,"* one participant explained. This results in exclusion both from participation opportunities and from the datasets that inform policy.

Economic precarity and geographic constraints also limit participation. Rural and low-income households consistently highlighted the cost of participation. Transport expenses, lost daily wages, and limited internet access reduce their ability to attend consultations or engage with enumerators. A rural respondent noted,

> *"If I go to the district meeting, I lose a day's income. Nobody compensates that, so I stop going."*

[47] *Ethnic minorities and Indigenous Peoples in Cambodia speak a range of non-Khmer languages. Khmer-only consultations and research tools limit meaningful participation for those with limited Khmer proficiency, particularly women, youth, and elders.*

These constraints are rarely accounted for in research design, resulting in evidence that systematically over-represents more stable, urban, and formally recognised populations. Where decentralised data collection or compensation for time was provided, participation from poorer and remote households increased, indicating that exclusion here is driven less by lack of interest and more by structural feasibility.

Where inclusion efforts were adapted, for example through working with community leaders or using local languages in education, agriculture, or natural resource management program, participation improved. However, these examples were described as project-based rather than standard practice. The key lesson is that inclusion improves when participation mechanisms are adapted to communities, rather than expecting communities to adapt to rigid institutional formats.

Voice and participation barriers: norms, safety, and identity

Even when marginalised groups are present, social norms and power relations shape whose voices carry weight. Youth across provinces expressed a willingness to participate, but also frustration that their contributions rarely influence decisions. Village meetings were repeatedly described as dominated by older community members, even on issues directly affecting young people.

LGBTQIA+ participants reported even stronger forms of exclusion. Many described not being invited to consultations at all, while others concealed their identity due to fear of stigma, verbal harassment, or exposure. In Phnom Penh, participants spoke of being mocked or dismissed in community meetings. In Kampot, the absence of legal protections intensified these risks. As one participant described:

> *"If people know who you are, it's not safe, so you stay quiet, or you don't come."*

Where consultations ensured confidentiality, worked through trusted intermediaries, or created separate safe spaces, LGBTQIA+ participants reported more open engagement and more relevant contributions. These examples demonstrate that participation is possible when risks are acknowledged and actively mitigated, rather than shifted onto individuals.

Influence and representation: whose knowledge counts

Participation does not necessarily translate into influence. Across groups, participants described limited ability to shape research findings or policy decisions.

Marginalised groups are often underrepresented in decision-making spaces, and their knowledge is not consistently recognised as legitimate. Consultation processes may include diverse participants, but decision-making remains dominated by more powerful or formally recognised actors.

Participants also highlighted that even when they are asked for input, they are not always aware of how their contributions are used or whether they influence final decisions. This reinforces perceptions that participation is symbolic rather than substantive.

System-level consequences: evidence gaps and policy blind spots

These patterns of exclusion directly shape what policies see and what they miss. When Indigenous communities are unable to articulate their priorities, local policies overlook traditional agricultural practices, as reported in Kampot. When undocumented communities are absent from datasets, service gaps remain invisible. When youth, LGBTQIA+ people, and ethnic minorities self-censor or are excluded, policy debates default to the perspectives of dominant groups.

As one participant reflected,

> *"They say the policy is for everyone, but people like us are never in the room when it is discussed."*

The result is not only limited participation but structural policy blind spots that underestimate diversity within communities, exclude key populations, and weaken policy effectiveness. Strengthening social inclusion therefore requires more than expanded outreach. It requires deliberate changes in how evidence is generated, whose knowledge is treated as legitimate, and how participation processes are designed to absorb risk rather than passing it on to those already marginalised.

3.3.5. Intersectionality: Compounded Barriers and Unmet Needs

Communities across Cambodia experience exclusion not as a single factor, but as the result of multiple, overlapping disadvantages. Gender, disability, ethnicity, geography, and poverty interact to create layers of marginalisation, influencing access to services, participation in research, and representation in policy. These compounded barriers are rarely captured in standard data collection, leaving policies unable to respond to the lived realities of those most affected.

Compounded barriers in access and participation

Intersecting forms of disadvantage significantly constrain participation across the policy and research cycle.

Women with disabilities in rural areas face multiple obstacles. Mobility barriers, social stigma, care responsibilities, and limited access to information combine to restrict their engagement with services and policy processes. One participant explained:

> *"I cannot travel to the district office alone, and even if I could, people do not take our opinions seriously."*

Indigenous women experience additional layers of exclusion. Language barriers, low literacy, and long distances from education or health facilities make accessing programs difficult. As one Indigenous woman noted,

> *"Even when there is a program, the notices are in Khmer, and I do not understand. Sometimes the school is too far for me to attend with my children."*

Youth from low-income households described feeling doubly disadvantaged compared with urban peers. One youth noted:

> *"We want to participate, but we have to work to survive," highlighting how economic and social marginalisation reinforce each other.*

These examples illustrate that barriers do not operate independently. Instead, they reinforce one another, reducing both access to participation and the ability to engage meaningfully.

Migration, care burdens, and shifting responsibilities

Migration introduces another layer of complexity. Women left behind often take on increased caregiving duties for children or elderly relatives, while young people may face labour vulnerabilities in the absence of adult support. One elderly participant reflected,

> *"Our daughters-in-law are gone; we must manage the farm and the children ourselves. There is no time to attend meetings or voice our concerns."*

These intersecting pressures limit both time and capacity to engage in research or policy processes. Participation becomes secondary to immediate survival and care responsibilities. Despite their significance, these dynamics are rarely captured in research or policy analysis, which tends to treat gender, age, or migration status as separate variables rather than interacting factors.

Gaps in research design and evidence systems

The limited integration of intersectionality is most visible in how research and data are designed and collected.

Community members consistently reported that surveys and consultations fail to reflect their combined challenges. One community member said:

> *"They ask simple questions about women or youth, but never about what it means to be a young woman with a disability living far from services."*

Research tools often assume a single identity lens, ignoring how experiences of exclusion accumulate across social, economic, and geographic factors. This results in partial or incomplete data that fails to reflect lived realities.

The consequence is clear: intersecting disadvantages such as being an Indigenous girl with a disability or a rural woman caring for migrant relatives are not systematically captured in ministry datasets. Without this information, policies cannot adequately respond to the real-world constraints and risks facing these populations.

3.3.6. Recommendations: Community Perspectives on Removing Barriers and Unlocking Opportunities

The findings show that improving participation of women, persons with disabilities, LGBTQIA+ individuals, and other socially disadvantaged groups requires practical, well-resourced changes in how research and policy processes are designed and implemented. Participation is not limited by willingness, but by structural, procedural, and social barriers that occur across the participation pathway, from access to influence.

Addressing these barriers requires moving beyond one-off consultations towards more deliberate, inclusive systems of engagement. While some constraints are systemic, including poverty, social norms, and documentation gaps, there are clear and feasible entry points at the level of program design, research practice, and institutional engagement.

The most potential entry points include:

1 DESIGNING PARTICIPATION AROUND LIVED REALITIES, NOT INSTITUTIONAL CONVENIENCE

Community members across all groups emphasised that participation improves when research and policy engagement processes are designed around peoples lived constraints rather than institutional convenience. One of the most immediate ways to reduce barriers is through more flexible and context-sensitive engagement. Consultations held during peak care, farming, or market hours systematically exclude women, daily wage earners and caregivers. Adjusting timing, offering shorter or staggered sessions, and allowing multiple entry points for participation were consistently identified as practical enablers.

2 REDUCING THE ECONOMIC COST OF PARTICIPATION

Reducing the economic cost of participation. Economic barriers remain a decisive factor. Transport costs, lost income, and childcare responsibilities directly affect whether people can engage. Participants stressed that participation is often framed as voluntary, yet the opportunity costs are high for poor households. Providing transport allowances, compensating for time, or integrating engagement into existing community gatherings were seen as legitimate and necessary measures rather than incentives. Where such support was provided, participation was higher and more diverse.

3 EMBEDDING ACCESSIBILITY AND ADAPTATION AS STANDARD PRACTICE

Accessibility and adaptation of tools emerged as central to meaningful inclusion, particularly for people with disabilities, Indigenous communities, and those with limited literacy. Communities noted that inclusion does not require complex solutions but does require planning. Holding consultations in accessible venues, adapting questionnaires to oral or visual formats, providing sign language interpretation, and using local languages significantly increased engagement. The absence of these measures was widely interpreted as a signal that participation by marginalised groups was not expected or valued.

4 STRENGTHENING TRUST THROUGH REPRESENTATION AND LOCALLY GROUNDED APPROACHES.

Trust and confidence were closely linked to who conducts research and how. Participants across provinces reported higher willingness to engage when researchers reflected their identities or demonstrated familiarity with local contexts. Women, people with disabilities, and Indigenous participants responded more openly when enumerators were women, spoke local languages, or were introduced through trusted community structures. This points to the value of involving community members as facilitators, co-researchers, or data collectors, rather than relying solely on external teams.

5 STRENGTHENING TRANSPARENCY, FEEDBACK, AND ACCOUNTABILITY IN ENGAGEMENT PROCESSES.

Communities also highlighted the importance of clarity and transparency. Many participants expressed fatigue with consultations that do not lead to visible change. Clear explanations of why information is being collected, how it will be used, and what feedback communities can expect were seen as critical to sustaining engagement. Where feedback loops existed, even informally, trust in research and policy processes improved.

6 CREATING SAFE AND SUSTAINED SPACES FOR PARTICIPATION

Participants stressed that inclusion must move beyond one-off consultations. Repeated, respectful engagement over time was seen as essential to building confidence, particularly among groups that have experienced stigma or exclusion, such as people with psychosocial disabilities or LGBTQIA+ individuals. Safe spaces, confidentiality safeguards, and consistent engagement were identified as prerequisites for participation on sensitive issues.

7 LEVERAGING AND STRENGTHENING LOCAL ORGANISATIONS AND NETWORKS

Existing local organisations and networks present underutilised opportunities. OPDs, women's groups, youth networks, Indigenous leadership structures, and community-based organisations already have relationships and legitimacy within communities. Participants cautioned, however, that these groups are often consulted without adequate resourcing or influence. Leveraging their role meaningfully requires recognising capacity gaps, supporting coordination, and avoiding tokenistic engagement.

04

CONCLUSIONS AND RECOMMENDATIONS

This section presents conclusions and actionable recommendations based on the analysis of barriers, opportunities, and priorities for socially disadvantaged groups in Cambodia.

4.1. Conclusions

This analysis finds that Cambodia has made important progress in recognising the role of GEDSI within policy and research systems. Across national strategies, sector plans, and institutional discourse, GEDSI is now widely acknowledged as a core principle of development. However, this progress remains uneven and is not yet consistently translated into systems, incentives, and practices that enable meaningful inclusion. The findings point to a central shift in understanding: the challenge is no longer whether GEDSI is recognised, but whether it is effectively institutionalised and operationalised across the policy and knowledge cycle.

GEDSI has moved from absence to recognition, but not yet to institutionalisation. GEDSI is strongly reflected in Cambodia's policy frameworks, including the Pentagonal Strategy, National Strategic Development Plan, and sectoral strategies on gender and disability. Ministries increasingly reference inclusion in their plans, and there is growing openness to engaging diverse stakeholders in policy discussions. However, these commitments are not yet embedded in institutional systems. There are limited formal requirements, incentives, or accountability mechanisms to ensure that research is inclusive, that dialogue processes are accessible, or that diverse perspectives shape final policy decisions. As a result, implementation remains uneven and often dependent on individual leadership, donor support, or specific projects

Without clear incentives and resourcing, GEDSI remains uneven and dependent on external support. A consistent finding across institutions is the lack of dedicated resources and incentives to support GEDSI integration. Government budgets for inclusion and research are limited, and funding for GEDSI-related activities is often embedded within broader programs rather than clearly allocated. There are also few institutional incentives to prioritise inclusive research or engagement, such as performance indicators, funding requirements, or formal standards. As a result, GEDSI efforts are often driven by individual commitment rather than systemic expectation.

Exclusion is systemic and reproduced through the design and implementation of research and policy processes. Barriers to participation are not limited to practical constraints such as time, cost, or mobility; they are embedded in the design and functioning of research and policy systems themselves. Research tools and methodologies often fail to accommodate different abilities, languages, and literacy levels. Institutional practices shape who is invited, whose knowledge is considered credible, and how evidence is interpreted. Policy processes frequently prioritise technical inputs over lived experience, limiting the influence of community perspectives.

Inclusion must be addressed across the full participation chain, rather than at a single entry point. Inclusion challenges are evident across the full participation chain, from research to dialogue to policy uptake. These breakdowns reinforce each other, resulting in a system where inclusion is partial and fragmented.

- In research, there are gaps in collecting diverse and representative data, particularly from marginalised groups.
- In dialogue, participation is often uneven, with limited space for meaningful engagement by excluded groups.
- In policy processes, the translation of evidence into decisions does not consistently reflect community inputs.

As a result of these dynamics, participation is increasingly present but remains limited in its impact. Across all groups consulted, including women, persons with disabilities, Indigenous communities, and other marginalised populations, participation in research and policy consultations is increasingly happening. However, this participation is often limited in depth and influence. Participants consistently described consultation processes as extractive. While they are invited to share inputs, these inputs are not always reflected in policy outcomes, nor are feedback mechanisms in place to explain how contributions are used. This has led to consultation fatigue and declining trust in engagement processes.

Intermediary actors are necessary but insufficient for ensuring meaningful and direct inclusion. Intermediary actors, including commune structures, OPDs, and CSOs, play a critical role in connecting communities with research and policy processes. They help facilitate participation, translate information, and build trust. However, reliance on
intermediaries also shapes how participation occurs. Engagement is often indirect, and perspectives may be filtered or aggregated. At the same time, many of these organisations operate with limited resources and influence.

Current evidence systems are not equipped to capture layered disadvantage, leading to persistent policy blind spots. While gender and disability are increasingly recognised in policy and programming, intersectionality remains largely invisible. Individuals experiencing multiple and overlapping forms of disadvantage, such as women with disabilities in rural areas or Indigenous youth from low-income households, are not adequately captured in data or reflected in policy design. Most research and administrative systems categorise individuals along a single dimension, limiting the ability to understand how different forms of exclusion interact.

Trust is a precondition for effective participation. Trust emerged as a critical factor shaping whether and how communities engage. Participants were more willing to contribute when research processes were transparent, when researchers were locally grounded, and when feedback was provided. Conversely, repeated consultations without visible outcomes have reduced trust and motivation to engage. Trust is therefore not simply an outcome of participation, but a condition that enables meaningful engagement.

Inclusion requires deliberate and consistent design choices. Many of the barriers identified could be addressed through practical adjustments such as appropriate timing, transport support, accessible formats, and use of local languages. These adjustments can significantly improve participation. However, these measures are not consistently applied. This reflects not a lack of technical solutions, but a lack of intentional design for inclusion.

Cambodia is at a transition point where inclusion can shift from ad hoc practice to system-level change. The findings also point to a set of emerging opportunities. Cambodia has strong policy frameworks, growing demand for data, and increasing engagement between government, research institutions, and civil society. Programs such as Ponlok Chomnes II demonstrate that it is possible to strengthen inclusive research and dialogue practices. There is now an opportunity to move beyond isolated initiatives and embed these approaches more systematically across institutions.

4.2. GEDSI Recommendations

The recommendations are structured by primary actors: Government ministries and sub-national authorities; research organisations and universities; and communities and civil society. They focus on removing structural, institutional, and procedural barriers to participation in research and policy processes, ensuring that marginalised groups- women, persons with disabilities, LGBTQIA+ individuals, Indigenous and ethnic minorities, youth, and geographically isolated populations- can contribute meaningfully.

Government Ministries and Sub-National Authorities

Government ministries and sub-national authorities play a decisive role in determining who is seen, heard, and prioritised within policy and research systems. While Cambodia has an existing GEDSI policy framework, implementation remains uneven and nascent. Inclusion is often treated as a procedural requirement rather than embedded in decision-making systems, with limited accountability, fragmented data, and consultation processes that do not consistently enable meaningful participation.

Strengthening GEDSI integration within government systems requires moving from policy commitment to institutionalised practice. This includes embedding inclusion into planning, budgeting, and performance systems, standardising accessible and inclusive consultation processes, strengthening data systems to capture intersectional disadvantage, and improving implementation at sub-national level.

Barriers and justifications	Recommendations
GEDSI is treated as compliance rather than embedded in decision-making, limiting its influence on policy priorities and resource allocation.	• Formalise GMAG and disability focal point roles with clear mandates, budgets, and reporting lines • Assign GEDSI accountability to senior leadership through performance and planning processes • Require gender and disability analysis in policy briefs and research commissioning templates
Consultations are not systematically accessible or inclusive, resulting in uneven participation and limited influence of marginalised groups.	• Introduce minimum accessibility standards for public consultations, including physical access, captioning, interpretation, accessible materials, and accommodation budgets • Pilot (through programs like those supported by Ponlok Chomnes) processes before scaling • Develop guidance on inclusive facilitation and safe engagement
Data is insufficiently disaggregated and rarely intersectional, limiting the ability to identify and respond to overlapping disadvantage.	• Strengthen disaggregation (disability, sex, age, ethnicity, location) • Pilot intersectional analysis in priority datasets • Link data more directly to planning and budgeting

Barriers and justifications	Recommendations
Outdated data systems reduce the timeliness, quality, and usability of evidence for decision-making.	• Adopt interoperable digital data systems with disaggregation dashboards, mobile/tablet data entry at commune level, and AI-driven analytics to identify overlapping disadvantage. • Use mobile data entry at commune level • Pilot advanced analytics and accessible digital platforms
Gender, disability, and social inclusion are addressed separately, limiting understanding of compounded exclusion.	• Establish an intersectionality working stream across ministries and introduce simple tools such as persona-based analysis and layered stakeholder mapping. • Use tools such as stakeholder mapping and persona analysis • Apply GESDI in cross-sectoral policy areas
Limited capacity and guidance at the sub-national level constrains the translation of policy commitments into practice.	• Provide targeted capacity-building and tools • Integrate GEDSI into local planning processes • Strengthen feedback loops between communities and government

Knowledge Sector Institutions

Knowledge sector institutions play a central role in shaping what evidence is produced, whose knowledge is recognised, and how policy issues are framed. While there is growing openness to GEDSI, current practice remains uneven and often driven by project-level requirements rather than institutional standards. As a result, inclusion is inconsistently applied across the research cycle, limiting both the diversity of evidence and its relevance for policy.

Strengthening GEDSI within the knowledge sector requires moving from compliance-based approaches toward institutionalised, accountable, and inclusive research systems. This includes embedding GEDSI as a core quality standard, improving inclusive research design and accessibility, strengthening researcher capacity, and addressing structural barriers that shape who produces knowledge and whose perspectives are represented.

Barriers and justifications	Recommendations
GEDSI is treated as a donor-driven, project-level requirement rather than a core research quality standard, limiting institutional ownership and consistent application.	• Shift GEDSI from compliance to a core research quality standard by linking funding, partner selection, and continuation of support to demonstrated inclusive practice • Develop internal GEDSI policies tailored to organisational size and mandate • Embed GEDSI accountability in governance structures, leadership performance, and partnership decisions
Weak leadership ownership means inclusive research practices are uneven, under-resourced, and not prioritised institutionally.	• Require senior leadership to demonstrate institutional commitment to GEDSI, including resourcing and staff development • Integrate GEDSI into organisational strategies, performance management, and research governance systems
Inclusive and intersectional approaches are applied late in the research cycle, limiting who participates and whose knowledge is reflected.	• Integrate GEDSI across the full research cycle (design to dissemination) • Establish partnerships with OPDs and grassroots organisations to co-design research agendas • Adapt research methods to be more participatory and context-sensitive

Barriers and justifications	Recommendations
Researchers lack practical skills to implement inclusive and intersectional methods, particularly for disability inclusion.	• Provide practice-oriented training on gender norms, disability inclusion, and safe engagement with Indigenous and LGBTQIA+ communities • Support mentoring, peer learning, and applied training approaches
Research tools, methods, and dissemination formats are often inaccessible, limiting participation and use by persons with disabilities and marginalised groups.	• Ensure tools and outputs are accessible (plain language, visual/audio formats, adapted materials) • Develop open-access repositories for GEDSI-inclusive research outputs in accessible formats
Women and gender-diverse researchers face structural barriers to leadership, shaping whose perspectives influence research agendas.	• Set institutional targets for women's participation in senior and technical roles • Provide mentoring, fellowships, and career development pathways • Track promotion, leadership, and workload allocation to address bias
Research remains urban-centric, limiting representation of rural, Indigenous, and marginalised communities.	• Provide micro-grants and technical support for research in remote areas • Partner with local institutions and community organisations • Use mobile and digital tools to reach underserved populations
Limited use of digital tools constrains the reach and inclusiveness of research processes.	• Use mobile data collection tools and e-platforms to expand participation • Establish virtual mentoring and e-learning platforms for researchers

Communities and Civil Society

Communities and civil society actors are central to evidence generation and policy relevance, yet remain the least empowered within research and policy processes. Despite strong lived experience, their participation is often constrained by practical barriers, limited capacity, and processes that do not translate engagement into influence. As a result, participation is frequently extractive, with weak feedback loops and limited impact on decisions.

Strengthening the role of communities and civil society requires shifting from consultation toward meaningful participation and co-ownership. This includes reducing practical barriers to engagement, investing in the capacity of OPDs and community organisations, and establishing systems that ensure community input shapes research agendas, informs policy decisions, and is reflected in outcomes over time.

Barriers and justifications	Recommendations
Communities, including OPDs, have limited influence over research agendas and policy processes, resulting in participation that does not translate into decision-making power.	• Embed community and OPD representation in governance structures • Formalise co-design processes across the research cycle (agenda-setting, data collection, interpretation) • Integrate meaningful participation into institutional incentives to ensure sustained influence
Practical barriers such as transport costs, language, accessibility, and safety limit participation, particularly for marginalised groups.	• Provide transport support, translation, sign language interpretation, and accessible materials • Use community radio, mobile surveys, and local-language tools to broaden engagement
OPDs and grassroots organisations have uneven capacity to engage with research and policy processes, limiting their ability to influence outcomes.	• Invest in capacity-building for OPDs and community leaders on evidence interpretation, policy engagement, and safe advocacy • Link capacity-building to ongoing Ponlok Chomnes II dialogue platforms

Barriers and justifications	Recommendations
Engagement is often extractive, with weak feedback loops and limited follow-through, reducing trust and willingness to participate.	• Establish clear feedback mechanisms showing how community input influenced decisions • Support sustained engagement through provincial dialogues co-facilitated by Ponlok Chomnes II, local authorities, and community representatives
Limited recognition of lived experience and reliance on externally driven processes constrain the relevance and legitimacy of evidence.	• Strengthen community-led evidence generation approaches • Support long-term engagement platforms that enable communities to shape research questions, methods, and interpretation of findings

4.3. Opportunities for Ponlok Chomnes

The findings point to a consistent pattern: commitment to GEDSI exists, but the systems required to operationalise it are weak, fragmented and unevenly resourced. Many of the gaps identified do not require new policies, but rather clearer guidance, better coordination, and small but deliberate shifts in how GESDI is incorporated into planning and research. This creates a clear opportunity for Ponlok Chomnes II to move beyond project-level inclusion and act as a system enabler across government, the research ecosystem, and community actors. Ponlok Chomnes II's comparative advantage lies in its convening role, its credibility with government and research institutions, and its ability to link evidence generation with policy influence.

1 Turning GEDSI Commitments into usable government systems. Ponlok Chomnes is well placed to help ministries translate policy intent into everyday practice.

- Rather than introducing new frameworks, Ponlok Chomnes II can focus on making existing GEDSI commitments usable by officials who currently lack tools, confidence, and incentives. This includes supporting the formalisation and resourcing of GMAGs and disability focal points, developing simple gender and disability analysis requirements in policy and research templates, and piloting minimum accessibility standards in selected consultation processes.
- By working with relevant ministries, the Program can demonstrate what accessible and inclusive policy engagement looks like in practice and create models that can be adopted more widely.

2 **Strengthening disability inclusion as a core dimension of evidence and policy. Disability inclusion remains the weakest GEDSI dimension across both policy and research. Ponlok Chomnes II has a clear opportunity to shift this by treating disability equity as foundational rather than optional.**

- The Program can support ministries to strengthen disability focal points through targeted training linked to National Disability Strategic Plan priorities, improve disability-inclusive data collection, and recognise OPDs as policy partners rather than consultees.
- In the research space, Ponlok Chomnes II can require accessible research design and dissemination as a standard condition of funding, support co-designed research with OPDs, and ensure accessibility costs are built into budgets.

3 **Shifting from extractive participation to community-led evidence. Communities consistently expressed willingness to engage but frustration with processes that are inaccessible, extractive, and unresponsive. Ponlok Chomnes has a strong opportunity to change this dynamic by investing in community-led and sub-national evidence generation.**

- Community-led research grants, provincial policy dialogues, and basic training on evidence interpretation can strengthen the role of communities, OPDs, and civil society as producers and interpreters of knowledge.
- Supporting practical enablers such as transport, translation, sign language interpretation, and local facilitation directly addresses the design failures identified in the findings. These investments help ensure participation is meaningful and that community input feeds into decisions rather than disappearing into reports.

4

Using Ponlok Chomnes II's convening power to build accountability and learning. The Program can use its position to connect actors who rarely learn from one another. Cross-ministerial working streams and community-government dialogues create space to test inclusive approaches, reflect on what works, and adjust course. By documenting and sharing lessons from pilots, the Program can help shift GEDSI from ad hoc, donor-driven activity to more consistent and accountable practice. This aligns closely with Ponlok Chomnes II's theory of change by strengthening feedback loops between evidence, participation, and policy action.

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ANNEXES

Annex 1. Glossary of terms

Core GEDSI concepts

ACCESSIBILITY
The quality of being easily used, entered, or reached by people with disabilities; refers to the design of products, devices, services, curricula, or environments.

ACCESS BARRIERS
Any obstruction that prevents people with disabilities from using standard facilities, equipment and resources.

DISABILITY
The United Nations Convention on the Rights of Persons with Disabilities (Article One) defines a disability as a "long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." This definition emphasises that disability is not located solely within the individual but is produced through the interaction between impairment and environmental, social, and institutional barriers.

DISABILITY INCLUSION
The process of ensuring that persons with disabilities can participate fully and equally in all aspects of society, including research, policy, and decision-making.

DIVERSITY
Being reflective of the wider community. Having a diverse community, with people from a broad range of backgrounds represented in all areas and at all levels.

GENDER EQUALITY
UN Women, OSAGI (Office of the Special Adviser on Gender Issues and Advancement of Women) Gender Mainstreaming - Concepts and definitions defines gender equality as referring to 'the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognising the diversity of different groups of women and men.

GENDER MAINSTREAMING
UN Women, OSAGI Gender Mainstreaming - Concepts and Definitions defines gender mainstreaming as ensuring that 'gender perspectives and attention to the goal of gender equality are central to all activities policy development, research, advocacy/ dialogue, legislation, resource allocation, and planning, implementation and monitoring of programs and projects.

GEDSI
Gender Equality, Disability and Social Inclusion is a term coined by Australia's Department of Foreign Affairs and Trade (DFAT) to ensure that 'no one is left behind.' GEDSI subsumes concepts of social exclusion

and social inclusion, ensuring that these dimensions are addressed in an integrated rather than siloed manner. DFAT's approach to GEDSI analysis 'identifies how social norms, relations and power dynamics are experienced by people as a result of their identities, including gender, age, disability, income, education, faith, race, ethnicity, sexual orientation, and migration status.

GEDSI ANALYSIS

DFAT's GEDSI Analysis Good Practice Note recognises that there are particular groups of people who experience marginalisation and exclusion regardless of gender. DFAT's approach to GEDSI analysis 'identifies how social norms, relations and power dynamics are experienced by people as a result of their identities. It recognises that the interaction of impairments (physical, sensory, psychosocial, cognitive) and barriers (physical, social, communication and institutional) has a wide range of effects and explores how these elements intersect to create diverse experiences of exclusion and marginalisation.

GEDSI MAINSTREAMING WITH A TWIN-TRACK APPROACH: A twin-track approach refers to the application of both integration and targeting of GEDSI groups within an activity or Program. This approach aims to ensure that women, people with disability and other vulnerable groups can be integrated across a body of work while at the same time implementing targeted initiatives as needed.

- **Integration Example:** Integration implies that all approaches and actions consider the different situations of women and men. For example, for policy research findings to be effectively communicated to diverse stakeholders, it will be important to communicate findings to both women and men stakeholders, as well as those with disabilities (e.g., through Organisations of People with Disabilities – OPDs) and Indigenous groups (e.g., in local languages), etc., in ways that are respectful and meet the needs of all parties.

- **Targeting Example:** Targeting centres specifically on one target group and their situation. For example, focused research may involve delving into issues specific to a single group such as women and care work, universal access and reasonable accommodation for people with disabilities, or open discrimination and harassment of LGBTQIA+ to ensure mainstreaming of that group. This may also involve targeting intersectional identities such as low-income women with disability, Indigenous youth from remote communities, etc.

INDIGENOUS PEOPLE

The World Bank states that Indigenous Peoples are 'culturally distinct societies and communities that share collective ancestral ties to the lands and natural resources where they live, occupy or from which they have been displaced.' Although they make up approximately 6 percent of the global population, they account for about 19 percent of the extreme poor." [This definition is endorsed by Cambodia Indigenous Peoples Organization (CIPO).]

INTERSECTIONALITY

Coined by legal scholar Kimberlé Crenshaw in 1989, intersectionality describes how multiple forms of discrimination, power, and privilege intersect to shape a person's or group's experience and social opportunities. It describes 'overlapping or interdependent systems of discrimination related to age, disabilities, ethnicity, gender, geographic location, sex, socioeconomic status, sexuality' and other identities. In GEDSI work, intersectionality means analysing how these intersecting identities influence lived experiences and ensuring programs respond to layered realities rather than assuming one-size-fits-all solutions. UN Women's intersectionality Resource Guide and Toolkit highlights the 'transformative potential of intersectionality, which extends beyond merely a focus on the impact of intersecting identities. According to DFAT "[GEDSI] analysis takes account of intersectionality and considers people's multiple identities and how these shape their differing experiences, concerns, needs, and capabilities" and "Quality GEDSI analysis takes an intersectional approach. GEDSI analysis that recognises people's different experiences and access to power enables better targeted and more effective programming."

LGBTQIA+

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic, and other gender-diverse or sexually diverse identities.

MARGINALISATION

The process by which individuals or groups are pushed to the edges of society and excluded from access to rights, resources, opportunities, and decision-making. Marginalisation operates through multiple overlapping mechanisms — social, economic, geographic, institutional, and political and is often compounded when individuals hold multiple marginalised identities.

MARGINALISED GROUPS

Marginalised groups also known as marginalised populations are categories of society that face social, economic, political, or cultural disadvantages and are pushed to the fringes or margins of the broader population. Marginalised groups include those experiencing structural exclusion, including women, persons with disabilities, Indigenous peoples, LGBTQIA+ individuals, low-income populations, ethnic minority, poor and a religious minority.

REASONABLE ACCOMMODATION

An adjustment or modification to an environment that allows an individual with a disability for example to apply for a job, perform the essential functions of the job, or enjoy benefits equal to those offered to employees who do not have a disability.

SOCIAL EXCLUSION

Building on definitions such as the UN's Identifying Social Inclusion and Exclusion social exclusion refers to 'laws, policies, decisions, institutional behaviours, and structures that systematically exclude entire communities or groups of people from rights, opportunities, and resources that are available to most other people in society.' Being poor can lead to exclusion, but social exclusion is broader than poverty — it encompasses political, geographic, social, and economic dimensions.

SOCIAL INCLUSION

Social inclusion refers to the process of addressing structural barriers and power imbalances so that all people, particularly those who are marginalised due to intersecting identities, can participate equally in society, access opportunities and resources, and benefit from development outcomes

Knowledge sector and policy related concepts

DIALOGUE

An exchange of information, ideas, or opinions between parties through spoken or written means. Its goal can range from mutual understanding to exploring topics. It's versatile, useful for clarity, learning, or building relationships. In a policy context, a dialogue refers to a structured and purposeful conversation or discussion among various stakeholders, including government officials, experts, researchers, CSOs, and the public, aimed at sharing knowledge, identifying ways to address specific policy issues or opportunities and ultimately inform the development, implementation, or revision of policies and initiatives.

EVIDENCE

Refers to factual information, data, research findings, or knowledge that is used to inform various purposes including policy development, analysis, and decision-making processes.

While "diverse evidence" emphasises the variety of sources and methods, "inclusive evidence" emphasises representation, particularly of those voices that are often left out.

EVIDENCE BASED POLICYMAKING

'Evidence-based policy' is an approach to policy decisions that prioritises the use of rigorous, high-quality research and data as the primary basis for designing, implementing, and evaluating policies.

EVIDENCE-INFORMED POLICYMAKING

The practice of making policy decisions based on reliable and relevant data and information.

In the context of discussions about the use of evidence in different sectors, there has been growing recognition of the fact that evidence is only one of a number of important factors which influence policy making. The expression 'evidence-informed policy' takes this into account. It also points to a more nuanced picture of evidence use, whereby different kinds of research with different points of view all feed into the policy-development process. This is in contrast to the idea of basing decisions on one piece of research or the concept of 'policy influence', which usually looks at once piece of research trying to make its way into policy.

EVIDENCE-TO-POLICY CHAIN

Refers to the iterative process through which evidence and knowledge is generated, translated, communicated, and used through dialogue and engagement to shape policy processes, decisions, and implementation, with attention to whose knowledge is included and whose voices influence outcomes.

KNOWLEDGE SECTOR

The ecosystem of institutions, networks, and individuals involved in generating, communicating, and using knowledge to inform public policy and decision-making—including universities, research institutes, think tanks, civil society organisations, government research units, and policy dialogue platforms.

Knowledge sector is a system, not just a set of actors. It includes:

- Knowledge producers: universities, think tanks, research institutes
- Knowledge users: policymakers, ministries, public institutions
- Intermediaries: media, networks, organisations translating evidence
- Enabling environment: rules, norms, and incentives shaping how knowledge is produced and used.

INCLUSIVE RESEARCH

Refers to a research approach that intentionally engages a wide range of stakeholders, including those from diverse backgrounds and perspectives such as women, people with disabilities, ethnic minorities, and other marginalised groups. This approach ensures that research processes, methodologies, and outcomes are inclusive and representative of the broader population, leading to more comprehensive and equitable policy insights.

INCLUSIVE DIALOGUE

Inclusive dialogue involves fostering open and participatory conversations among diverse stakeholders, including women, people with disabilities, ethnic minorities, sexual minorities, and other underrepresented groups. It aims to ensure that all voices are heard, respected, and are able to actively contribute to policy discussions. Inclusive dialogue promotes collaborative decision-making and enabling diverse perspectives to be able to be incorporated into policy processes

POLICY INFLUENCE

Policy influence in the research and knowledge sector is the deliberate, long-term process through which research actors generate, broker, and communicate evidence to shape how policy issues are understood, debated, and decided, by engaging with policymakers and other stakeholders through relationships, dialogue, and strategic framing within a complex policy environment.

POLICY PROCESSES

For the Ponlok Chomnes II program, "policy process" refers various cycles and stages of policies. The program recognises that a policy process isn't a singular event, but an extended progression with multiple phases. It goes beyond just agenda setting or policy formulation, covering the full breadth of the policy's evolution.

- Problem identification: Identifying and defining issues that require policy attention.
- Agenda setting: Identify and prioritise problems needing government intervention.
- Policy formulation: Define objectives, evaluate solutions, estimate costs and impacts, and select policy tools.
- Budgeting: Allocate financial resources and ensure funding aligns with policy objectives.
- Legitimation: Secure support for chosen policies through legislative and executive approvals or consultations.
- Implementation: Assign an organisation for execution, ensuring it has necessary resources and oversight.
- Monitoring: Continuously track and report on policy implementation and progress.
- Evaluation: Review policy effectiveness, implementation fidelity, and outcomes.
- Maintenance or Termination: Decide if the policy should continue, change, or end.

POLICY RESEARCH

Research designed and implemented to inform the development, modification, or evaluation of public policies. Policy research is a key activity within the program, involving the generation of data and knowledge to support evidence-informed decision-making.

Annex 2. List of Organisations and Institutions Consulted

The following organisations and institutions were engaged through KIIs (KIIs), focus group discussions (FGDs), or co-development consultations. All engagement was conducted on a confidential basis; individual respondents are not identified. Organisations are grouped by sector and type.

A. Government Ministries and National Agencies

Ministry / Agency	Abbreviation	Engagement Type
Ministry of Women's Affairs	MoWA	KII
Ministry of Social Affairs, Veterans and Youth Rehabilitation	MoSVY	KII
Ministry of Planning	MoP	KII
Ministry of Education, Youth and Sport	MoEYS	KII
Ministry of Health	MoH	KII
Ministry of Agriculture, Forestry and Fisheries	MAFF	KII
Ministry of Interior	MoI	KII
Ministry of Environment	MoE	KII
Ministry of Economy and Finance	MEF	KII
Ministry of Rural Development	MRD	KII
Disability Action Council	DAC	KII
Commune Committees for Women and Children	CCWC	FGD / SGD

B. Research Institutions, Universities and Think Tanks

Ministry / Agency	Abbreviation	Engagement Type
Royal University of Phnom Penh (RUPP)	Public university	KII
Royal Academy of Cambodia (RAC)	Govt-linked think tank	KII
Pannasastra University of Cambodia (PUC)	Private university	KII
The University of Cambodia (UC)	Private university	KII
Cambodia Development Resource Institute (CDRI)	National research institute	KII
Future Forum	Independent think tank	KII
SheThinks Network	Women researchers' network	KII

C. GEDSI Consortium

Ministry / Agency	Abbreviation	Engagement Type
Cambodian Disabled People's Organisation (CDPO)	Disability rights and inclusion	KII
Gender and Development for Cambodia (GADC)	Gender equality, FPAR	KII
Women Peace Makers (WPM)	Gender, peacebuilding	KII

D. Development Partners and Program Partners

Organisation	Role / Mandate
Australian Government — Department of Foreign Affairs and Trade (DFAT)	Program funder; GEDSI policy framework (Gender at Work) provider
Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS / ACCESS 2)	DFAT-funded program on disability-inclusive services; key secondary source
Ponlok Chomnes II Strategic Partners (multiple)	Research, policy, communications, partners co-implementing PONLOK CHOMNES II

Annex 3. Primary Research Schedule

This annex lists all individuals and organisations consulted through KIIs (KIIs), Focus Group Discussions (FGDs), and Small Group Discussions (SGDs) as part of the primary data collection for this GEDSI Analysis. Consultations were conducted between June and August 2024. The table is organised by national-level and sub-national-level engagement.

Total participants

The National Level

74
respondents

36 Women

1 Person with disability

The Sub-National Level

278
respondents

57 Males
174 Females
48 LGBTQIA+
56 Youth
48 Elderly

35 Persons with disabilities
65 Ethnic minority/ indigenous community

A. National Level — KIIs

No	Category	Organisation	Role / Position	Expertise / Focus Area	Method
1	Development Partner	CAPRED	Program staff	Policy Reform and GEDSI	KII, In person
2	Government	Ministry of Women's Affairs (MoWA)	Senior government official and technical officers	GEDSI expert	KII, In person
3	Government	Ministry of Innovation, Science & Technology (MISTI)	Senior government official	Policy reform and rural livelihood	KII, In person
4	IPO	Cambodia Indigenous Youth Association (CIYA) Cambodian Indigenous Women Association (CIWA)	Program staff	Social Inclusion of Indigenous Peoples	KII, In person
5	GEDSI Consortium	Gender and Development for Cambodia (GADC) Women Peace Makers (WPM)	CSO representative	GEDSI expert	KII, In person
6	CSO	Rainbow Community Kampuchea (ROCK)	Program staff	Social Inclusion — LGBTQIA+	KII, In person
7	University / Research	Angkor University, Siem Reap	Researcher	Research process and policy research	KII, Online
8	Female Researcher	Future Forum, Siem Reap	Researcher	Research and policy process — disability inclusion	KII, Online
9	Government	Provincial Women and Children Consultative Committee, Siem Reap (PWCCC)	Technical official	GEDSI and policy process	KII, Online
10	GEDSI Consortium	Cambodian Disabled People's Organisation (CDPO)	CSO representatives	Disability inclusion expert	KII, Online

No	Category	Organisation	Role / Position	Expertise / Focus Area	Method
11	Development Partner	ACCESS 2	Program Staff	Gender inclusion expert	KII, In person
12	Research Institute	Centre for Policy Studies (CPS)	Researcher	Research and policy process — climate change, rural livelihood	KII, In person
13	University	University of Battambang	Researcher	Research process	KII, Online
14	Research Institute	Centre for Khmer Studies (CKS)	Program staff	Research process	KII, In person
15	Research Institute	Cambodia Development Resource Institute (CDRI)	Researcher	Research and policy process — climate change, rural livelihood, ASEAN	KII, In person
16	Program	Co-water	Program staff	Disability inclusion expert	KII, In person
17	Government	Ministry of Agriculture, Forestry and Fisheries (MAFF)	Senior government Official and government staff	GEDSI mainstreaming — agriculture, rural livelihood, climate, ASEAN	KII, In person
18	Government	Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)	Senior government official	GEDSI mainstreaming — disability and social inclusion policy	KII, In person
19	Researchers	SheThinks Network	Researcher	Research and policy process — climate change	KII, In person
20	Program	UN Women	Program staff	Research and policy process — gender specialist	KII, In person

No	Category	Organisation	Role / Position	Expertise / Focus Area	Method
21	PC Program Team		Program leadership	Ponlok Chomnes II program	Consultation
22	PC Program Team		Program team	Ponlok Chomnes II program	Consultation
23	University / Research	National Institute of Social Affairs (NISA)	Academic	GEDSI mainstreaming in research and policy process	KII
24	Government	Ministry of Environment (MoE)	Senior program official	GEDSI mainstreaming — climate change policy	KII
25	Government	National Committee for Disaster Risk Management (NCDM)	Technical official	GEDSI mainstreaming — climate change and disaster risk	KII
26	Government	Ministry of Economy and Finance (MEF) — Department of Budgeting	Technical official	Gender-responsive budgeting	KII
27	Government	Ministry of Economy and Finance (MEF) — Department of Policies	Technical official	National policy development — social policies	KII
28	Government	Ministry of Foreign Affairs — Cambodia Human Rights Committee (CHRC)	Technical official	Social inclusion and human rights — national UN reporting	KII

B. Sub-National Level — KIIs, FGDs and SGDs

No	Category	Organisation	Role / Position	Method
29	Government (sub-national)	Provincial Women and Children Consultative Committee — Phnom Penh (PWCCC)	Technical official	KII
30	Government (sub-national)	Provincial Women and Children Consultative Committee — Kampot (PWCCC)	Technical official	KII
31	Government (sub-national)	Provincial Women and Children Consultative Committee — Battambang (PWCCC)	Technical official	KII
32	Government (sub-national)	Provincial Women and Children Consultative Committee — Rattanakiri (PWCCC)	Technical official	KII
33	Government 2 FGDs × 10	District Women and Children Consultative Committees (DWCC) All locations completed	Technical official	FGDs
34	Districts	Commune Committees for Women and Children (CCWC) All locations completed	Technical official	FGDs
35	Government 2 FGDs × 10 Communes	GEDSI Target Groups (persons with disabilities, LGBTQIA+, women, indigenous peoples) All locations completed	Community participants	FGDs
36	2 FGDs × 10 Districts 10 Local Organisations	Women's Organisations, Indigenous Peoples Organisations, OPDs (WO/IPO/OPD) All locations completed	OPD representative	SGDs

Annex 4. Key Information Interview Guide

Key Information Interview Guide for Government Officials (policy makers and implementers)

Guidance for Interview Team
Purpose: The purpose of the PONLOK CHOMNES II GEDSI research is to understand inclusion in policy research and dialogue processes in Cambodia. The information provided by each organisation and individual respondent will vary based on their roles in the research/policy ecosystems (research/reform/ dialogue / implementation/ data). As the interview progresses and issues/key areas of focus of the respondent are understood, you may adapt your questions to these areas of focus. This Interview Guide is intended to understand the government officials (both policy makers and implementers) perspective and experience. The interviews (individual or group) are targeting those engaged in gender, disability and social inclusion (especially indigenous/ethnic groups, LGBQIA and youth). Some respondents will also be engaged with people with intersectional identities such as indigenous women, youth with disabilities, etc. For DFAT, gender is a primary concern followed by disability with other areas of social inclusion a third priority. **Interview Team:** Ideally there will be an interviewer and a notetaker. In some cases, translation may be necessary. **Beginning the Interview:** Thank participates for their time. Introduce your colleague and yourself and your roles in the interview process. Explain purpose of the interview – to better understand policy research/reform/implementation and dialogue processes in Cambodia with a GEDSI lens – priority areas, areas of concern, new opportunities and challenges. Let the respondents know that secondary research is also underway, and we are particularly interested in their experience and knowledge.

Interview Details	
Date of Interview:	Interviewer: Note Taker:
Organisation:	Name/Position(s) of Respondent(s):

Questions	Responses
Introductory Questions	
1. What is the role of your 'department' in policy processes (research/reform/dialogue/ implementation/data) in Cambodia? 2. Does your department target specific groups – e.g., women, people with disability, indigenous people etc. or even more specific intersectional identifies such as women with disability. Please describe. 3. What is your specific role in the work of your department? How long have you been engaged in this work? Please explain your experience vis a vis the target group and policy processes (research/ reform/ dialogue / implementation/ data). 4. Does your department employ people from the target group or from other marginalised groups? Please explain their roles.	
Detailed Questions	
5. What are the key challenges faced by your department's target group or target sector (e.g., employment, health, education, access to services, social protection, etc.) as regards policy processes (research/ reform/dialogue/ implementation/ data). Please elaborate. 6. How are you / your department dealing with the specific challenges described (in #5)? What activities/ initiatives have you undertaken? Which ones have been successful? Which ones are more challenging? Please explain.	

Detailed Questions	
7. Regarding the previous question, and the key policy challenges, what are the related issues around dialogue / interaction with other government departments or external organisations (e.g., lack of dialogue/communication, time constraints, issues not understood, bias or discrimination, etc.)? (This may have been covered in question #5.)	
8. How are you / your department dealing with the dialogue / interaction challenges? Do you have key approaches or avenues for improved dialogue / dialogue with other government departments or with the target group, networks, government?	
9. What are the opportunities do you see for improved policy processes regarding your target group (could be specific policies, or approaches or partnerships etc.)? Are you moving in this direction – please explain the potential for progress and the challenges that will be faced.	
10. Are you aware of any policy in a particular sector that have integrated GEDSI well? Could you share some examples? What lessons can be learned from existing GEDSI integration efforts in the knowledge sector and policy process?	
11. If you could prioritise one key area for policy advancement (research/ reform/ dialogue / implementation/ data) for your target group or target sector, what would that be?	
Wrapping up Interview – Thank the participants for their time and their contribution to the work. Ask them if they have any questions for the interviewers? Let them know if there will be any follow-up.	

Key Information Interview Guide for Organisations or Program Working with GEDSI Target Groups

Guidance for Interviewers
Purpose: The purpose of the PONLOK CHOMNES II GEDSI research is to understand inclusion in policy research and dialogue processes in Cambodia. The information provided by each organisation and individual respondent will vary based on their roles in the research/policy ecosystems. This Interview Guide is intended to understand the respondent(s) perspective and experience. The interviews (individual or group) are targeting those engaged in gender, disability and social inclusion (especially indigenous/ethnic groups, LGBTQIA+ and youth). Some respondents will also be engaged with people with intersectional identities such as indigenous women, youth with disabilities, etc. As the interview progresses and issues/key areas of focus of the respondent are understood, you may adapt your questions to these areas of focus. For DFAT, gender is a primary concern followed by disability with other areas of social inclusion a third priority. **Interview Team:** Ideally there will be an interviewer and a notetaker. In some cases, translation may be necessary. **Beginning the Interview:** Thank respondents for their time. Introduce your colleague and yourself and your roles in the interview process. Explain purpose of the interview – to better understand policy research and dialogue processes in Cambodia with a GEDSI lens – priority areas, areas of concern, new opportunities and challenges. Let the respondents know that secondary research is also underway, and we are particularly interested in their experience and knowledge.

Interview Details	
Date of Interview:	Interviewer: Note Taker:
Organisation:	Name/Position(s) of Respondent(s):

Questions	Responses
Introductory Questions	
1. What is the role of your organisation in policy research and dialogue processes in Cambodia? 2. Does your organisation target specific groups – e.g., women, people with disability or even more specific intersectional identifies such as women with disability. Please describe. 3. What is your role in the work of your organisation? How long have you been engaged in this work? Please explain your experience vis a vis the target group and policy research / dialogue processes. 4. Does your organisation employ people from the target group or other marginalised groups? Please explain their roles.	
Detailed Questions	
5. What are the key challenges with policy implications faced by your organisation's target group (e.g., employment, health, education, access to services, social protection, etc.) Please elaborate. (This may be quite a long discussion to understand the specific challenges and how they plays out in terms of dialogue and policy. Ask follow-on questions to delve into this.)	

Detailed Questions	
6. How are you / your organisation dealing with the specific policy challenges described (in #5)? What activities/initiatives have you undertaken? Which ones have been successful? Which ones are more challenging? Please explain. 7. Regarding the previous question, and the key policy challenges, what are the related issues around dialogue (e.g., lack of dialogue/ communication, issues not understood, bias or discrimination, etc.)? (This may have been covered in question #5.) 8. How are you / your organisation dealing with the dialogue challenges? Does your organisation participate in dialogue processes – conferences, advisory groups, communities of practice, etc? 9. What are the opportunities you see for policy reform regarding your target group (could be specific policies, or approaches or partnerships etc.)? Do you engage directly with policymakers to promote policy reform. Please explain. 10. If you could prioritise one key area for policy advancement for your target group, what would that be? 11. What lessons can be learned from existing GEDSI integration efforts in the knowledge sector and policy process?	
Wrapping up Interview – Thank the participants for their time and their contribution to the work. Ask them if they have any questions for the interviewers? Let them know if there will be any follow-up.	

Key Information Interview Guide for Research Organisations/Think Tanks/Universities

Guidance for Interviewers
Purpose: The purpose of the PONLOK CHOMNES II GEDSI research is to understand inclusion in policy research and dialogue processes in Cambodia. In the case of research organisations, this is in a dual sense: the subject matter of research and also inclusion of women, people with disabilities and other marginalised people as researchers. The information provided by each researcher will vary based on their roles and experience. This Interview Guide is intended to understand the respondent(s) perspective and experience. As the interview progresses and issues/key areas of focus of the respondent are understood, you may adapt your questions to these areas of focus. The interviews (individual or group) are targeting topics around gender, disability and social inclusion (especially indigenous/ethnic groups, LGBTQIA+ and youth). Some respondents will also be engaged with or themselves be people with intersectional identities such as indigenous women, youth with disabilities, etc. For DFAT, gender is a primary concern followed by disability with other areas of social inclusion a third priority. **Interview Team:** Ideally there will be an interviewer and a notetaker. In some cases, translation may be necessary. **Beginning the Interview:** Thank respondents for their time. Introduce your colleague and yourself and your roles in the interview process. Explain purpose of the interview – to better understand policy research and dialogue processes in Cambodia with a GEDSI lens – priority areas, areas of concern, new opportunities and challenges. Let the respondents know that secondary research is also underway, and we are particularly interested in their experience and knowledge, as well as any studies or reports they can recommend.

Interview Details	
Date of Interview:	Interviewer: Note Taker:
Organisation:	Name/Position(s) of Respondent(s):

Questions	Responses
Introductory Questions	
1. What is the role of your organisation in policy research and dialogue processes in Cambodia? 2. Does your organisation target specific groups – e.g., women, people with disability or even more specific intersectional identifies such as women with disability. Please describe. 3. What is your role in the work of your organisation? How long have you been engaged in this work? Please explain your experience vis a vis the target group and policy research / dialogue processes. 4. Does your organisation employ people from the target group as researchers? Please explain their roles.	
Detailed Questions	
5. What is the focus area/sector of your research (e.g., employment, health, education, access to services, social protection, etc.) and who are your key target groups? 6. What are the key policy challenges in the sector/target group that you study? Please elaborate. (This may be quite a long discussion to understand the specific challenges and how they plays out in terms of dialogue and policy. Ask follow-on questions to delve into this.) 7. Who is the main 'consumer' of your research – e.g., practitioners (organisations that work in the sector or with the target group), policymakers / government officials, academics, etc. How do they use the research – please provide examples?	

Detailed Question	
8. Does your organisation promote and/or participate in dialogue processes – conferences, advisory groups, communities of practice, etc? Please explain. 9. What are the opportunities do you see for policy reform regarding your target group / sector (could be specific policies, or approaches or partnerships etc.)? Are you moving in this direction – please explain the potential for progress and the challenges that will be faced. 10. Regarding women, people with disability and people from other marginalised communities who are researchers in your organisation or the broader research community. Do they face specific challenges? E.g., do women advance in university departments, do think tanks hire people from other marginalised communities, do you think there is unconscious bias, etc. 11. What measures can be implemented to enhance the voices and participation of women in research and policy dialogues? 12. What are the key barriers for LGBTQIA+ groups, indigenous peoples, ethnic minorities, and communities from remote areas in engaging with the knowledge sector? 13. How can the findings of the GEDSI analysis be effectively communicated to diverse stakeholders to influence policy changes?	
Wrapping up Interview – Thank the participants for their time and their contribution to the work. Ask them if they have any questions for the interviewers? Let them know if there will be any follow-up.	

Annex 5. Focus Group Discussion Guide

The following guide was used for focus group discussions (FGDs)

Guidance for Interviewers
Purpose: The purpose of the PONLOK CHOMNES II GEDSI research is to understand inclusion in policy research and dialogue processes in Cambodia. The information provided by each organisation and individual participant will vary based on their roles in the research/policy ecosystems. This Focus Group Discussion Guide is intended to understand the participant(s) perspective and experience. The FGDs (individual or group) are targeting those engaged in gender, disability and social inclusion (especially indigenous/ethnic groups, LGBTQIA+ and youth). Some FGD participants will also be engaged with people with intersectional identities such as indigenous women, youth with disabilities, etc. As the FGD progresses and issues/key areas of focus of the participants are understood, you may adapt your questions to these areas of focus. For DFAT, gender is a primary concern followed by disability with other areas of social inclusion a third priority.
Field Research Team: Ideally there will be an FGD lead and a notetaker. In some cases, translation may be necessary.
Beginning the FGD: Thank participants for their time. Introduce your colleague and yourself and your roles in the FGD process. Explain purpose of the FGD – to better understand policy research and dialogue processes in Cambodia with a GEDSI lens – priority areas, areas of concern, new opportunities and challenges. Let the participants know that secondary research is also underway, and we are particularly interested in their experience and knowledge.

Interview Details	
Date of Interview:	Interviewer: Note Taker:
Organisation:	Name/Position(s) of Participant(s):
Location of interview: (Commune, District, Province)	Total number of participants: No of Women No: of Men No: of PWD No: LGBTQIA+ (if disclosed)

Questions	Responses
Introductory Questions	
1. What is the role of your organisation in civil society / communities? That is, what issues do you focus on (e.g. health, education, human rights, etc.) 2. Does your organisation target specific groups – e.g., women, people with disability or even more specific intersectional identifies such as women with disability. Please describe. 3. What is your specific role in the work of your organisation? How long have you been engaged in this work? (Do a survey of the group to understand their varying areas of focus and level of expertise.) 4. Does your organisation consist of or people from the target group or other marginalised groups? Please explain their roles.	
Detailed Questions	
5. What are the key challenges faced by your organisation's target group (e.g., employment, health, education, access to services, social protection, etc.) Please elaborate. (This may be quite a long discussion to understand the specific challenges and how they play out in terms of dialogue and policy. Ask follow-on questions to delve into this – to be discussed with field researchers.)	

Detailed Questions	
6. How are you / your organisation directly dealing with the specific challenges described (in #5)? What activities/initiatives have you undertaken? Which ones have been successful (success stories will be very helpful)? Which ones are more challenging? Please explain. (This question may also be quite lengthy.) 7. What are the opportunities you see for government level change regarding your target group and the challenges discussed here (could be specific policies, or approaches or partnerships etc.)? 8. Do you work at the policy / government services level either as an organisation or in a coalition of organisations to share your concerns and lobby for change? 9. Are their standard avenues / processes through which your organisation / coalition can voice your concern to government? 10. What are the challenges you face in making government understand and support your key issues (e.g., data/evidence, discrimination, lack of awareness, time and budget constraints)? 11. What else does your organisation need (not just with government but more generally) to support community efforts? How are you currently attempting to get the support that you need?	
Wrapping up Interview – Thank the participants for their time and their contribution to the work. Ask them if they have any questions for the field researchers? Let them know if there will be any follow-up.	

Annex 6. Gender at Work Analytical Framework

This analysis applied DFAT's preferred GEDSI analytical framework — the Gender at Work Framework — as set out in DFAT's Gender Equality, Disability, and Social Inclusion Analysis: Good Practice Note (DFAT, May 2023). The framework was developed by Gender at Work, an international feminist collaborative, and is widely used across Australian development programs. The following provides a summary of the framework and its application to this analysis.

Framework Overview

The Gender at Work Framework understands gender, disability, and social inclusion as interconnected dimensions of institutional and social change, rather than as separate categories. It directs attention to both formal systems (laws, policies, institutional arrangements) and informal dynamics (social norms, power relations, everyday practices), and to how these interact to enable or constrain inclusion.

The framework is structured around four quadrants, representing different dimensions of change:

	FORMAL / EXPLICIT	INFORMAL / IMPLICIT
INDIVIDUAL	**Consciousness & Agency** Access to rights; knowledge of entitlements; voice, confidence, and capability to engage in research and policy spaces	**Norms, Beliefs, Attitudes** Gender norms; stigma; attitudes toward disability; who is seen as a credible knowledge-holder; who is invited to participate.
INSTITUTIONAL	**Policies, Laws, Resources** GEDSI mandates; budget allocations; data disaggregation requirements; institutional accessibility standards; HR and recruitment policies.	**Informal Rules and Practices** Gatekeeping in agenda-setting; whose research is legitimised; informal exclusion in consultation spaces; organisational culture.

Application to This Analysis

Across the four quadrants, the analysis examined:

INDIVIDUAL LEVEL

Individual level: How women, persons with disabilities, LGBTQIA+ individuals, and indigenous persons access research and policy spaces; their agency and confidence; their awareness of rights and entitlements.

NORMS AND ATTITUDES

How gender norms, disability stigma, and attitudes toward marginalised groups shape whose knowledge is considered credible and who is invited to participate in research and policy dialogue.

FORMAL INSTITUTIONAL SYSTEMS

How GEDSI is mandated, resourced, and monitored within government ministries, research institutions, and civil society organisations; the presence or absence of accessibility standards and accountability mechanisms.

INFORMAL INSTITUTIONAL DYNAMICS

How power operates in agenda-setting, research commissioning, and consultation processes; how informal exclusion operates even in formally inclusive settings.

The framework guided the design of research questions, the selection of FGD and KII topics, and the analytical approach applied to findings. It was also used to assess the Ponlok Chomnes II GEDSI Plan itself, examining how each quadrant of change is addressed in the program's theory of change and implementation.

Intersectionality as a Cross-Cutting Lens

The analysis applied intersectionality as a cross-cutting lens rather than a standalone category. Drawing on the work of Kimberlé Crenshaw and subsequent feminist scholarship, intersectionality recognises that exclusion is produced through the interaction of multiple social identities — gender, disability, ethnicity, age, sexuality, geography, and socioeconomic status — and that these interactions produce compounded barriers that are often invisible in single-axis analyses.

In practical terms, this meant the analysis examined not only how women experience exclusion, or how persons with disabilities experience exclusion, but how an indigenous woman with a disability in a rural province experiences a qualitatively different and more acute set of barriers than any single category would suggest.

Annex 7. National Policy and Legal Framework Overview

Policy / Framework	Year	Relevance to GEDSI	Lead Ministry
Pentagonal Strategy Phase 1	2023–2028	National development strategy; Pentagon 4 includes demographic resilience and gender equality as priorities	Council of Ministers
National Strategic Development Plan (NSDP)	2019–2023	Overarching development framework; references gender and social inclusion goals	MoP
National Disability Strategic Plan 2 (NDSP2)	2019–2023	Framework for disability-inclusive services, DAWGs, and sub-national implementation	MoSVY / DAC
National Disability Strategic Plan 3 (NDSP3)	2024–2028	Updated strategic plan; launched December 2024; broader consultation and inclusion scope	MoSVY / DAC
Neary Rattanak VI (National Gender Policy)	2024–2028	Core gender equality policy; mandates cross-ministerial gender mainstreaming via GMAGs	MoWA
National Policy on Development of Indigenous Peoples	2009	Framework for protecting rights and promoting inclusive development of Indigenous Peoples across land, culture, education, health, and participation	Ministry of Rural Development
The National Action Plan on Cambodia Youth Development (NAP-CYD) Phase II	2022-2026	Youth development framework; promotes inclusive access to education, skills, employment, health, and participation for diverse youth groups	National Youth Development Council, Ministry of Education, Youth and Sport,
National Social Protection Policy Framework (NSPPF)	2016–2025	Identifies vulnerable groups including persons with disabilities, elderly, and informal workers for social protection	MoSVY

Policy / Framework	Year	Relevance to GEDSI	Lead Ministry
Law on the Protection and Promotion of the Rights of Persons with Disabilities	2009	Primary disability rights legislation; basis for all disability mainstreaming obligations	MoSVY / DAC
Master Plan on Gender and Climate Change	2018–2030	Addresses gender-climate nexus; referenced in NDC 3.0	MoWA / MoE
Nationally Determined Contribution 3.0 (NDC 3.0)	2025	Cambodia's climate commitment; includes gender and social inclusion provisions	MoE
Law on Environmental Protection and Natural Resource Code	Various	Provides legal basis for public consultation and FPIC in environmental planning	MoE
CEDAW (ratified)	1992	International convention on elimination of discrimination against women; guides reporting and accountability	MoWA
CRPD (ratified)	2012	Convention on the Rights of Persons with Disabilities; guides disability inclusion obligations	MoSVY / DAC
ASEAN Enabling Masterplan 2025	2025	Mainstreaming the Rights of Persons with Disabilities	MoSVY
Technical Standards on Physical Accessibility Infrastructure for Persons with Disabilities	2018	Entities authorised to issue construction permits must require that all new physical infrastructure be designed to be fully accessible to persons with any type of disability	DAC
Law on the Prevention of Domestic Violence and the Protection of Victim	2005	Prevention of domestic violence and protection of the victims	MoWA
SDG Framework — 2030 Agenda	2015	Leave No One Behind principle underpins all GEDSI inclusion commitments in Cambodia	MoP / All