

End Project Evaluation Report

Community For Community (C4C)



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September 2022 – Phnom Penh, Cambodia

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Disclaimer: The data presented in this report are the voices of project beneficiaries through the communities interviewed and visited, NGO partners, and government-related offices. The views expressed in this report are the author alone and are not necessarily the views of the funders and Habitat for Humanity Cambodia.

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Again, we do thank you for all your contributions and hope that the findings will strengthen the work of Habitat Cambodia.

Sincerely,



Sourn Chantra

Evaluation team leader, Research & PDMEAL Coordinator

September 26, 2022

Table of Contents

Acknowledgement	i
Table of Contents.....	ii
List of Tables.....	iv
List of Figures	v
List of Acronyms and Abbreviations.....	vi
List of Annexes	vii
1. Executive Summary.....	1
2. Project Description	3
3. Evaluation Methodology.....	4
3.1. Evaluation Objectives.....	4
3.2. Evaluation framework and research questions	4
3.3. Evaluation design	5
3.4. Evaluation Population and Sampling	5
3.5. Data Collection tools	5
3.6. Data analysis.....	6
3.7. Evaluation process.....	7
3.8. Evaluation team and data management.....	7
3.8.1. Data Management.....	7
3.8.2. Team Structure.....	7
3.8.3. Roles and Responsibilities.....	7
4. Findings.....	8
4.1. Respondents' demographic data.....	8
4.2. Project outcomes/Objectives.....	10
4.2.1. Outcome 1a: 31 families have access to adequate, safe, quality houses, and repaired/upgraded houses.....	10
4.2.2. Outcome 1b: families demonstrating improved sanitation practices through the provision of new or upgraded sanitation facilities and WASH training.....	14
4.2.3. Outcome 2: At least 2,000 students have improved access to a better and comfortable learning environment and well-being through school renovation and hygiene promotion.....	17
4.2.4. Outcome 3: Home partners have improved knowledge on home maintenance, financial management and are able to improve their living condition through supplemented livelihood activities.....	20
4.3. Cross-cutting themes reflection	21
4.4. Summary of objectives rating.....	22

5. Lesson Learned & Recommendations	23
5.1. Lesson Learned	23
5.2. Recommendations.....	24
6. Annexes.....	25

List of Tables

Table 1: Evaluation framework and research questions	4
Table 2: the brief plan of evaluation sampling	5
Table 3: Internal evaluation team's roles and responsibilities	7
Table 4: Respondents' data (family status, disability, family member, occupation)	9
Table 5: House construction	11
Table 6: Households served through Housing intervention	11
Table 7: Households served through toilet intervention	15
Table 8: List of schools received support from the project.....	18
Table 9: Summary of outcome performance indicators	22

List of Figures

Figure 1: Respondents’ data on gender, age, and education level 9

Figure 2: Proportion of families' satisfaction 12

Figure 3: Proportion of PLWD's needs met through housing intervention..... 14

Figure 4: Proportion of families have and use the toilet for daily practice 16

Figure 5: Proportion of households applied personal hygiene practices 17

Figure 6: Proportion of students' satisfaction with renovated school facilities 19

Figure 7: Proportion of households applied gained knowledge in their daily lives..... 20

Figure 8: Proportion of households reported the engagement of men and women in the workshop
..... 21

Figure 9: Project performance contributed to environment, women participation, child protection,
and disability inclusion..... 22

List of Acronyms and Abbreviations

Acronyms	Abbreviations
HQS	Housing quality standards
ANCP	Australian Government NGO Cooperation Program
PLWD	People living with disability
WASH	Water, sanitation, and hygiene
PPE	Personal protective equipment
HFHC	Habitat for Humanity Cambodia
HFHA	Habitat for Humanity Australia

List of Annexes

Annex 1: Analysis of Beneficiary selection and support.....	25
Annex 2: Sample of house design.....	26

1. Executive Summary

Habitat for Humanity Cambodia implemented a three-year project (July 2019 - June 2022) called “Community for Community,” funded by the Australian Government NGO Cooperation Program (ANCP) through Habitat Australia. The project goal is to build self-reliance and resilience through holistic support to extremely vulnerable families. This project intended to achieve three main objectives focusing on housing, WASH, and capacity-building interventions.

The final project evaluation was conducted by the internal evaluation team (represented by M&E team and youth numerators from the university). The evaluation design used quantitative and qualitative methods for data gathering and analysis. The data and information were collected via desk review, household survey, focus group discussion, key informant interview, and field observation. The descriptive frequency and cross-tabulation analysis were used for quantitative data analysis. The SPSS was used as a tool for data encoding and analysis based on the structured questionnaire, project objectives, and log frame. The qualitative data were summarized by themes. This evaluation aimed to interview all households (83 households) who received house or toilet facility support from the project; however, only 78 families were engaged in the interview. The other five households were not at home during the interview due to workplace distance far from home and migration to cities or other countries for job opportunities. In the original plan, the project aimed to support 85 families (31 families received houses and 54 families for toilet support); however, only 83 families received the supports (29 houses and 54 toilets) due to Covid-19 pandemic. The fieldwork and construction in the project was banned and put on hold temporarily.

Main findings:

Access to adequate, safe, and quality house:

For a three-year project, twenty-nine households received house intervention (8 new houses, 10 upgraded houses, and 11 repaired houses); the completion of housing intervention against the original plan was 93%. Regarding construction reports reviews, all built houses (100%) complied with minimum housing quality standards (HQS), except for houses repaired and upgraded. The analysis of home satisfaction confirmed that 96% of families were satisfied with their current house, while only 12% of them (baseline data) were satisfied with their homes in the past. The increase in satisfaction between the baseline and end was about 84%, which meant that the project's support changed households' housing satisfaction. The analyzed data also asserted that the current house was better than the old one, which demonstrated an increase (current and old house comparison) in home stability (82%), safety and security (96%), and adequate ventilation and lighting (69%). The result informed that families have access to adequate, safe, and quality houses. Moreover, it contributed to reducing families' spending on housing repair, loss of property, and health improvement. The new house provided a convenient place for children's study and contributed to increasing the educational attainment of the children. The specific impact on people living with disability (PLWD), the house had contributed to reducing discrimination against PLWD, improving social cohesion, and improving health.

Improve sanitation facilities and practice:

The sanitation facilities and practices of 72 families (54 toilet interventions and 18 housing interventions – toilet attached) were improved due to toilet facilities built, and knowledge gained. The families' practice of sanitation facilities increased from 47% in the past to 100% for current living. The consequences of sanitation facilities and knowledge changed families' behaviors to regularly use the toilet, wash hands, clean the house, and treat water before drinking. More, all targeted beneficiaries received capacity awareness and gained knowledge on hygiene practice, home

maintenance, water use, and Covid-19 prevention. 97% of respondents indicated that they applied the acquired knowledge and reported the decline of water-borne illness among family members resulting from hygiene and sanitation practices. The practice of sanitation (toilet facility) contributed to improving family health and reducing the risk of woman's and child's exploitation or abuse.

School renovation satisfaction and hygiene promotion:

Six schools in the project-targeted areas received support, including school renovation (ground floor of the classroom, school building repaired or painted), garbage/dust bins, school latrine, hand-washing station, water filters, hygiene education, and Covid-19 prevention (both preventive materials & awareness). 2,330 students (55% females) gained benefits from the project intervention. The analyzed data stated that 95% of students reported satisfaction with renovated schools and WASH facilities supported by the project. In terms of personal hygiene and Covid-19 awareness, the project in collaboration with teachers and school principals, conducted awareness events for all students. Students gained knowledge and applied them in everyday life, such as washing their hands before eating and after using the toilet, cutting fingernails, brushing their teeth, showering water three times per day, using the toilet properly, throwing waste in the trash bin, and drinking treated water. The result confirmed that almost 100% of students applied basic personal hygiene appropriately, leading to an increase in students' attendance and education achievement.

Family capacity development:

The families received training courses such as home maintenance, family development plan, WASH, financial literacy, and livelihood (focusing on agricultural products and animal raising). 99% of families reported applying gained knowledge, and 97% of families strongly confirmed that these events were applicable and practical for men and women. The knowledge directly contributed to changing people's behavior and increasing positive living, including better health, increased savings, gender engagement and voice advancement, and more hope for future development. With these contributions, families (99%) reported more confidence and hope in developing their families

Recommendation:

A set of recommendations is provided to help Habitat Cambodia with project implementation and future project design. The following points are for consideration:

- Consider including livelihood support as a package with housing and WASH intervention for vulnerable groups, especially families directly or indirectly affected by the pandemic.
- Staff capacity on project management and subject experts (WASH and Livelihood) need to be improved, which will add value to project management and proposal development.
- The budget for staff capacity building and technology advancement (digital M&E) should be added to the project proposal.
- The tools for outcome progress records should be developed and trained to project staff in advance.
- The capacity building for project staff on project monitoring (related to outcome observation, KAP, and data gathering) should be provided

2. Project Description

About Habitat for Humanity Cambodia:

Habitat for Humanity Cambodia is part of Habitat for Humanity International and began operations in 2003. We work with a diverse group of international and local non-governmental organizations, microfinance institutions, corporate partners, and local and national authorities to build a better life through safe and affordable homes.

Habitat Cambodia provides technical expertise, including safe and affordable house designs as well as water and sanitation programs, and an innovative approach to housing combining market development, housing finance and housing support services; advocacy for secure land tenure, and pro-poor housing solutions. Habitat Cambodia takes a more holistic approach to housing and works with partners in helping informal settlers gain access to secure tenure under the local government's social land concession scheme. Technical expertise is provided to micro-finance institutions and low-income families in constructing good-quality and affordable homes.

Since 2003, Habitat for Humanity Cambodia has served more than 181,000 families to improve their living conditions through housing interventions, WASH facilities, community development programs, and partnerships with microfinance institutions.

Project Background:

Habitat Cambodia has been implementing a three-year project (July 2019 - June 2022) called "Community For Community." The project goal is to build self-reliance and resilience through holistic support to extremely vulnerable families. This project intended to achieve three main objectives listed below:

- **Objective 1:** To improve the living conditions of 85 extremely vulnerable families by providing secure land and decent housing, including access to water, sanitation, and hygiene
- **Objective 2:** To upgrade rural primary schools creating a conducive learning environment for children
- **Objective 3:** To build capacity to 85 family representatives through training in home maintenance, financial literacy and livelihoods (chicken and cricket farming, home-market gardening, pig raising), improve access to remunerative livelihood opportunities and help beneficiaries reach self-reliance through individual family follow-up and a combination of economic, health, and psychosocial support.

The project location is in Prek Trop village, Prek Norin commune, Aek Phnom district, and Battambang province. This project site is closed to the Tonle Sap basin. The total project budget is 233,122 AUD funded by Community for Community foundation through Habitat Australia.

The original plan aimed to support 85 households through housing intervention (31 families) and sanitation intervention (54 families – latrine support). The breakout of the COVID-19 pandemic in the first year of the project implementation caused variation of the project activities and cut off some targets including 1 house upgrade, 1 house repair, and 1 school renovation from the entire project plan. Therefore, only 83 extremely vulnerable households (408 people) – 29 households (8 new houses, 10 upgrade houses, and 11 repair houses severed) through housing interventions and 54 families through sanitation facilities, and 2,000 primary school students benefited through school renovation and hygiene promotion.

3. Evaluation Methodology

3.1. Evaluation Objectives

This evaluation aims to assess the project interventions' outcomes, impacts, relevance, effectiveness, and efficiency on target beneficiaries and communities. The best practice and lessons learned from the implementation need to be captured, and recommendations for future development will be provided. The main objectives of this evaluation were adopted:

1. Measure the project outcomes and impacts against indicators set in the logical framework of the project. Review the effectiveness with regard to the (i) project's approaches and strategies; (ii) project management; (iii) strengths and weaknesses in project implementation; and (iv) identify the areas to be improved.
2. Review cross-cutting themes (gender, disability, and environment) and sustainability level of project implementation at the ground.
3. Generate key recommendations and lessons learned for project implementation and future project design

3.2. Evaluation framework and research questions

To assess the project performance and achievements, the assessment will follow this framework and set of key questions. The assessment instruments (household survey, focus group discussion, and key informant interview) are developed to answer the research questions and objectives.

Table 1: Evaluation framework and research questions

Objectives	Frame	Research questions	methods
Objective1:	Effectiveness	1. To what extent are the project outcomes and impact achieved against the set indicators and plan?	HH, KII
		2. What significant changes and improvements have the beneficiaries experienced since the project commencement? To what extent did the project intervention influence the changes and improvements experienced by the beneficiaries?	FGD, KII
		3. What were the facilitating and hindering factors that contributed to project outcomes and changes?	HH, FGD, KII
		4. What were the impacts of Covid-19 on project implementation and achievement?	FGD, KII
	Efficiency	5. How efficiently were resources used? Could anything have been done differently to maximize the available resources better to meet project objectives?	Desk review, KII
Objective2:	Relevance	6. To what extent did the project interventions address the families' needs and realities?	FGD, KII
		7. To what extent were the community and implementing partners been involved in the design, implementation, etc.?	FGD, KII
		8. How did the project respond to cross-cutting issues?	FGD, KII
	Sustainability	9. To what extent will the benefits of the project be sustained beyond the project?	FGD, KII, desk review

Objective3:	<i>Lesson learned & best practice</i>	10.What recommendations have been identified to improve project implementation and HFHC work further?	

3.3. Evaluation design

The evaluation design is used both quantitative and qualitative methods for data gathering and analysis. The proposed design is capable of capturing all relevant and essential data to answer the research questions and objectives. The evaluation team will work closely with the project team to identify and collect data from the target community and relevant stakeholders. The assessment instruments are detailed in the data collection section.

3.4. Evaluation Population and Sampling

The project beneficiaries are 83 households (housing and latrine support) living in one village of Prek Norin commune, Aek Phnom district, and Battambang province. The census data collection will be applied to all families receiving support from the project.

For qualitative data gathering, the focus group discussion (FGD) and key informant interview (KII) are obtained. The purposive sampling will be applied for FGD and KII methods. The respondents included community groups, commune heads, village heads, and NGO partners who have engaged or collaborated with the project intervention. The sample of this method is settled as in the below table.

Table 2: the brief plan of evaluation sampling

No	Target Respondent	Total	Sample size	Sampling method	Data Collection Tool
1	Households who received house or latrine support	83	83	Random	HH
2	6 groups of Self-assessment (guiding question) with students (8/per group)		48	Purposive	FGD
3	School leader/teacher (two renovated schools and one hygiene support)		6	Purposive	KII
4	Commune head		1	Purposive	KII
5	Village Head		1	Purposive	KII
6	NGO partner (OPA)		1	Purposive	KII
	Total:				

3.5. Data Collection tools

- **Desk review:** The review of available key documents from the project is included in the list of relevant documents below:
 - Project proposal
 - Log-frame and M&E plan
 - Detail project implementation plan
 - Budget plan and financial report
 - Beneficiary List
 - Training records/attendant sheet record
 - Case studies
 - Result-based tracking
 - Narrative reports

The evaluation team will also review other project-related documents or policies from the government as well as other reports from NGOs, and research institutions, etc. This

information will be used to triangulate findings and expound or validate further information collected from survey questionnaires, FGDs, and KIIs.

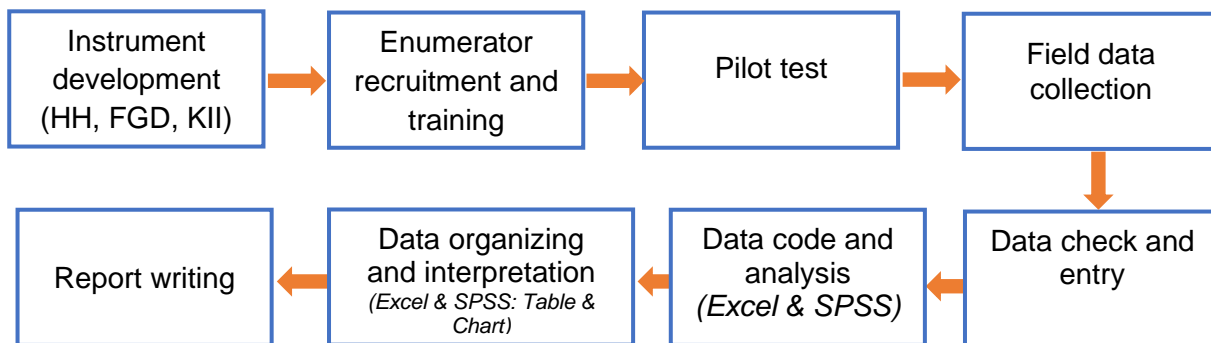
- **Household survey:** The survey questionnaire will be developed based on an evaluation framework, research questions, and project interventions and indicators. It is expected that individual interviews will take 60 - 90 minutes. This tool will gather data from individual households. The questionnaire will be asked to families who received support from the project through new houses, upgraded houses, latrines, and training to assess satisfaction in construction quality, improved safe water and sanitation, and enhanced vocational skills and livelihoods.
- **Focus Group Discussions (FGD):** will enable target groups to provide feedback and generate discussions among themselves on the project intervention and change context. A set of guiding questions will be developed in consultation with the project team, AP office, and Habitat Australia to capture comprehensive data from the field. The number of participants in FGDs should be smaller (5 – 6 people) than the normal time due to the COVID-19 pandemic. The WHO/MOH guideline on the COVID-19 pandemic is strictly used to facilitate the FGDs.
- **Key Informant Interview (KII):** This method is used to capture the overall information from each key informant. KII will be used to conduct in-person meetings with the local authority and NGO partners staffs who engaged with the project interventions, including the family selection process and follow-up to assess satisfaction of construction quality, selection process, collaborative work, and accountability. A set of interview questions will be developed in consultation with the evaluation team.
- **Field Observation.** The observation will be conducted using an observation form and will serve as additional validation and verification of information tools and be conducted before and/or after FGDs and/or one-to-one interviews at the target villages to see the activities related to project interventions. The observation checklist will be developed in consultation with the evaluation team.
- **Case Studies.** The case studies will be documented, focusing mainly on the project objectives. The most significant change (MSC) is applied for documenting case studies. This will illustrate the changes in individuals, households, or communities through the combination of project interventions and other factors. Between 2 to 3 case studies will be documented based on the project objectives.

3.6. Data analysis

- **Quantitative data analysis:** The obtained data will be double-checked for quality, and any errors corrected in the field by the led evaluation. The completed survey questionnaires will be coded, and data will be filled into the data entry tool. The SPSS will be used for data encoding and analysis based on the structured questionnaire, project objectives, and log frame. The descriptive frequency and cross-tabulation analysis are used to analyze the data; MS Excel is used for subsequent processing. Findings will be presented in quantitative figures, with tables, graphs or charts to illustrate key findings where necessary.
- **Qualitative data analysis:** FGD and KII responses to questions in the framework of inquiry and discussion will be hand-written in the notebook. These will be translated into English and stored as MS Word files. The interview results will be summarized by themes and according to the project objectives. A direct quote perfectly summarizing or presenting a clear picture of each project objective will be used where possible to illustrate the findings.

3.7. Evaluation process

Summary of evaluation process:



3.8. Evaluation team and data management

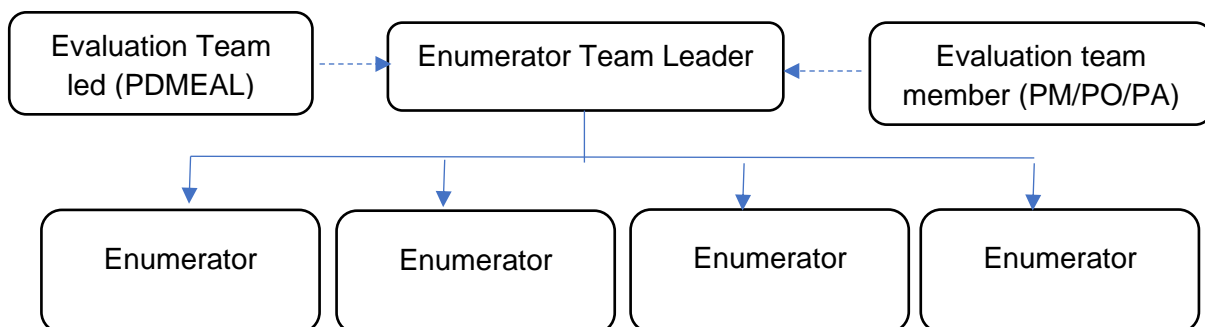
3.8.1. Data Management

To ensure data quality and accuracy, the data management will follow the process below:

- Data enumerators will be recruited and trained on the design instrument and fieldwork. The obtained data from the fieldwork will be checked daily by team leader or PDMEAL to ensure data quality and accuracy.
- PDMEAL team will be responsible for database design and provide training to data entry operator team on how to enter data correctly.
- Data operator will send daily data entry records to PDMEAL team to review and advise on how to enter and correct error; data entry operator also update issues related to data missing or error from the questionnaires and discuss to fix.
- PDMEAL will provide daily support to data entry operator to ensure they understand well about data entry system and input all required collected data properly
- After data entry operator completes data entry and submits, PDMEAL will review, verify, and clean to analyze and summarize key themes for the report draft

Qualitative data collected from KII (authorities and NGO partner) and FGD (community group) will be checked, verified, and cleaned by the enumerator team leader. Then, they will do writing up-note of collected data from KII and FGD questionnaires into a summary template and classify those collected under key analysis themes as supporting documents for drafting report.

3.8.2. Team Structure



3.8.3. Roles and Responsibilities

Table 3: Internal evaluation team's roles and responsibilities

No	Name	Role	Responsibilities
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1	Sourn Chantra	Evaluation team led	Review existing project documents, review ToR and provide inputs to finalize, evaluation tool and methodology design, enumerator training and tool piloting & revision, field visit observation, training/orientation on data entry, and data analysis, draft report, preliminary finding presentation and data validation, accommodate all comments/feedback and finalize report
2	Than Chamroeun		
3	Pov Senghor	Evaluation team member	Draft and finalize ToR, share relevant project documents, review design tools, and methodologies, decide on budget/resource allocation to support the process, facilitate with COM to review case study, report review, and involve in the validation process
4	Com Chantha Em Theary		Prepare relevant project documents, prepare budget breakdown and logistic arrangement, enumerator recruitment & training, and field observation.
5	Ret Run	One Enumerator team leader	Assist logistic arrangement, participate in and assist enumerator training and piloting, field data quality check and assist enumerator team to gather correct information, facilitate FGDs and KIs, collect case study data and writing, facilitate reflection and gather feedbacks, daily report to evaluation team leader, understand and follow HFHC's SoP for field data collection (i.e: safeguarding and child protection policy ...)
6	<ul style="list-style-type: none"> • Khemra Reaksmeay • Meav Raksmeay • Soth Vita • Prom Sreymom • Pech Lyda 	5 Enumerators	Participate in training and piloting, collect data via household interview, daily verification via field collected data, participate in reflection/feedback discussion if any, maintain a good relationship with local authorities/representatives and sampled household members, understand and follow HFHC's SoP for field data collection (i.e: safeguarding and child protection policy ...)

4. Findings

The findings were presented in this session resulting from the field data gathering, monitoring data, project reports, and other relevant documents as the data triangulation. The results were presented against the outcome statements and indicators set. The changes in individuals, households, and communities contributed to project intervention accomplishment, documented and discussed in the attached evidence and quotation.

4.1. Respondents' demographic data

This evaluation aimed to interview all households (83 households) who received house or toilet facility support from the project; however, only 78 families were engaged in the interview. The other five households were not at home during the interview due to workplace distance far from home and migration to cities or other countries for job opportunities.

With the gathered data (see figure 1), the proportion of female respondents (82%) was higher compared to male respondents (18%) because most of the men went to rice or farming field or worked far from home, and some families were woman-headed. Besides, the analysis of respondents' education asserted that about half of respondents (53%) were at primary school, and 33% did not attend school. The proportion of respondents who attended secondary school and the

university was very low (14%). It demonstrated about education gap at the community level. The needs for education improvement were more required. The age classification ranged from 20 to 89 years old. The majority of respondents were between 30 and 39 years old (23%), while the lowest was between 80 and 89 years old (6%). Due to age definition, the elder people (age from 60 upward) represented about 32 percent. (In table 4) the data on family status showed that 64% of respondents were married and 8% single. 28% of respondents were widows/widowers, who represented woman-headed families or single-parent families, who needed more support than other groups. This was reflected in the number of women who participated in this evaluation. In addition, about 19% of respondents were people living with disability. The data on respondents' occupations demonstrated that farmers (33%) and daily laborers (32%) were a high proportion compared to other occupations. Interestingly, about 13% of respondents had no job, so they could live depending on support from other villagers, the government, or NGOs.

Figure 1: Respondents' data on gender, age, and education level

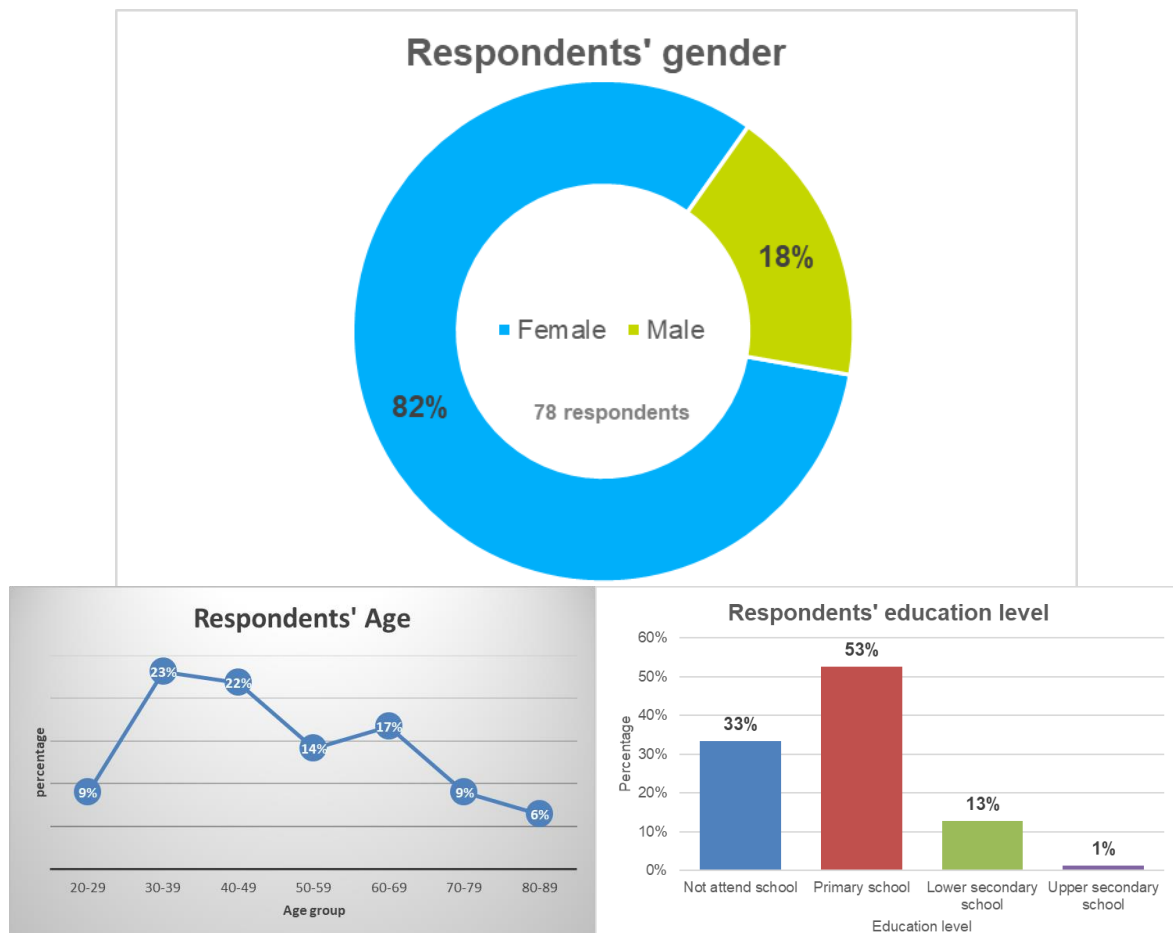


Table 4: Respondents' data (family status, disability, family member, occupation)

Descriptions		Frequency	Percent
Family status	Single	6	8%
	Married	50	64%
	Widow/widower	22	28%
	Total	78	100%
Are you a person living with disability?	Yes	15	19%
	No	63	81%
	Total	78	100%

Are your family members who are people living with disability?	Yes	21	27%
	No	57	73%
	Total	78	100%
How many people living in your house?	1	5	6%
	2	10	13%
	3	7	9%
	4	16	21%
	5	21	27%
	6	12	15%
	7	6	8%
	8	1	1%
	Total	78	100%
What is your main occupation?	Own a small business	3	4%
	Daily Labor	25	32%
	Tuk Tuk driver/motodup	1	1%
	Farmer	26	33%
	Fishing	12	15%
	No job	10	13%
	Other	1	1%
	Total	78	100%

4.2. Project outcomes/Objectives

4.2.1. Outcome 1a: 31 families have access to adequate, safe, quality houses, and repaired/upgraded houses

Documents review found that three types of houses (New, upgraded, or repaired houses) were supported to vulnerable families who met the selection criteria. All supported families underwent the selection process involving local authorities, NGO partners, and the Habitat Cambodia selection team. 100% of respondents reported satisfaction with the family selection process and criteria used by the Habitat team (see graphic in annex 1). This reflected that the family selection process was accountable and transparent because it involved both the targeted group and relevant stakeholders (local authorities and NGO partners). The double-checking of family data was done by habitat staff to make sure the correctness and accuracy of the gathered data. The majority of respondents engaged with the project in 2021 (54%), followed by 2020 (24%), 2019 (15%), and 2022 (6%).

For the three-year project, twenty-nine households received house support (8 new houses, 10 upgraded houses, and 11 repaired houses); the completion of housing intervention was 93% compared with the original plan (See table 5 & 6). This housing intervention benefited 203 individuals living in Prek Trop village, Prek Norin commune, Ek Phnom district, Battambang province. The original plan for housing support was 31 houses; however, two houses (a repaired house and an upgraded house) were reduced in FY20 due to Covid-19 pandemic. The fieldwork and construction were prohibited, and the project activities were cancelled and put on hold temporarily (according to variation report, signed on September 2020).

Indicator: 100% of houses built comply with HFHI minimum housing standards

Due to project reports and construction reports reviews, the data revealed that all built houses (100%) were accomplished with minimum housing quality standards (HQS) set in house design and BOQ. Specifically, all new houses built complied with the five components of housing quality standards, including secure tenure, design (*adequate space - the size of the house*), durability

(considering both disaster and non-disaster mitigation), water (quality, quantity, and accessibility), and sanitation (access to toilets or drainage) – see annex 2. Complying with the standards at least one out of five components was required for the upgraded houses. However, the repaired house was not necessary to meet any component of this standard because this work was just to improve part of the existing house, which was low quality or broken. To complete the houses built, Habitat Cambodia followed the construction process starting by doing a feasibility study (visiting the old house, site, and homeowner interview), doing housing design (considering homeowner's preference, culture, location, disaster context, and vulnerability), consulting house design with the homeowner for decision, house construction (regular monitoring on construction progress), and construction evaluation (construction supervisor and the homeowner must accept construction before issuing final payment to contractor). With this regulation, all final products of houses were met to the design and expectation of the homeowner.

Table 5: House construction

Intervention	Project target	Project results				Complied with HQS
		Year 1	Year 2	Year 3	Total	
New houses	8 houses	3	3	2	8	All new houses complied with five components of housing quality standards, including secure tenure, design durability, water, and sanitation.
Upgraded houses	11 houses	2	4	4	10	This type of house complied with at least one out of five standards
Repaired houses	12 houses	3	4	4	11	These houses were not required to follow the housing quality standard.
Total	31 houses	8	11	10	29	

Table 6: Households served through Housing intervention

Intervention	Households served through housing intervention			
	Year 1	Year 2	Year 3	Total
New houses	3 HHs (19 people)	3 HHs (20 people; 9 females)	2 HHs (12 people; 7 females)	8 HHs (51 people; 16 females)
Upgraded houses	2 HHs (7 people)	4 HHs (15 people; 9 females)	4 HHs (19 people; 11 females)	10 HHs (41 people; 20 females)
Repaired houses	3 HHs (7 people)	4 HHs (13 people; 6 females)	4 HHs (17 people; 9 females)	11 HHs (37 people; 15 females)
Total	8 HHs (23 people)	11 HHs (48 people; 24 females)	10 HHs (48 people; 27 females)	29 HHs (119 people; 51 females)

Indicator: At least 85% of target beneficiaries reported satisfaction and feeling more safe and secure on their improved housing upon completion

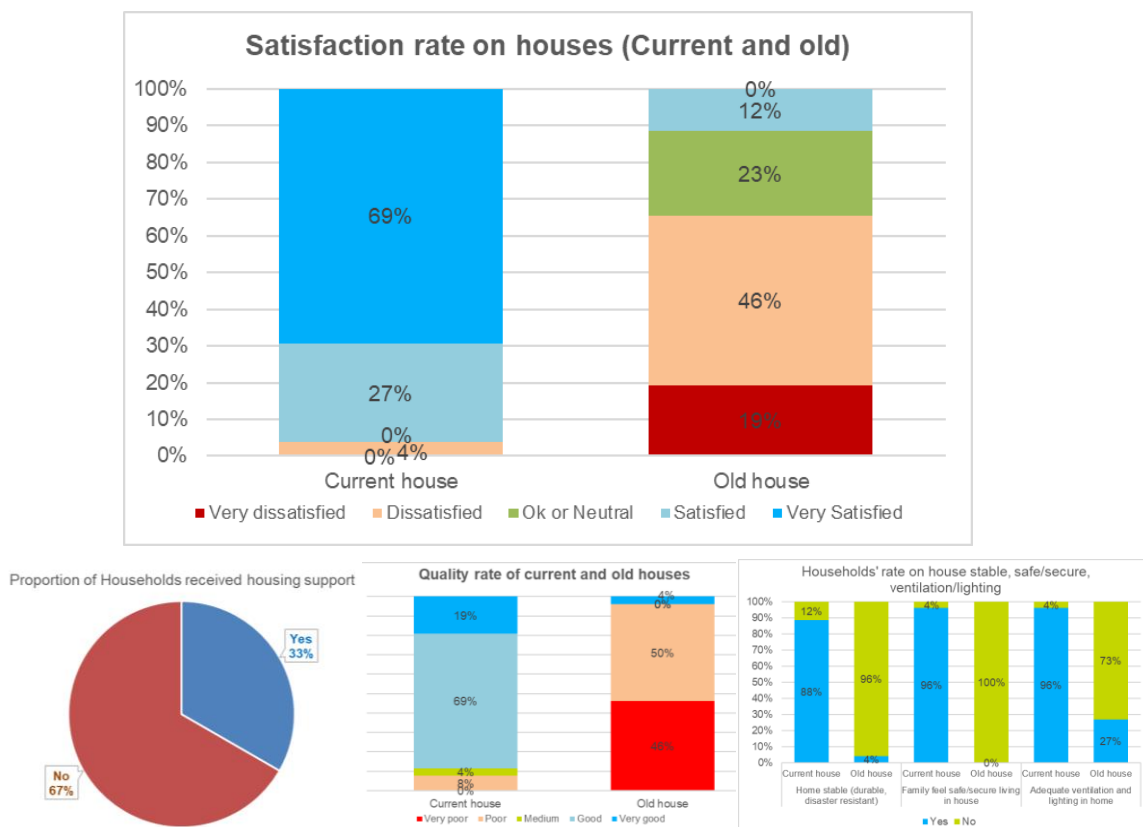
The analysis of families' home satisfaction showed that 96% of families were satisfied with their current house, while only 12% of them (baseline data) were satisfied with their homes in the past. The increase in satisfaction between the baseline and end was about 84%, which meant that the project's support changed households' housing satisfaction (See figure 2). Based on household interviews and documents review, it was found that before receiving support from the project, families

felt not safe staying in their house during the rain or strong wind hit. The leaking rain was a negative effect on the house structure and the safety of their children. They also reported feeling insecure about keeping wealth or valued property in the house because of the broken wall, poor column, or no wall at all. Some families had spent their savings money to repair part of the house, which affected the families' economic status. These consequences led the family to be trapped in a poverty situation, and they became poor and poorer.

With housing intervention, it made a change in the families' lives. The data analysis in figure two also declared that the current house was better than the old one, which demonstrated an increase (current and old house comparison) in home stability (82%), safety and security (96%), and adequate ventilation and lighting (69%). The finding also indicated the change of house good quality from 4% for the past house to 88% for the current house. The confirmation from the interview with families and local authorities was that the supported houses were solid, stable, wind resistant, and suitable for living. Khum, a homeowner, said, *"my old house is not safe as the house is shaking and the roof leaks while raining. I used to hug my grandchildren until it stopped raining, but now they can sleep peacefully. I am so happy! My neighbors also congratulated me when they see my grandchildren and me receive this new house. Without this house, I do not know what the future of my grandchildren."* Moreover, it contributed to reducing families' spending on housing repair, loss of property, and health improvement. In addition, the families reported that the new house was a convenient place for children's study, which showed that the house directly contributed to increasing the educational attainment of the children.

However, the field observation saw minor issues that needed attention and prevention for future implementation. Some house roofs had leaking points where the rainwater could come into the house, specifically during the rainy season. Suggestion for this, the construction supervisor should add more monitoring of the completed home, remarkably during the rainy season at least once.

Figure 2: Proportion of families' satisfaction



Indicator: Of the total PERSONS LIVING WITH DISABILITY served, 90% report receiving better housing solutions suitable for their needs

Six families, who received housing support, had family members as or were led by people living with disability (PLWD). The PLWD are identified as physical disability (leg or hand disability) Data analysis confirmed that 100% of PLWD was satisfied with the project-supported house because the house design and construction included their needs and disability concerns. Due to data review and field observation, Habitat houses added specific things for PLWD, such as stair handrails and wheelchair paths. The project has provided the house with a size of 0.9cm door wide for a wheelchair user. The underground housing design also constructed the wheelchair ramp, while the toilet also added handrails to support the member who is living with a disability.

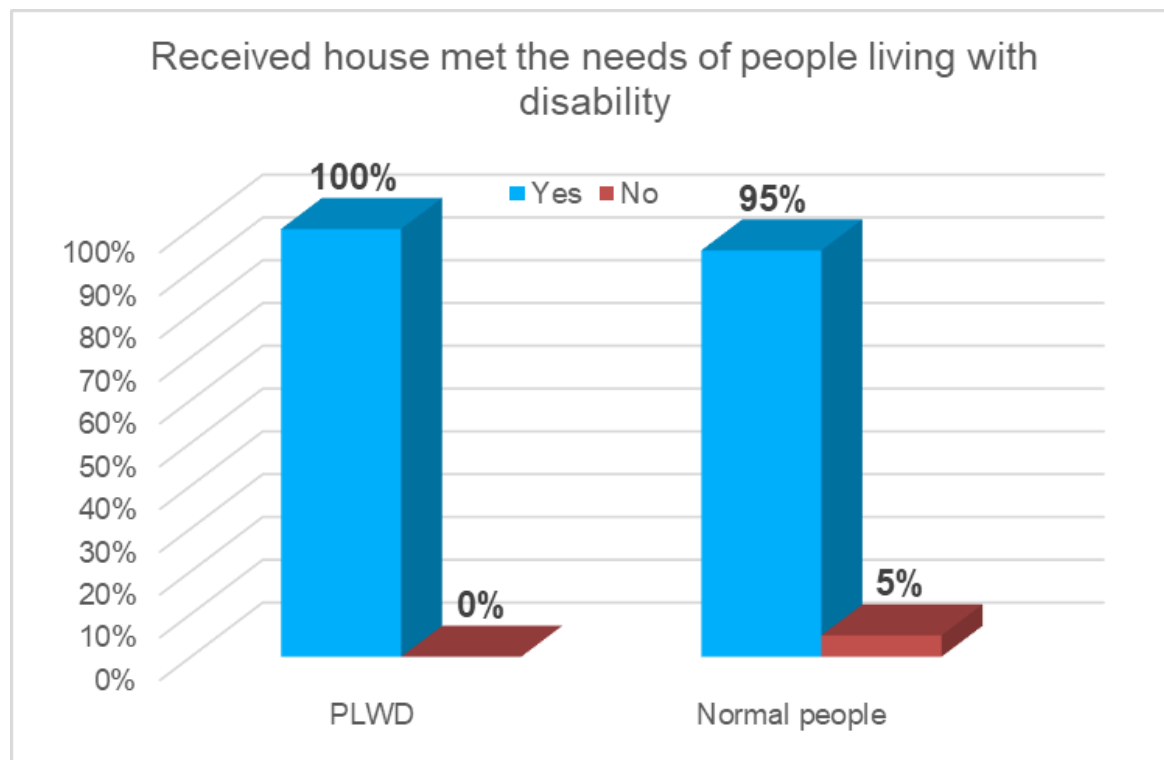
Besides that, the PLWD was inclusive and engaged in any forms of project activities such as feasibility assessment, awareness and capacity events, project progress monitoring, and evaluation of work. Their voices and needs to be fully engaged in the project and development were highly taken into account. Specific impacts from housing on the life of PLWD were found to contribute to reducing discrimination against PLWD, improving social cohesion, and improving health. The evidence of reducing discrimination against PLWD was demonstrated in the case study attached.



56-year widower, Sao Leng, who is a people living with disability (PLWD), has problem with her legs since she gave birth for her last daughter. Her legs become non-function or non-moveable for 14 years. Badly, she had broken with her husband a year after becoming PLWD; her husband went to Thailand and had another wife. After broken with her husband, Leng got significant challenges as she needed to feed her six children alone. She has six children, but now she lives with a youngest daughter only because others have their own families. Speaking with a sad face and teardrops, Leng has said “after I realize that my legs can not move, I feel disappointed and want to die from this world. I am poor and my husband has gone out without care of children. I don’t have enough money to buy medicine for my legs problem and hip wound. I don’t even have money to buy rice and food for my children. However, I cannot die because I have responsibility to take care my children.” Years later, her life became more difficult. As Leng cannot move, her children need to catch fishes and pick plastic bottle or garbage for sell. The money gained from these works is used to buy rice, food, or basic needs for daily use. Moreover, her old house was small and weak. The house columns are decayed, and the wall is made by palm leaf and broken plastic sheets. The house land is closed to the riverbank risking sliding into the Sangke river. Leng added, “we cannot sleep in my old house when the rain come. I feel regret and guilty for my children. My old house is fallen into the river last year. I thank to Habitat Cambodia for building a new house for us. If I stay in my old house, my daughter and I may fall into the river and die.” The new brick house is built about 20 meters from the riverbank on her land. This brick house is included wheelchair ramp for PLWD and toilet – inside the house. It makes easy for Leng to access the house and toilet. Leng can move in short distance from one place to other by hand pushing and bottom moving. She moves from the house to her kitchen to cook for your youngest daughter. Leng excited stated, “With this new house, I can go to toilet without support from my daughter. Before my daughter going to school, I ask her to bring a bucket of water and wooden sticks so that I can cook for her. I can move around my house but not go far. I am excited with my current house, supported from Habitat Cambodia, where it has a proper place for my daughter learning and living.” The new house and support from Habitat Cambodia also contributed to reduce discrimination from other villagers on her family and disability status. “Before my family and I were badly spoken by some villagers, they said that I am lame people, widower, poor, and no proper shelter to live. They look down at me and my children. Hearing those words, I

feel hopeless and don't want to live with others. With support from Habitat Cambodia, however, it brings me a hope for my live and daughter's destination. The villagers stop saying any ruin and non-respected words to my family," confirmed Sao Leng, homeowner.

Figure 3: Proportion of PLWD's needs met through housing intervention



With data analysis and document review, all three outcome indicators met the expected result, demonstrating the built houses were compliant with housing quality standards (100%), housing satisfaction (96%), and PLWD's needs met (100%). It reflected that this expected outcome was achieved, and the housing intervention was a fundamental factor in changing families' lives. The impacts of housing contributed to families' safe living, reducing the stress of property loss, health improvement, discrimination against PLWD, social cohesion, and children's education enhancement.

4.2.2. Outcome 1b: families demonstrating improved sanitation practices through the provision of new or upgraded sanitation facilities and WASH training

Indicator: 90% of all home partner dedicatedly used sanitation facilities

Due to project reports and construction reports reviews, the data revealed that all project targets on latrine construction for vulnerable families were achieved entirely. In a three-year project, the project built 54 toilets (toilet intervention only) for 54 families, which served for sanitation access of 247 individuals. The completion of the toilet built against the plan was 100%. Knowing that the built houses were attached to the toilets as it was part of HQS. So, the total number of toilets built by the project was more than the number mentioned in table 7. The process of family selection for toilet support was the same as that of family selection for housing support, as reported above.

Table 7: Households served through toilet intervention

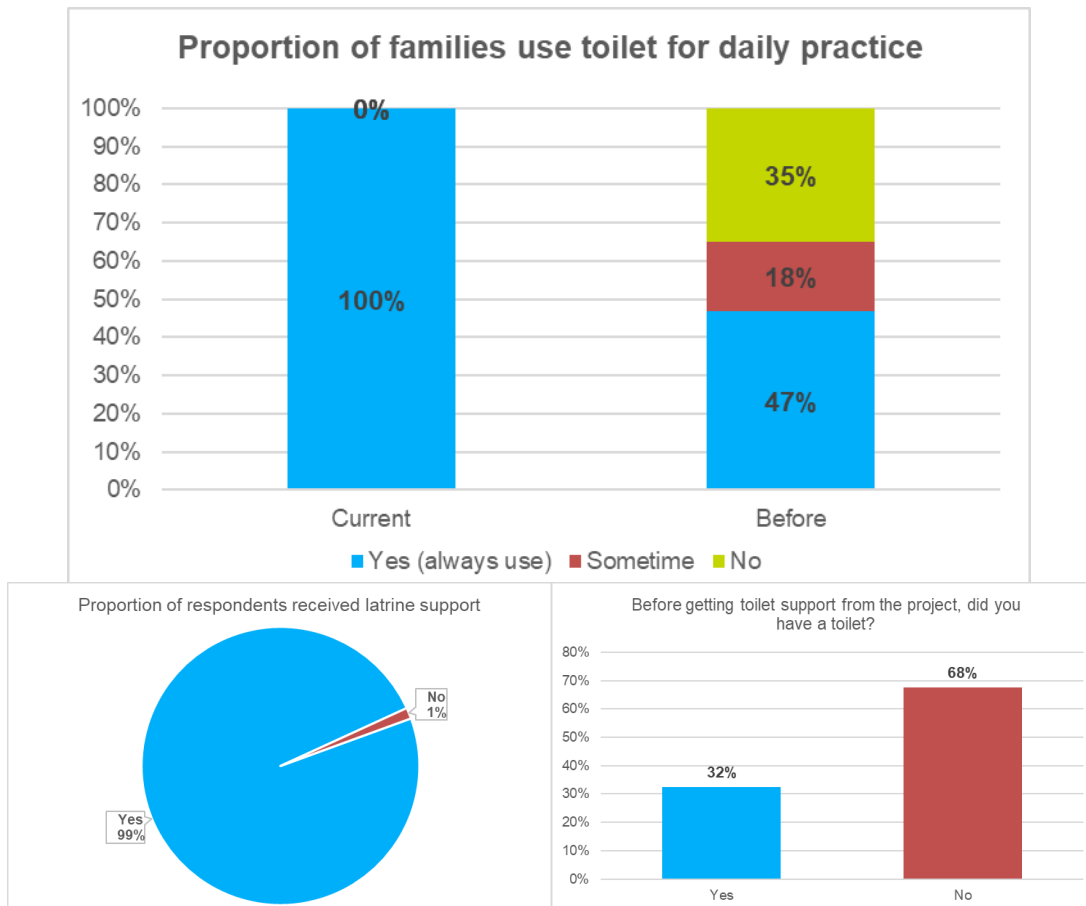
Intervention	Project target	Project results			
		Year 1	Year 2	Year 3	Total
Latrine constructed	54 latrines	19	20	15	54
Households served	54 HHs	19 HHs (83 people)	20 HHs (90 people; 46 females)	15 HHs (74 people; 30 females)	54 HHs (247 people; 76 females)

The proportion of families using the toilet as a daily practice for their current living was high (100%) compared to their past practice of toilet (47%) – see figure 4. Through the sanitation (toilet and awareness) intervention, the families changed their behavior toward sanitation practices such as daily use of the toilet, cleaning the toilet and house, and washing hands properly. The field observation confirmed that the surrounding families' houses were a good environment due to no garbage around their house and having home-farming vegetables; the wastes were correctly disposed at the waste points or buckets. Moreover, all families (who received housing and toilet support) received water filters, which allowed families to access clean water for daily use.

Based on data analysis and document reviews, it was observed the impact on families' behavior in practicing toilet and treating water before drinking. The practice of this sanitation contributed to improving family health. Another impact of the use of toilets was safety, particularly for women and children. Having a toilet at home reduced the risk of abuse or exploitation against women and children because they did not need to go to the field for defecation far from home at night or during the daytime. *"I am happy as my villagers have their toilets and would no longer need to defecate by the river. In the past, we did not have a toilet, so when we needed to defecate, we would always go to the neighbors' house or the river. For women, it is challenging during the day or at night. Now I understand that it is inappropriate because all the villagers also use that water, and if we continue to defecate in the river, the water will be dirty,"* Savoeut said.

Due to field observation and interview data, it found some issues regarding toilet function. It was noticed that one toilet was constructed in a low land area where were flooded during the rainy season. Some toilets did not function well as the blockage of its drainage between toilet bowl to the storage of feces. Another issue was that it used a lot of water per using of the toilet. Solving these, the project would talk to homeowners to repair their toilet or work with construction team to provide some support. To mitigate these issues in the future, the construction supervisor would make sure that all monitoring stages would be done, and it would be great to add a three-month monitoring after construction completion.

Figure 4: Proportion of families have and use the toilet for daily practice



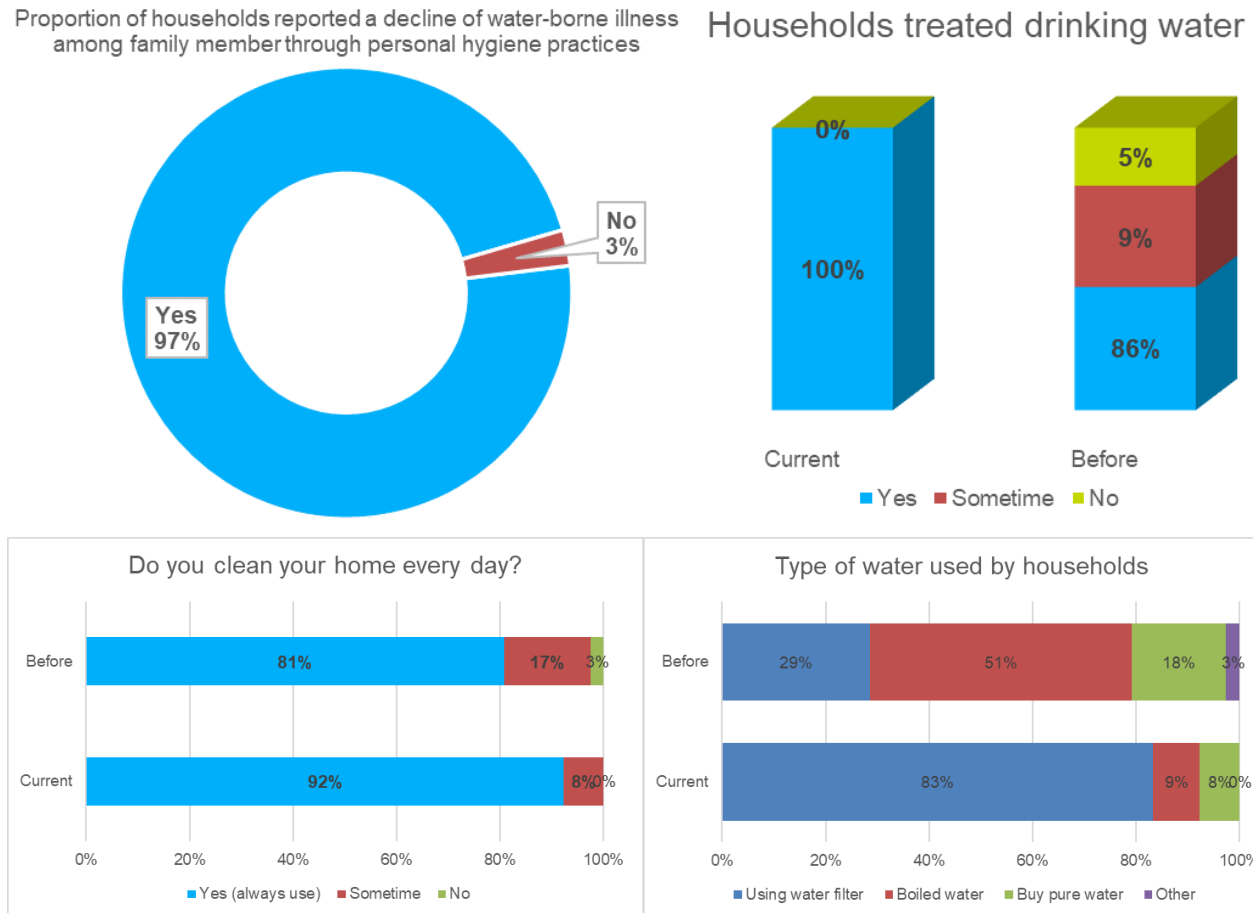
Indicator: 70% of have reported there is a decline of water-borne illness among family member through personal hygiene practices

All targeted beneficiaries received capacity awareness and gained knowledge on hygiene practice, home maintenance, water use, and Covid-19 prevention. The data analysis in figure 5 informed the change of behavior and knowledge applied while engaging with the project. 92% of families reported cleaning their houses and surrounding environment every day as in the past was 81% only. The increase in using treated water (filtered, purified, or boiled water) was about 14%. 97% of respondents indicated that they applied the gained knowledge and reported the decline of water-borne illness among family members resulting from hygiene and sanitation practices. Before the commencement of the project, people drank water from open sources (rivers, canals, pump-wells, and ponds) without treatment or purification, which caused health problems like diarrhea and other illnesses. However, the families changed the practice of drinking water to be boiled or treated, resulting in WASH awareness and training. The family stated that their family members had fewer health problems than in the past years. *"I noticed that my children do not get sick as often as before because we have a toilet and a water filter provided by the project. Through access to clean water and sanitation, we have been able to prevent diseases and save up financially from buying bottled water for drinking."* Said the homeowner, Chhrep. It was also asserted by village heads and commune chiefs that there were changes a lot at households, such as good hygiene, well-prepared house, and better living situation.

The covid-19 pandemic was a significant obstacle to project implementation and the community lives; people experienced lockdown, fear of infection and movement, job loss, and health problems. During that challenging period, hygiene and sanitation practice were more significant in preventing vulnerable families and communities from transmitting Covid-19. Dealing with Covid-19 outbreak

situation, the project changed its working approach by providing some preventive and sanitation materials, including masks, hand sanitizers, soaps, and alcohol, to families, schools, commune halls, and health centers in the project targeted area. With this support, family members and students frequently practiced hygiene (wearing masks, washing hands with soap or sanitizer, and spraying alcohol) which could help prevent human-to-human transmission of the COVID-19 virus in homes, communities, schools, and public spaces.

Figure 5: Proportion of households applied personal hygiene practices



Based on the accomplishment of the indicators set, it could be concluded that this outcome was achieved because 100% of families reported sanitation practices correctly, and 97% of families applying personal hygiene practices reduced water-borne illness. This result presented families' behavior and practice changes regarding the use of the toilet, personal hygiene and sanitation, and Covid-19 prevention. These changes contributed to families' health improvement and risk reduction of woman's and child's exploitation or abuse.

4.2.3. Outcome 2: At least 2,000 students have improved access to a better and comfortable learning environment and well-being through school renovation and hygiene promotion

Indicator: 70% of students feel more comfortable and satisfied with the new renovated building

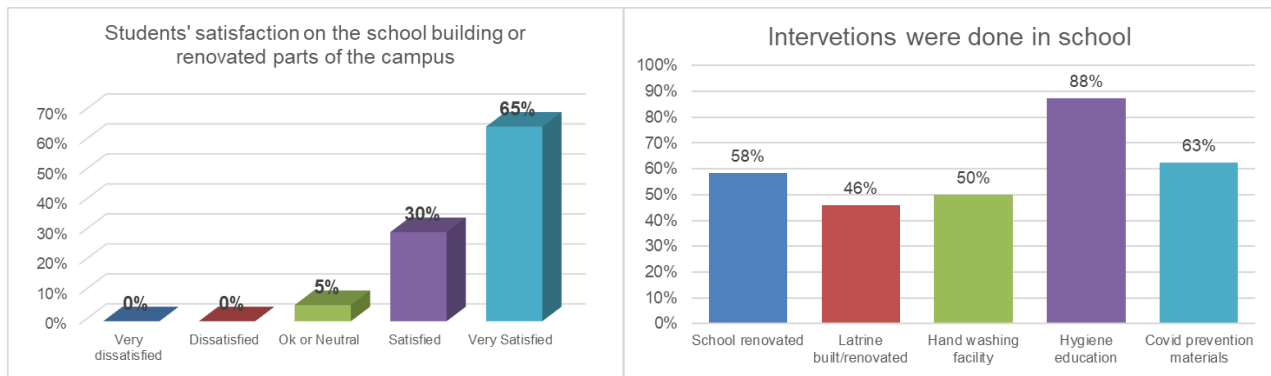
The project supported six schools through school renovation (ground floor of the classroom, school building repaired or painted), garbage/dust bins, school latrine built, hand-washing station, water

filters, hygiene education, and Covid-19 prevention (both preventive materials & awareness). These actions benefited 2,330 students (1,301 females) – see Table 8. Based on the result from student interviews, about 95% of students reported satisfaction with renovated schools and WASH facilities supported by the project (See figure 6). The renovated schools reduced students' risk of body injury and noisy disruption from rain as the old building structure was so weak and looked to collapse easily. More, during the rainy season, the raindrop leaked onto the students' tables in the classroom; students' study materials and books were wet. The student felt not comfortable staying in the classroom during the rain, and its noise was annoying. After renovating the school facilities, teachers and school principals reported that the building was more beautiful and stronger; the school campus was more clean and hygienic. Students enjoyed learning as they had a safe place for studying. This contributed to reducing school dropouts and increasing school attendance, which contributed to students' education attainment at the primary level. Evidence of the above points, Sreymoch, a Preak Trob primary school teacher, demonstrated, *"After the school is renovated, our students can study in a comfortable classroom and at the same time have access to a hand-washing facility. I am so grateful and satisfied with the project's supports in providing more resilience to our school. Through these supports, I am sure the school will benefit more students in the future."*

Table 8: List of schools received support from the project

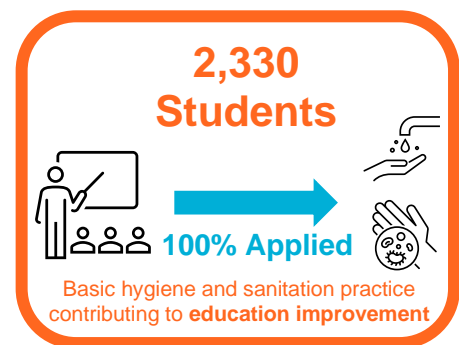
No	School Name	Supports	Students served	
			Total	Female
1	Prek Trob primary school	<ul style="list-style-type: none"> • School ground floor repaired • Latrine renovated with (2 rooms) • A school building painted • Hygiene materials (including garbage bin, broom, hand-cleaning towel, hand-washing pot, Covid-19 prevention kit – mask, soap, alcohol, & sanitizer) • Hygiene awareness events 	238	110
2	Prek Kroch primary school	<ul style="list-style-type: none"> • School ground floor repaired • A school building painted • Hygiene materials (including as above school) • Hygiene awareness events 	302	158
3	Keo Mony Pisey primary school	<ul style="list-style-type: none"> • Hygiene materials (including as above school) • Hygiene awareness events 	450	265
4	Rohalsoung Lech primary school	<ul style="list-style-type: none"> • Hygiene materials (including as above school) • Hygiene awareness events 	350	215
5	Bak Rotesh primary school	<ul style="list-style-type: none"> • Hygiene materials (including as above school) • Hygiene awareness events 	310	198
6	Prek Norin primary school	<ul style="list-style-type: none"> • Hygiene materials (including as above school) • Hygiene awareness events 	680	355
Total			2,330	1,301

Figure 6: Proportion of students' satisfaction with renovated school facilities



Indicator: There decreasing in school attendance because of water-born related diseases.

Through WASH intervention, the project supported all targeted schools, such as water filters, hand-washing stations, Covid-19 prevention kits, and hygiene awareness. In collaboration with teachers and school principals, personal hygiene and Covid-19 awareness events were conducted for all students (2,330 students – 1,301 females). Students gained knowledge from these events, such as how to wash their hands properly, use the toilet properly, maintain personal hygiene and prevent Covid-19 infection. The student confirmed that they applied knowledge in everyday life, such as washing their hands before eating and after using the toilet, cutting fingernails, brushing their teeth, showering water three times per day, using the toilet properly, throwing waste in the trash bin, and drinking treated water. To prevent Covid-19 transmission and infection, students indicated that they always wore masks in public spaces, washed their hands with soap, and sprayed alcohol to kill the virus. This data asserted that almost 100% of students applied basic personal hygiene appropriately. Regarding discussion with teachers and school principals, it was observed that students applied the gained knowledge appropriately, such as regularly washing hands following its process correctly, keeping the garbage in the bins, cleaning the bathroom and class, and sharing knowledge with friends. The hand-washing station allowed students to practice daily hand-washing, and they went to wash their hands regularly during school break time. Moreover, students reported that they used treated water for daily drinking, which led to being healthy and avoiding illness. These findings significantly contributed to reducing school dropouts and increasing school attendance, resulting in increased students' education attainment at the primary level. Ling, a 9-year-old girl studying in grade 3 at Prek Kroch Primary School, stated, "my friends and I are delighted to study at school because my school has an outstanding ground floor and a clean environment. In the classroom, when I walk, I no longer stumble like before the school renovation started. Now I want to go to my school every day."



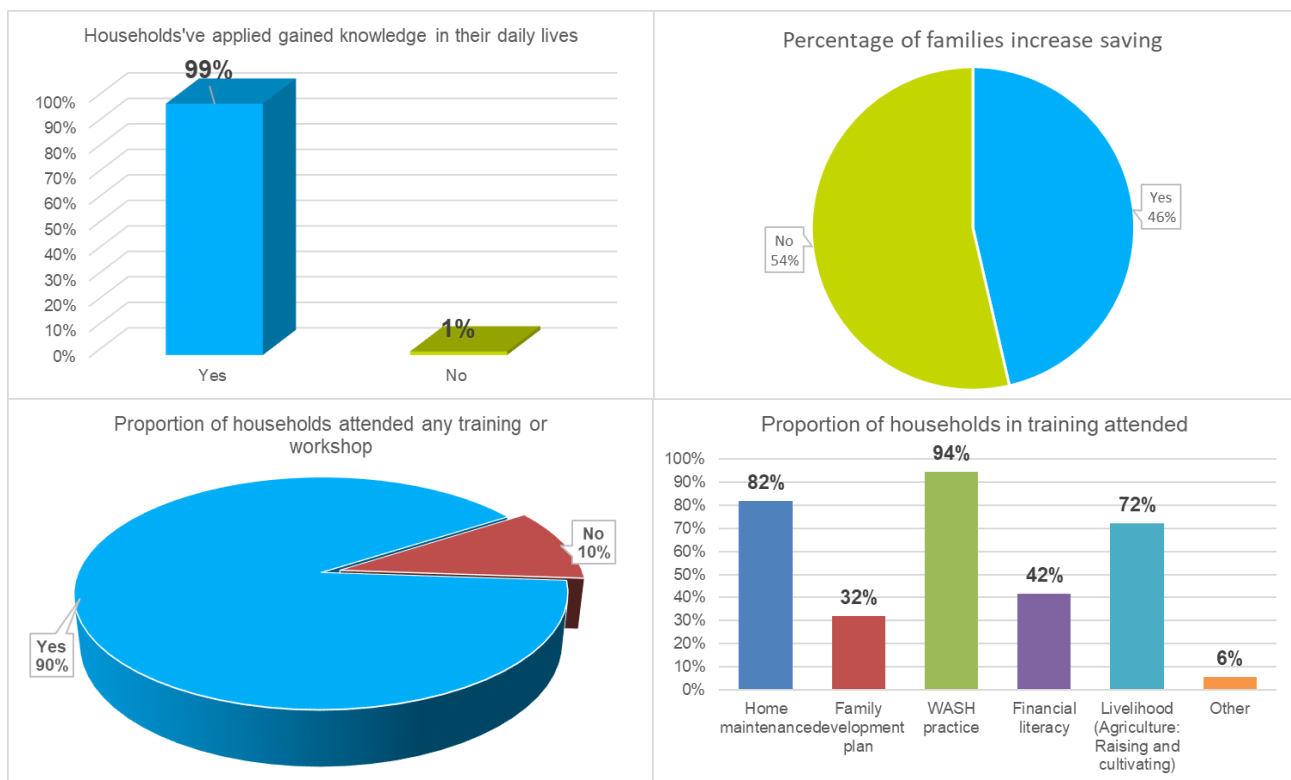
To sum up, this outcome was achieved due to student satisfaction (95%) and personal hygiene practice (100%). It was learned that the school situation and students' practice gradually changed. The schools were more comfortable facilities and environments for the learning of children. The practice of sanitation and hygiene kept students from the risk of Covid-19 infection, made students more healthy, and increased students' attendance and education achievement.

4.2.4. Outcome 3: Home partners have improved knowledge on home maintenance, financial management and are able to improve their living condition through supplemented livelihood activities

Indicator: At least 60% of beneficiaries reporting they have applied what they have learned.

Due to document review, the targeted families received training events such as home maintenance, family development plan, WASH, financial literacy, and livelihood (focusing on agricultural products and animal raising). The project performance analysis against the outcome indicator set showed that 99% of families reported applying gained knowledge; this helped the family's economic improvement and unnecessary expenditure reduction (See figure 7). The interview result affirmed that households developed their family plan and used their finances better. The consequences of this intervention dramatically contributed to improving the families' increased savings (46%), comparing the situation before and after involvement with the project. However, 54% of families reported no increase or decrease in the savings affected from Covid-19 pandemic led to mobility disruption, job loss, and market price rises. It was not surprising with this result as Covid-19 affected a whole Cambodia country, not only the targeted community. But the project intervention contributed to reducing or slowing down the impacts of Covid-19 on families' lives and help families fight against the poverty trap. The KII with village heads and commune chiefs also reported the change in family living situation by having a good house, less disease, and better financial management and living.

Figure 7: Proportion of households applied gained knowledge in their daily lives

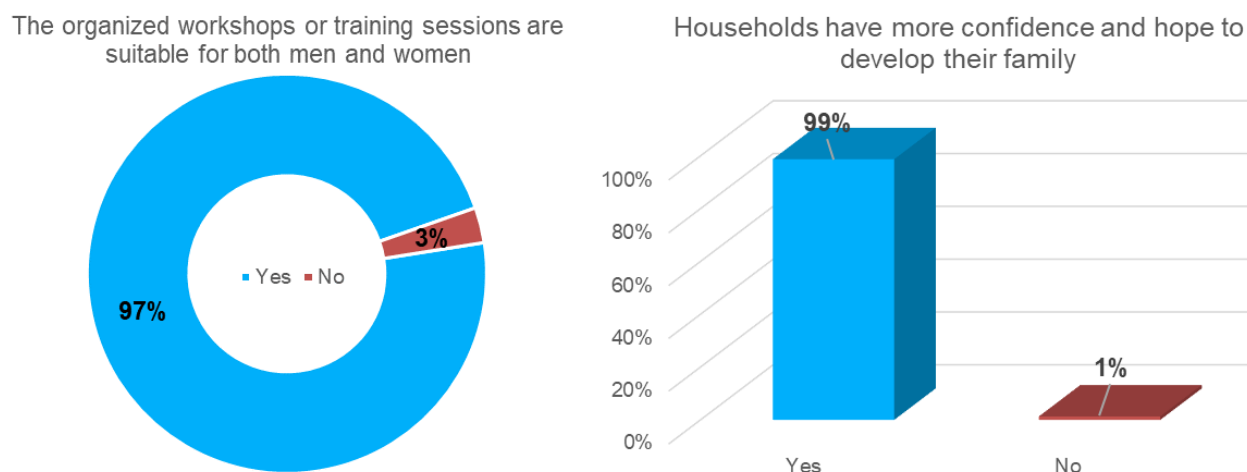


Indicator: The provided training package is applicable and practical for both men and women:

The finding clearly asserted that the training events provided were applicable and practical for men and women because 97% of respondents reported this. It reflected that the project's working approach contributed to increasing knowledge of gender engagement and changing people's

thoughts regarding gender roles and responsibilities. From the application of the training, families effectively maintained their living through sanitation and hygiene practices, clean water use, and financial management. Moreover, the project provided houses and toilet facility support to vulnerable families. With these contributions, families (99%) reported more confidence and hoped to develop their families. The result demonstrated that the project intervention made light of development and hope.

Figure 8: Proportion of households reported the engagement of men and women in the workshop

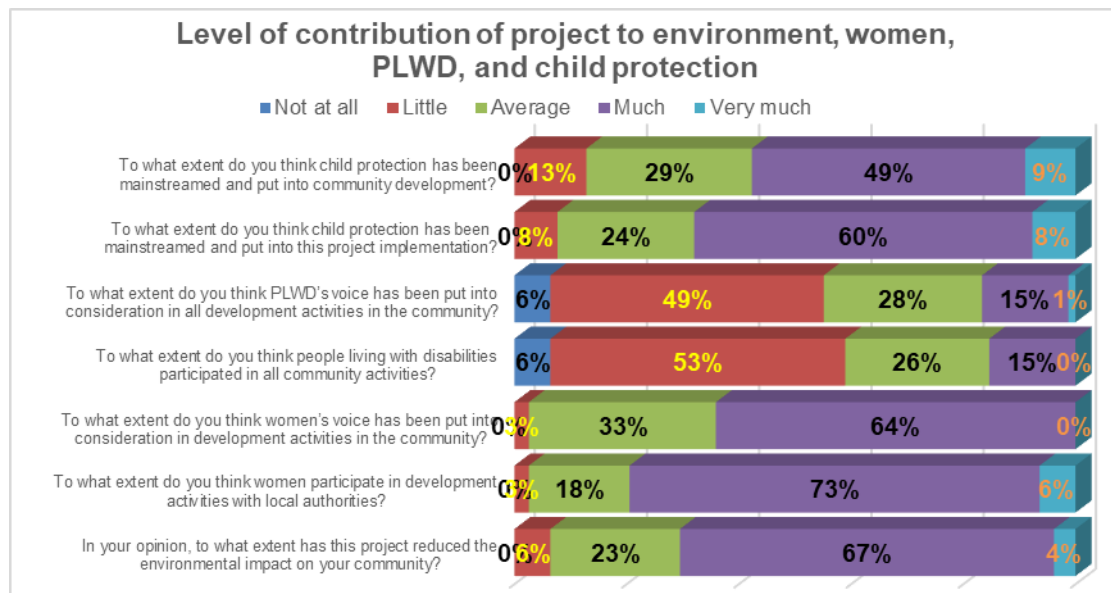


In conclusion, this outcome was achieved regarding the completion of indicators such as knowledge applied (99%) and applicable and practical for men and women (97%). The families gained knowledge from training events and applied it in their everyday lives. The change of people's behavior had positive consequences on families' living situations, including better health, increased savings, gender engagement and voice advancement, and more hope for future development.

4.3. Cross-cutting themes reflection

The contribution of project performance on environmental promotion, women participation, child protection, and disability inclusion were rated based on the views of community people, local authorities, and teachers who participated in the project activities. The level of contribution was defined as five levels, including not at all, little, average, much, and very much. The families firmly stated that the way of project worked significantly contributed to reducing environmental impact at scale (71% of respondents reported positive contribution). The contribution to improving women's participation in development activities was rated 79% (much and very much), while the rate of women's voices to be heard and considered was 64%. The result informed that the project typically encouraged women's participation to work collaboratively to solve community problems, particularly women's concerns and needs. The graphic also presented the mainstream of child protection efforts in community development (58%) and project implementation (68%). However, the engagement of people living with disability (PLWD) was a bit low in comparison to working efforts with women and children. The analyzed data showed that only 15% of respondents reported PLWD had participated in community development activities, and the consideration of PLWD's voice was 16%.

Figure 9: Project performance contributed to environment, women participation, child protection, and disability inclusion



4.4. Summary of objectives rating

This table summarized the project achievements by performance indicators; a short justification was provided. The detailed results were discussed in the main finding section.

Table 9: Summary of outcome performance indicators

Expected outcomes	Performance indicators	Baseline	Endline	Justifications
Objective 1: To improve the living conditions of 85 extremely vulnerable families by providing secure land and decent housing, including access to water, sanitation, and hygiene				
Outcome 1a: 31 families have access to adequate, safe, quality houses, and repaired/upgraded houses	• At least 85% of target beneficiaries reported satisfaction and feeling more safe and secure on their improved housing upon completion	12%	96%	This indicator was achieved, and the family satisfaction change was 84%.
	• 100% of houses built comply with HFHI minimum housing standards	0	100%	The review of construction design and evaluation reports vitally indicated that the built houses followed HQS and requirements.
	• Of the total PERSONS LIVING WITH DISABILITY served, 90% report receiving better housing solutions suitable for their needs	0	100%	All PLWD families reported that their needs and conditions were consulted before house design and construction did.
Outcome 1b: families demonstrating	• 90% of all home partner dedicatedly	47%	100%	This indicator was achieved entirely compared to the

improved sanitation practices through the provision of new or upgraded sanitation facilities and WASH training	used sanitation facilities • 70% of have reported there is a decline of water-borne illness among family member through personal hygiene practices	N/A	97%	performance indicator and baseline data. Practicing personal hygiene reduced family's health issues and illness.
Objective 2: To upgrade rural primary schools creating a conducive learning environment for children				
Outcome 2: At least 2,000 students have improved access to a better and comfortable learning environment and well-being through school renovation and hygiene promotion	• 70% of students feel more comfortable and satisfied with the new renovated building	N/A	95%	No baseline data for this indicator as the data collection was not included a recall method for this. However, the presented data was high, reflecting the achievement of the indicator.
	• There decreasing in school attendance because of water-born related diseases.	N/A	100%	Completely achieved for this indicator; the hygiene practice contributed to increasing knowledge and changing students' behavior.
Objective 3: To build capacity to 85 family representatives through training in home maintenance, financial literacy and livelihoods (chicken and cricket farming, home-market gardening, pig raising), improve access to remunerative livelihood opportunities and help beneficiaries reach self-reliance through individual family follow-up and a combination of economic, health, and psychosocial support.				
Expected Outcome 3: Home partners have improved knowledge on home maintenance, financial management and are able to improve their living condition through supplemented livelihood activities	• At least 60% of beneficiaries reporting they have applied what they have learned.	N/A	99%	This indicator was achieved. The knowledge gained from the project contributed to improving families' economies and reducing unnecessary expenditures.
	• The provided training package is applicable and practical for both men and women	N/A	97%	The design and engagement of the project activity were suitable for both men and women.

5. Lesson Learned & Recommendations

5.1. Lesson Learned

Program operation:

- 1) The family selection criteria and process are applicable and reasonable. Based on field observation and data review, beneficiary groups and stakeholders are satisfied and engage in the process.
- 2) All targeted participants of the project are vulnerable people who need support not only for housing intervention and capacity building but also for livelihood packages, particularly during the pandemic outbreak. It is noticed that most of the families' occupations are sell-labor,

fisherman, and farmer (but they have a small plot of agricultural land). Their livelihood is significantly challenged. The livelihood support may generate income and increase economic activities in the individual family or community. However, the project design was not included livelihood grant support which help families to generate income or reduce unnecessary expense. It is learned that even though the families' lives get better in term of shelter and WASH practice, income generation and livelihood security are still challenge for family sustainability.

- 3) Good collaboration with and capacity-building investment for relevant stakeholders (local authority, teachers, school principals, or NGO partners) are vital approaches to achieving inventions and cost-effectiveness. It is learned that project has trained teachers and school principals on hygiene promotion, and then they have raised students' awareness of hygiene on a weekly basis. It is informed that building local capacity can make a long-run of knowledge promotion.
- 4) The project builds strong collaboration with the partner organization (OPA) and local authorities on the ground to help the project implementation move forward smoothly, especially in times of pandemics. The partner organization and local authorities can help the project team conduct the family's support on the ground.
- 5) Covid-19 protocol and Covid-19 task force (CTF) team: Since the outbreak of Covid-19, Habitat Cambodia has formed the CTF and developed internal guidance for organizational operation and fieldwork. It also aligns with the government's protocols and is guided by the Do No Harm principle by ensuring projects do not intentionally or unintentionally create additional risks to staff, partners, and communities where projects work. The training was provided to all skilled workers and home partners on the new protocol at the building site. Personal protective equipment (PPE) (thermal screen, soap, masks, alcohol, and face shield) was provided on the construction site during the build. Daily monitoring via FB messenger at the start and end of the construction day ensured strict adherence to the safety measures per the COVID-19 safety protocol at the project sites, preventing infection in all construction sites.

M&E:

- 6) It has been learned that the Covid-19 outbreak directly affected project implementation and achievement quality. Therefore, remote monitoring is critical for disasters or pandemic periods. To ensure product quality, the project trained skilled workers on the Covid-19 measure procedure and construction monitoring process from a distance. The project also engaged and provided monitoring capacity to identified families and village support groups who had monitored the construction progress and other activities. While the staff was not allowed for fieldwork, these groups reported the work progress through photos, video calls, and phone calls.

5.2. Recommendations

Program operation:

- 1) The livelihood package support should be considered for vulnerable groups, especially families directly or indirectly affected by the pandemic. The project designer should prepare a comprehensive design as a support package for vulnerable families. The package support can be included at least housing, WASH facility and capacity, and livelihood. The design of livelihood support should consider the family's needs and local market preferences.
- 2) The capacity of project staff in term of project management and subject experts (WASH and Livelihood) need to be improved. It is observed that the project staff (field staff and project

officer) have limited capacity to manage the project cycle and implementation. The capacity can add value and ensure a competitive advantage for proposal development, so Habitat Cambodia should essentially put these in an organizational capacity-building plan.

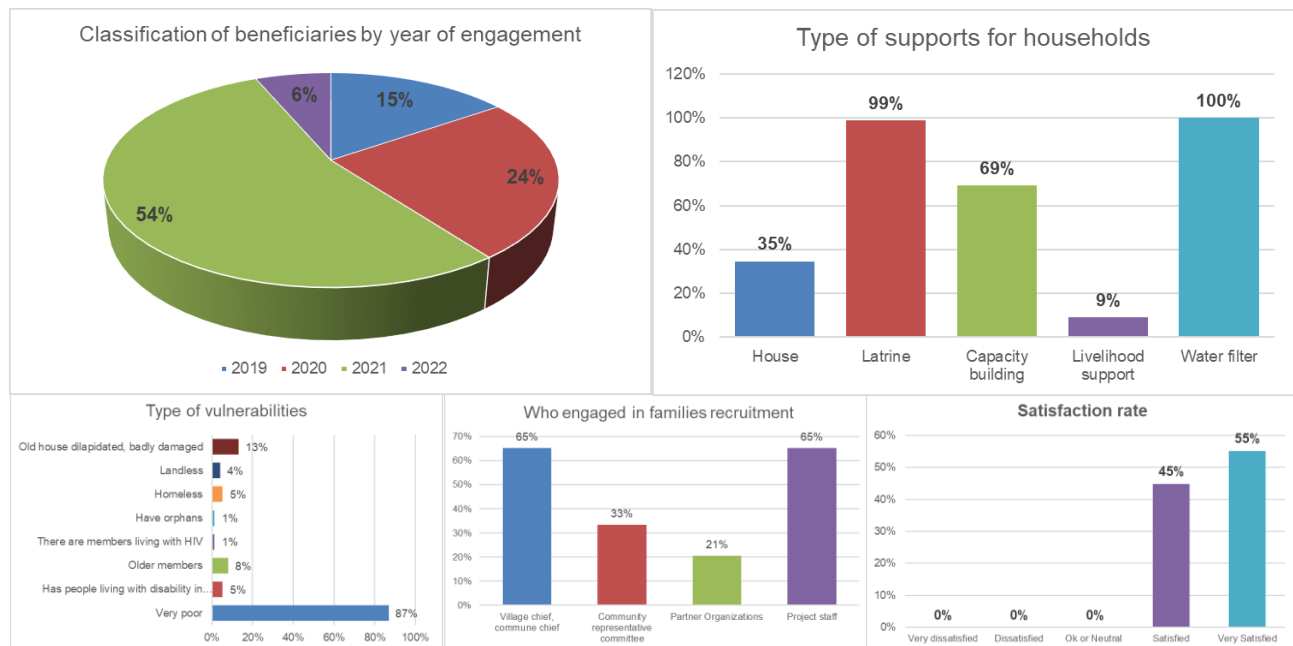
- 3) The budget for staff capacity building should be added to the project proposal. It will ensure that the project holder and field staff will receive comprehensive training, reflecting subject matter needs and supporting project implementation.

M&E:

- 4) The tools for outcome progress records should be developed and trained to project staff in advance. It can help project staff to observe changes and record them for the report. The data gathering and analysis should be verified by M&E staff to avoid bias.
- 5) The capacity building for project staff on project monitoring (related to outcome observation, KAP, and data gathering) should be provided. With this capacity, the project staff will be able to document the result (intended and non-intended) and observe change influenced by other factors.
- 6) Technology advancement: the budget for digital M&E should be allocated in the project proposal and used by the M&E team. It will help the organization to improve internal program-quality control and external trust.

6. Annexes

Annex 1: Analysis of Beneficiary selection and support



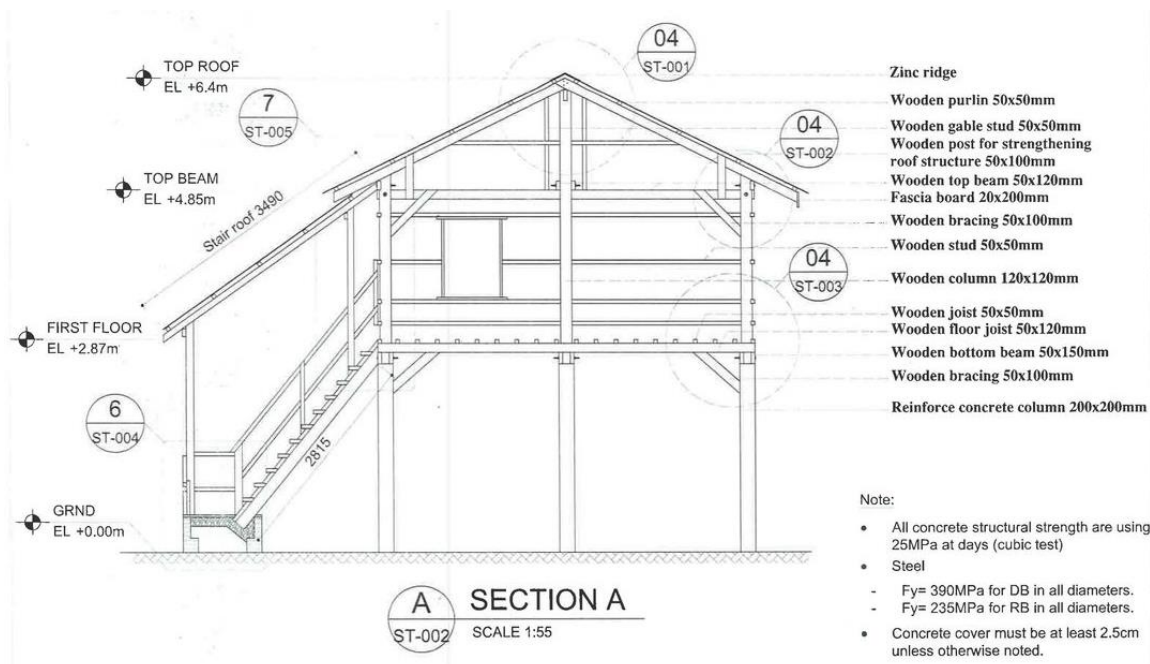
Annex 2: Sample of house design

New House Design:

Design: New Wooden House with Shera-board

Size: 4mx5m

Height: 6.4m

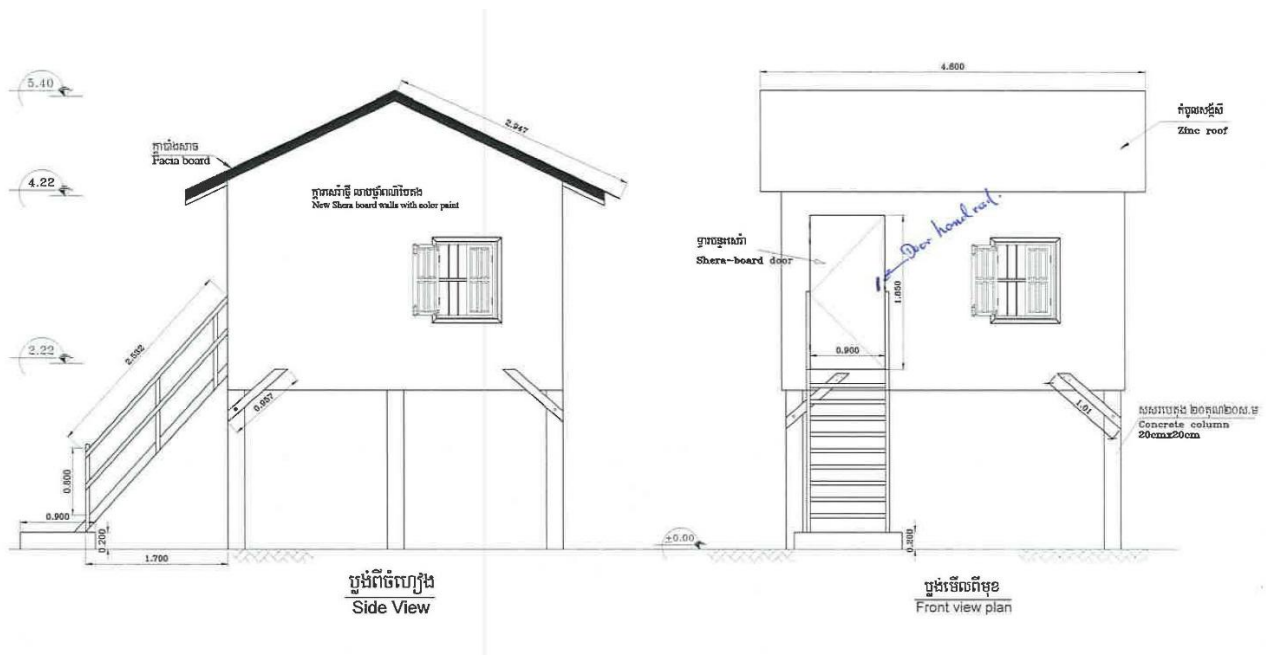


Upgraded House Design:

Design: New Wooden House with Shera-board

Size: 4mx4m

Height: 5.4m

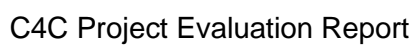
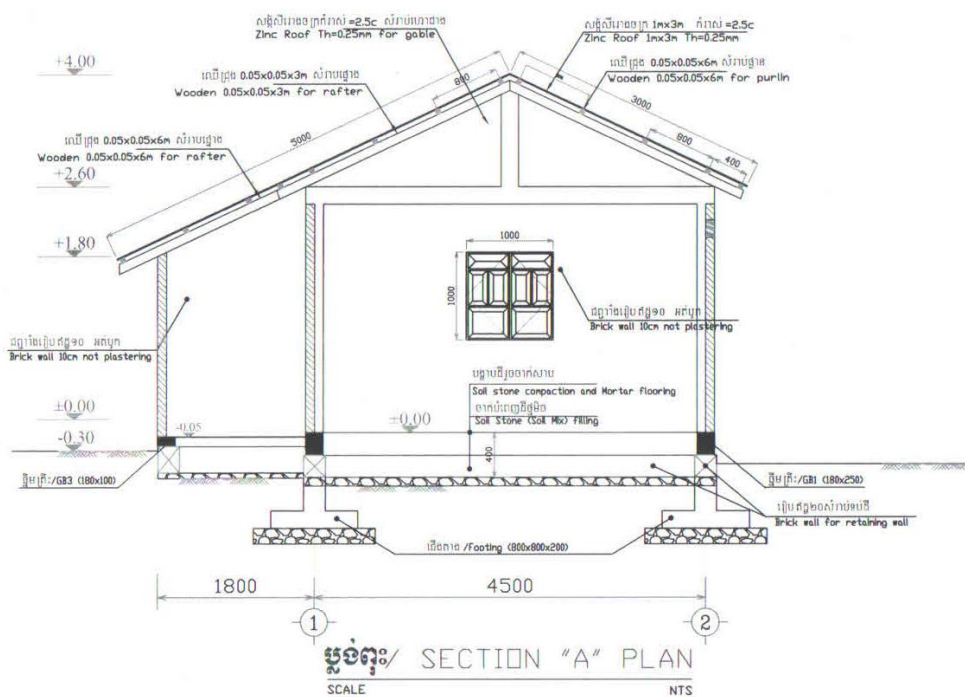


Brick House Design:

Design: New Brick House

Size: 6.2mx5m

Height: 4m





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