

End Project Evaluation

Chapadeum Chivet Thmey



(New Start, New Life)

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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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We would like to pay our deepest gratitude to Australian Government NGO Cooperation Program (ANCP), and Habitat for Humanity Australia (HFHA) for funding the project, which allows Habitat for Humanity Cambodia to implement a three-year project, called “Chapadeum Chivet Thmey – New Start, New Life.” This project has changed the lives of vulnerable people in Cambodia, particularly for families living in Tapon commune in Sangke district, Sneong commune in Banan district, and Battambang province.

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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 Chantha

Evaluation team leader, Research & PDMEAL Coordinator

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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

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1. Executive Summary

With a three-year project (July 2019 - June 2022) funded by Australian Government NGO Cooperation Program (ANCP) through Habitat Australia, Habitat for Humanity Cambodia implemented a project called “Chapadeum Chivet Thmey – New Start, New Life.” The total project budget was 343,656 AUD. The project supported extremely vulnerable families to improve their lives by providing adequate shelter, sustainable livelihood opportunities, and WASH facilities and training at household and school levels. **At least 50% have increased income based on the new skills after one year of project completion.**

By the end of the project, the internal evaluation team (represented by M&E team and youth numerators from the university) conducted the project evaluation. The quantitative and qualitative methods used evaluation design for data gathering and analysis. The data and information were collected through 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 (105 households) who received house or toilet support from the project; however, only 92 households were engaged in the interview; the other 13 families were not at their homes during the interview.

Main findings:

Access to adequate, safe, and quality house:

Fifty-six houses (12 new houses, 27 upgraded houses, and 17 repaired houses) were built and supported to 56 families (benefiting 236 individuals – 75% females) living in Sangke and Banan districts, Battambang province. 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 100% of families were satisfied with their current house, while only 23% of them (baseline data) were satisfied with their homes in the past. The increase in satisfaction between the baseline and end was about 77%, which meant that the project's support changed households' housing satisfaction. The comparison of the current and old houses proved that the current house was better than the old one, which demonstrated an increase in home stability (92%), safety and security (79%), and adequate ventilation and lighting (63%). 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.

Improve sanitation facilities and practice:

Forty-nine families received sanitation facility support (49 toilets constructed) which improved the sanitation accessibility and practices for 231 individuals (37% females). All targeted beneficiaries received capacity awareness and gained knowledge on hygiene practice, home maintenance, water use, and Covid-19 prevention. The families' practice of sanitation facilities increased from 35% in the past to 98% for everyday living. Similarly, 95% 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. This result showed the behavior and practice change of families with respect to 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.

Increase livelihood opportunities:

Families received training events such as home maintenance, family development plan, WASH, financial literacy, and livelihood (focusing on agricultural products and animal raising). 96% of families reported applying gained knowledge that helped improve family's economy and reduce unnecessary expenditure. However, this outcome was not completely achieved due to the negative impact from Covid-19 outbreak – which led to market inflation and the limitation of the agricultural product market. The consequence of project intervention on families was that the support for capacity building attached with a livelihood grant and sanitation had reduced the impact of Covid-19, increased food security, and prevented the risk of falling into severe poverty. The analyzed data showed that only 43.5% of families reported an increase in income while 38% of their income was the same and a decrease – by 18.5%. Moreover, 16% of families indicated an increase in their savings. With these contributions, families (89%) reported more confidence and hope in developing their families

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). These actions benefited 1,614 students (786 females). Based on the result from student interviews, about 94% of students reported satisfaction with renovated schools and WASH facilities supported by the project. Gaining sanitation and hygiene knowledge from awareness events, students appropriately applied knowledge in their everyday lives, 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 latrine properly, throwing waste in the trash bin, and drinking treated water. The data also asserted that almost 100% of students applied basic personal hygiene appropriately.

Recommendation:

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

- It will be good if the project can increase the livelihood grant to 500 USD per family, ensuring the long-run of livelihood action.
- Staff capacity on project management and subject experts (WASH and Livelihood) need to be improved, adding 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.
- Cash-based assistance approach should be considered during the disaster or pandemic period as it is an effective way to support families in an emergency situation
- 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 received a three-year funded project (July 2019 – June 2022) from the Australian Government NGO Cooperation Program (ANCP) through Habitat Australia; and the total project budget was 343,656 AUD. The project supported the extremely vulnerable families to improve their lives by providing adequate shelter, sustainable livelihood opportunities, and WASH facilities and training at household and school levels.

The project intervention through Housing and sanitation support responded to the need for improving housing conditions, serving extremely vulnerable families in need of initial help to start a new life as they are trapped in under-development. A home with proper sanitation and livelihood for them means a new start and the possibility to unlock their potential and consider a future for their family and positively affect significant changes in the lives of vulnerable people and the sanitation practices among homeowners, community and targeted primary students.

Provision of holistic housing solutions that would lead families to build/rebuild their lives and fully integrate them into the society, as well as the income generation and planning support (livelihood and financial management pieces of training, aspiration workshop), and micro-business grant. With the provision of secure land, housing support and succession planning assistance, the project supported landless families with land.

The project was designed with four objectives:

Objective 1: To improve the shelter security of 100 extremely vulnerable families by providing secure land and disaster-resilient housing, thereby enhancing the quality of life for the long term

Objective 2: To improve the well-being of 100 extremely vulnerable families and 1200 students through access to water, sanitation and hygiene practices

Objective 3: To increase livelihood opportunities for 32 extremely vulnerable families through market approaches, alternative livelihood training and climate change adaptation systems (climate-smart micro-farming)

Objective 4: To upgrade rural primary schools creating a safe and healthy learning environment for children

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 included 6 plots of land, 2 grants for home base gardening, and 2 house repairs, but increased the target in the new house (1), house upgrade (6), and micro-grant to family (9).

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:	Lesson learned & best practice	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 important data to answer the research questions and objectives. The evaluation team will work closely with 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 105 households (housing and latrine support) living in two communes (three villages) in 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 are included community group, commune head, village head, and NGO partners who have engaged or collaborated with the project intervention. The sample of this method are settled as in 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	105	105	Random	HH
3	6 groups of Self-assessment (guiding question) with students (8/per group)		48	Purposive	FGD
4	School leader/teacher (Three renovated schools)		6	Purposive	KII
5	Commune head		2	Purposive	KII
6	Village Head		3	Purposive	KII
	Total:		164		

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, research institutions, etc. This information will be used to triangulate findings and expound or validate further information collected from survey questionnaires, FGDs, and KIs.

- **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 households 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 family selection process and follow-up to access 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.

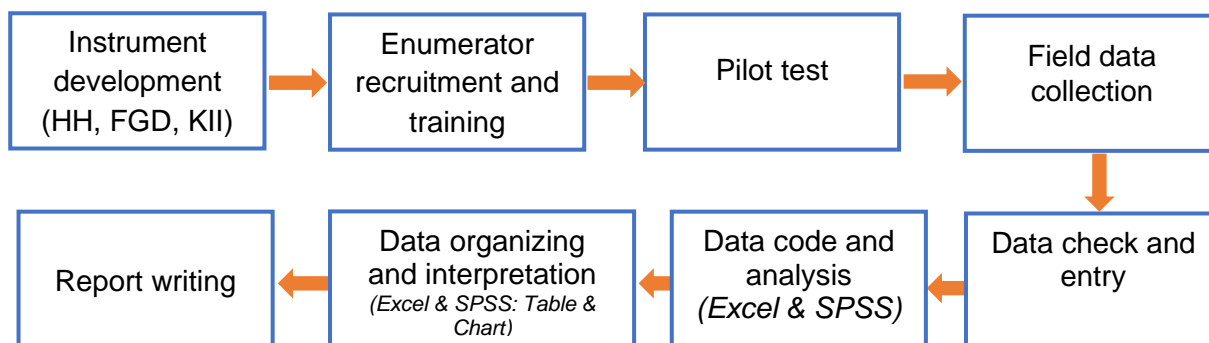
3.6. Data analysis

- **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. 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 the evaluation process:



3.8. Evaluation team and data management

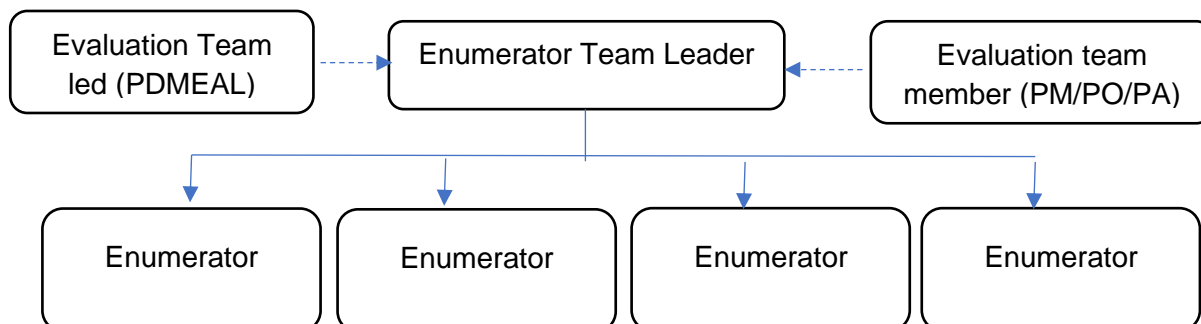
3.8.1. Data Management

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

- Data enumerators will be recruited and training on the designed 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 complete data entry and submit, PDMEAL will review, verify, and clean to analyze and summarize key themes for report draft

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

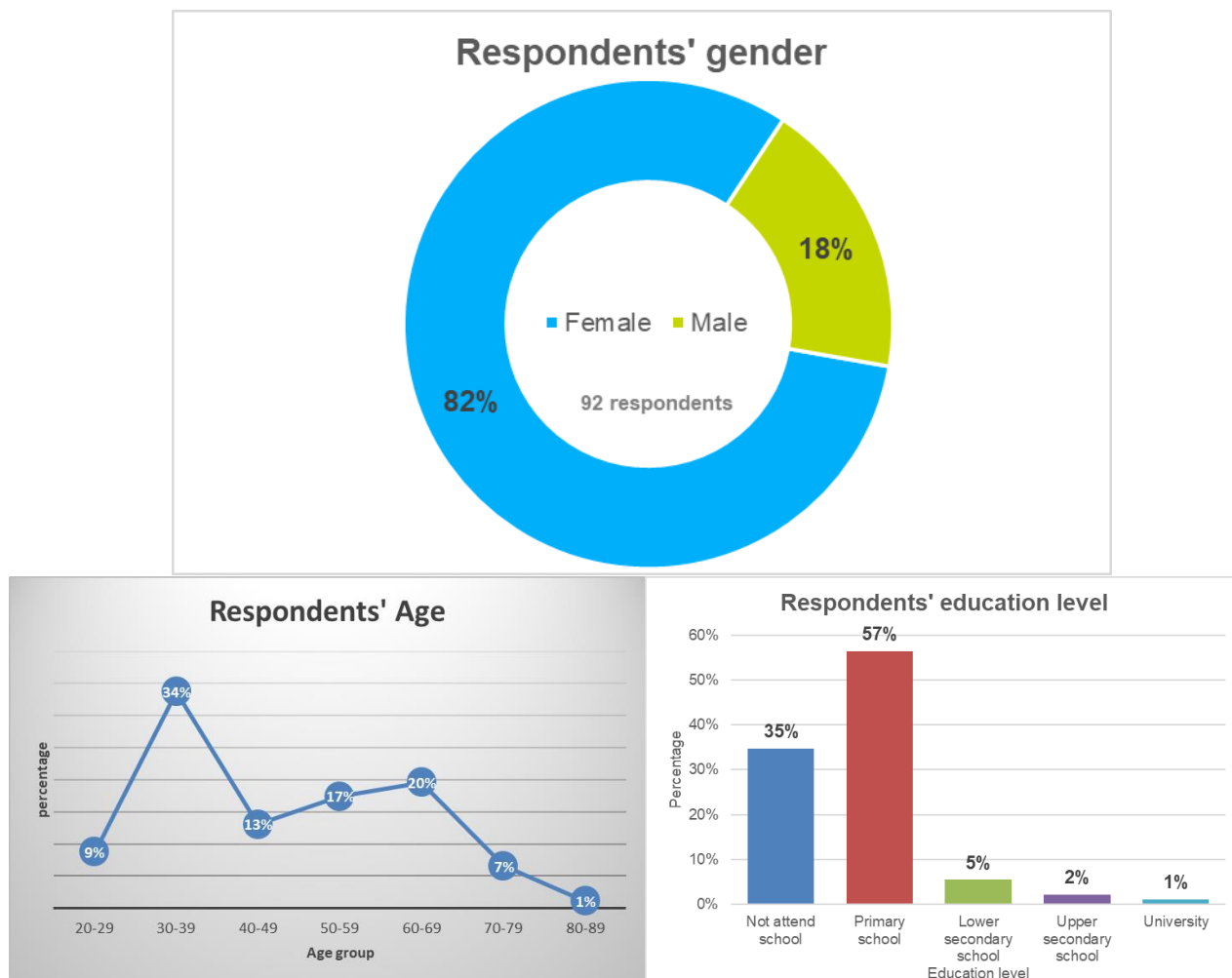
No	Name	Role	Responsibilities
1	Sourn Chantra	Evaluation team leader	Review existing project documents, review ToR and provide inputs to finalize, evaluation tool and methodology design, enumerator training and tool piloting & revision, field visit observation, training/orientation on data entry, and data analysis, draft report, preliminary finding presentation, and data validation, accommodate all comments/feedback and finalize the 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 validation process
4	Com Chantha Em Theory		
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 in gathering correct information, facilitate FGDs and KIIs, 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 analysis of this report was captured from field data collection, monitoring data, project reports, and other relevant documents as the data triangulation. The analysis was reflected in outcomes statements and indicators only. The changes of individuals, households, and communities contributed from project interventions were documented and discussed in the attached evidence and/or quotation. So, the findings were classified by outcomes in the following sections.

4.1. Respondents' demographic data

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



This evaluation aimed to interview all households (105 households) who received house or toilet support from the project; however, only 92 households were engaged in the interview; the other 13 households were not at their home during the interview period due to workplace distance far from home, staying at the hospital caused from the serious health issue, 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 the woman-headed household – 16 families. The age classification ranged from 20 to 89 years old. The majority of respondents were between 30 and 39 years old (34%), while the lowest was between 80 and 89 years old (1%). Due to age definition, the elder people (age from 60 upward) represented about 28 percent. Besides, the analysis of

respondents' education figured that about four-fifth of respondents (92%) were not attended school-35% and at primary school-57%. The proportion of respondents who attended secondary school and the university was very low. It informed about the education gap at the community level. The needs for education improvement were more required. In table 4, the analysis of family status showed that 33% of respondents were widows/widowers, who represented woman-headed families or single-parent families, who needed more support than other groups. This contributed to the large number of women who participated in this evaluation. In addition, about 17% of respondents were people living with a disability. Looking at respondents' occupations, the data presented that daily labor (29%) and farmer (28%) were high proportion comparing other occupations. Interestingly, about 18% of respondents had no job, so they could live depending on support from other villagers, the government, or NGOs.

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

Descriptions		Frequency	Percent
Family status	Single	1	1%
	Married	61	66%
	Widow/widower	30	33%
	Total	92	100%
Are you a person living with disability?	Yes	16	17%
	No	76	83%
	Total	92	100%
Are your family members who are people living with disability?	Yes	15	16%
	No	77	84%
	Total	92	100%
How many people living in your house?	1	6	7%
	2	10	11%
	3	11	12%
	4	21	23%
	5	24	26%
	6	10	11%
	7	5	5%
	8	3	3%
	11	1	1%
	12	1	1%
	Total	92	100%
What is your main occupation?	Own a small business	1	1%
	Daily Labor	27	29%
	Tuk Tuk driver/motodup	2	2%
	Farmer	26	28%
	Fishing	8	9%
	No job	17	18%
	Other	11	12%
	Total	92	100%

4.2. Findings against project outcomes

4.2.1. Outcome 1: Improved access to shelter security of 100 extremely vulnerable families through the provision of secure land and disaster resilient housing

Based on the documents review, the project provided housing intervention (in three different types of houses: New, upgraded, or repaired houses) to vulnerable families who met the selection criteria. All supported families went through the selection process involved from local authorities, NGO partners, HFHC selection team. 97% of respondents reported satisfaction with the family selection process and criteria used by 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 program staff to make sure the correctness and accuracy of the gathered data.

For the three-year project, fifty-six households received house support (12 new houses, 27 upgraded houses, and 17 repaired houses) which benefited 236 (75% females) individuals living in these two districts (Sangke and Banan districts), Battambang province. Five houses were variance from the original plan – 51 houses (See table 5 & 6). The change of the targeted number (56 houses) was accepted from the donor due to the reasons mentioned in the variance report. In FY21, HFHC could not spend funds allocated to purchase six plots of land because beneficiaries that were prioritized had land titles, and therefore there was no need to spend the allocated funds for this purpose. Furthermore, the increasing cases and spread of COVID-19 had impacted project activities with limited mobility and restrictions for mass gatherings. With the return of migrants from Thailand and Phnom Penh due to loss or suspension of work, the communities in Battambang saw an increase in the number of people sharing a dangerous home during this pandemic. To help more families have places to isolate and protect themselves from COVID19 safely, the project proposed serving nine families (one new house and eight upgrades) with the unspent funds.

Indicator: 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 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 required 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 homeowners 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	11 houses	3	5	4	12	All new houses complied with five housing quality standard components: secure tenure,

						design durability, water, and sanitation.
Upgraded houses	21 houses	5	15	7	27	This type of house complied with at least one out of five standards
Repaired houses	19 houses	2	8	7	17	These houses were not required to follow the housing quality standard.
Total	51 houses	10	28	18	56	

Table 6: Households served through Housing intervention

Intervention	Households served through housing intervention			
	Year 1	Year 2	Year 3	Total
New houses	3 HHs (20 people; 12 female)	5 HHs (33 people; 19 females)	4 HHs (25 people; 9 females)	12 HHs (78 people; 40 females)
Upgraded houses	5 HHs (22 people; 13 females)	15 HHs (55 people; 27 females)	7 HHs (31 people; 14 females)	27 HHs (108 people; 54 females)
Repaired houses	2 HHs (8 people; 4 females)	8 HHs (25 people; 12 females)	7 HHs (16 people; 7 females)	17 HHs (50 people; 23 females)
Total	10 HHs (50 people; 29 females)	28 HHs (114 people; 58 females)	18 HHs (72 people; 30 females)	56 HHs (236 people; 177 females)

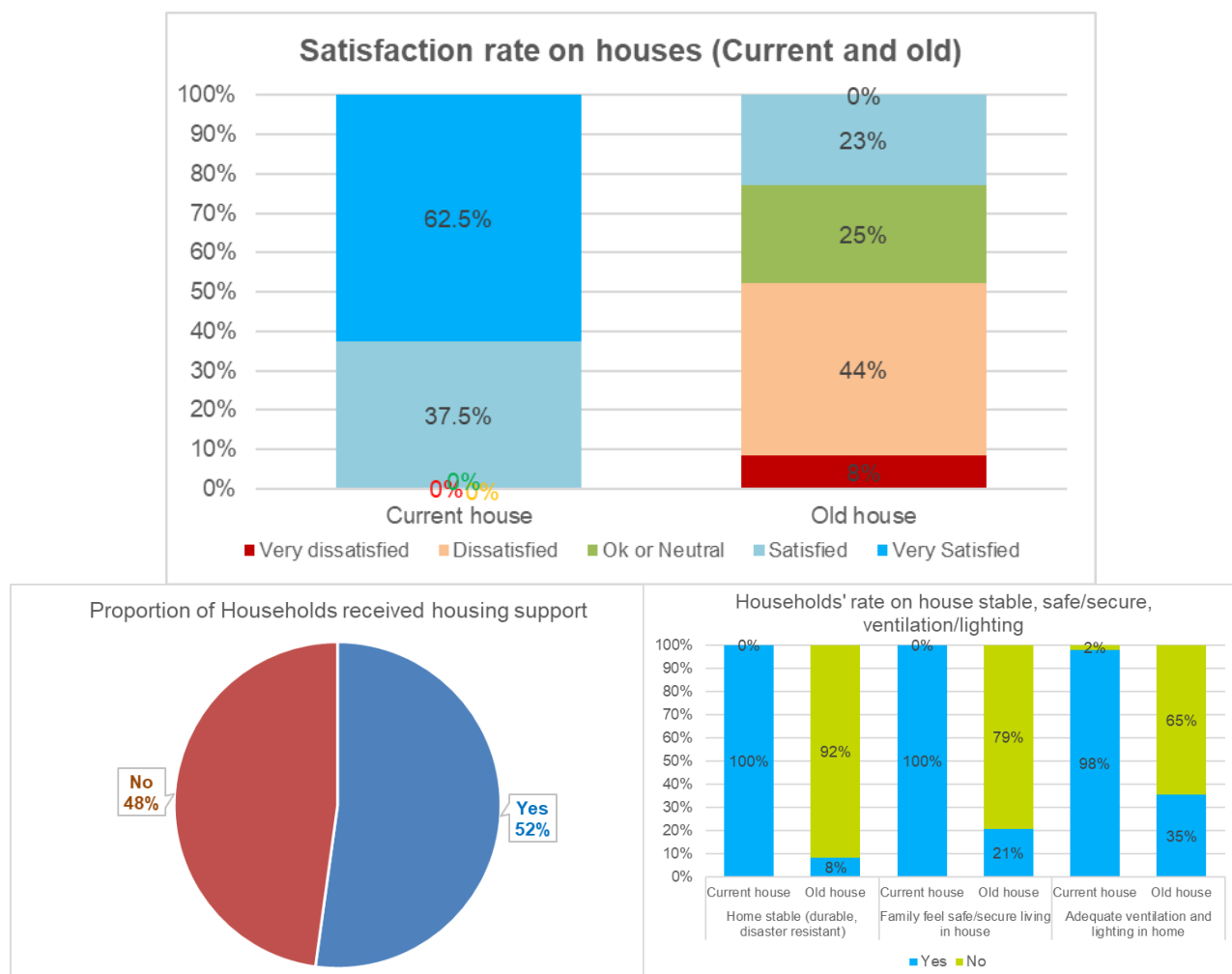
Indicator: At least 85% of target beneficiaries reported satisfaction and feeling more safe and secure on their improved housing upon completion.

This section presented the impact of the house on families' lives and satisfaction. Figure two pointed out the analysis of families' satisfaction with their houses. The finding clearly indicated that 100% of respondents felt satisfied with their current house, whereas only 23% were satisfied with the home they had in the past. The increase in satisfaction was about 77%, 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 saving money to repair part of the house, which affected families' economic status. This consequence 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 asserted that the current house was better than the old one, which demonstrated an increase (current and old house comparison) in home stability (92%), safety and security (79%), and adequate ventilation and lighting (63%). The confirmation from the interview with families and local authorities was that the supported houses were solid, stable, wind resistant, and suitable for living. Moreover, it contributed to reducing families' spending on housing repair, loss of property, and health. Not surprisingly, 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 children's educational attainment. *"My family always worked far away from home and my children in some days couldn't go to school to study because we are daily earners, especially our family didn't have a decent house for living. The old house had a broken roof, and wall was not safe for living. But now, our family is secure and warm. We are now living together nearby the place. We can take care of our children to go to school*

and our house.” Sopheap said, a family member who received a new house. However, there were some notable concerns from the families regarding housing material and leaking points on the roof. One family complained about the quality of bamboo, which was used as the bamboo floor joists of the house, was not durable for extended use and decayed in a short time. Some parts of bamboo floor joists were broken or decayed and needed replacing; otherwise, they could not sleep in the house well. Dealing with these issues, the construction supervisor would check the quality of all bamboo materials before accepting them for building or considering other materials instead. Based on field observation, 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

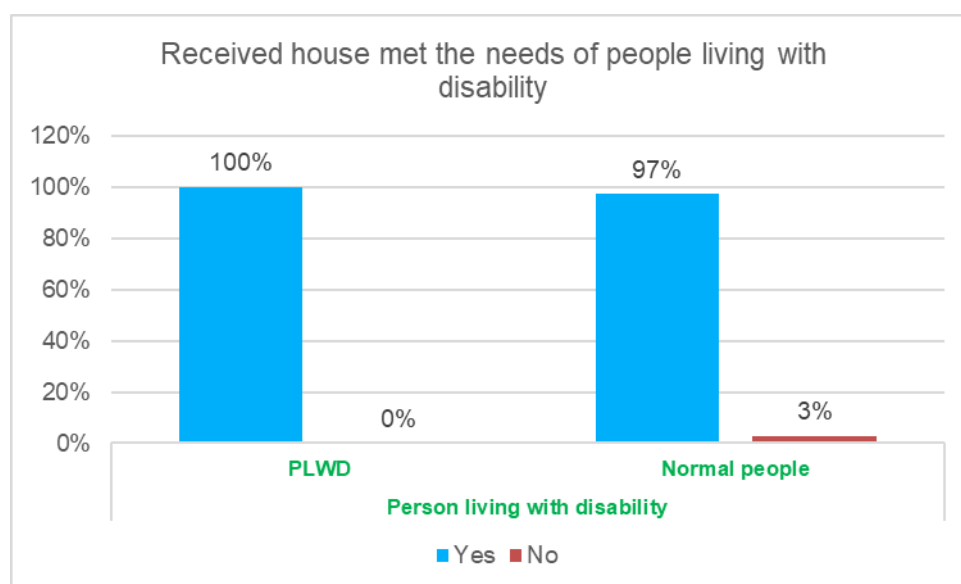


Indicator: Of the total PERSONS LIVING WITH DISABILITY served, 90% report receiving better housing solutions suitable for their needs

Nine out of 47 respondents had family members as or led by people living with disability (PLWD). Data analysis confirmed that 100% of PLWD felt satisfied with HFHC's supported house because the house design and construction included their need 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. The specific impact of housing on the life of PLWD, it found that it contributed to reducing the discrimination against PLWD, advancing social cohesion, and improving health. The example of reducing the discrimination against PLWD was the mouth rumor and looking down from other villagers due to disability status in related to the poor and no proper shelter for living. After receiving house support, family had a new hope and other villager stop looking down or saying bad words on their family. Moreover, the family received respect words from other.



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 (100%), 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 2: Improved sanitation practices of 1300 individual (students and homeowner) through the provision of new or upgraded sanitation facilities and WASH training

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

In a three-year project, the project built 49 toilets (toilet intervention only) for 49 families, which served for sanitation access of 231 (37% females) individuals. The completion of toilets 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 if counting all. The process of family selection for toilet support was the same as for housing support reported above.

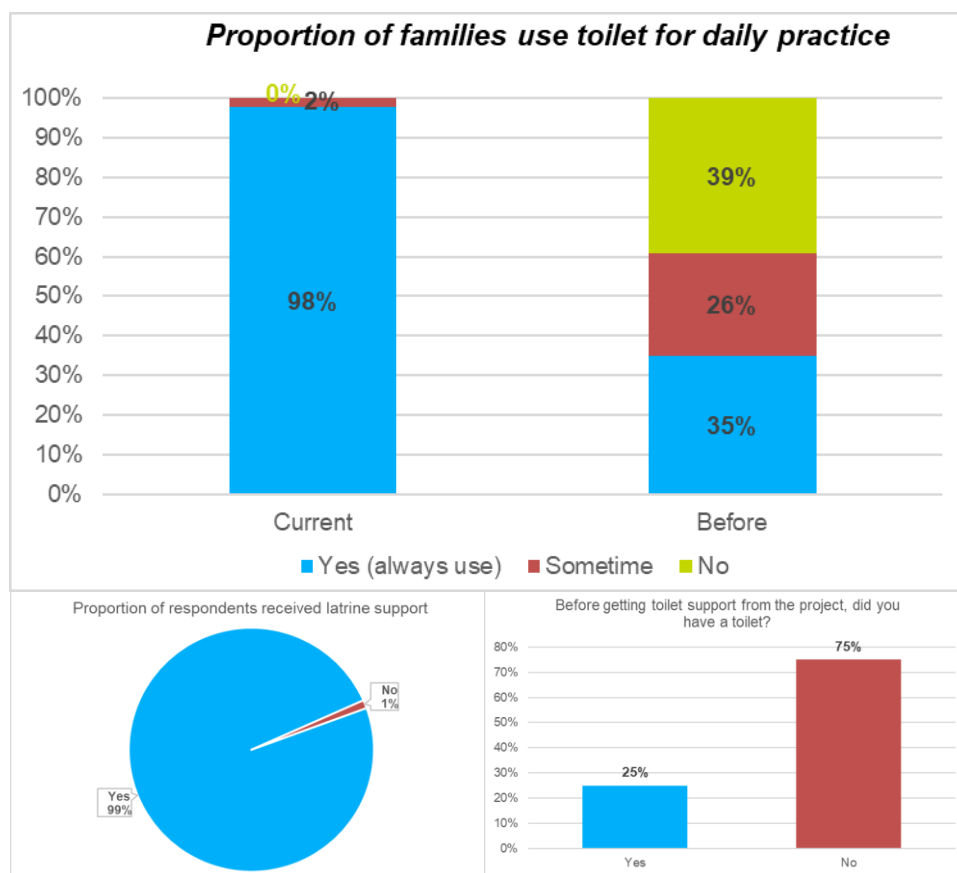
Table 7: Households served through toilet intervention

Intervention	Project target	Project results			
		Year 1	Year 2	Year 3	Total
Latrine constructed	49 latrines	14	20	15	49
Households served	49 HHs	14 HHs (58 people; 19 females)	20 HHs (100 people; 46 females)	15 HHs (73 people; 20 females)	49 HHs (231 people; 85 females)

The proportion of families using the toilet as a daily practice for their current living was high (98%) compared to their past practice of toilet (35%) – 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 appropriately disposed of 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. *“My family would always buy drinking water from sellers, but sometimes we used water directly from the river causing my children to have diarrhea and get sick because we could not save money to pay for the drinking water, as we needed money to spend a lot for our daily needs. Now after my family received house repair from the project, our family received a water filter and so now, our health is better and living safely and securely in our house,” Rath said, Homeowner.*

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.

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



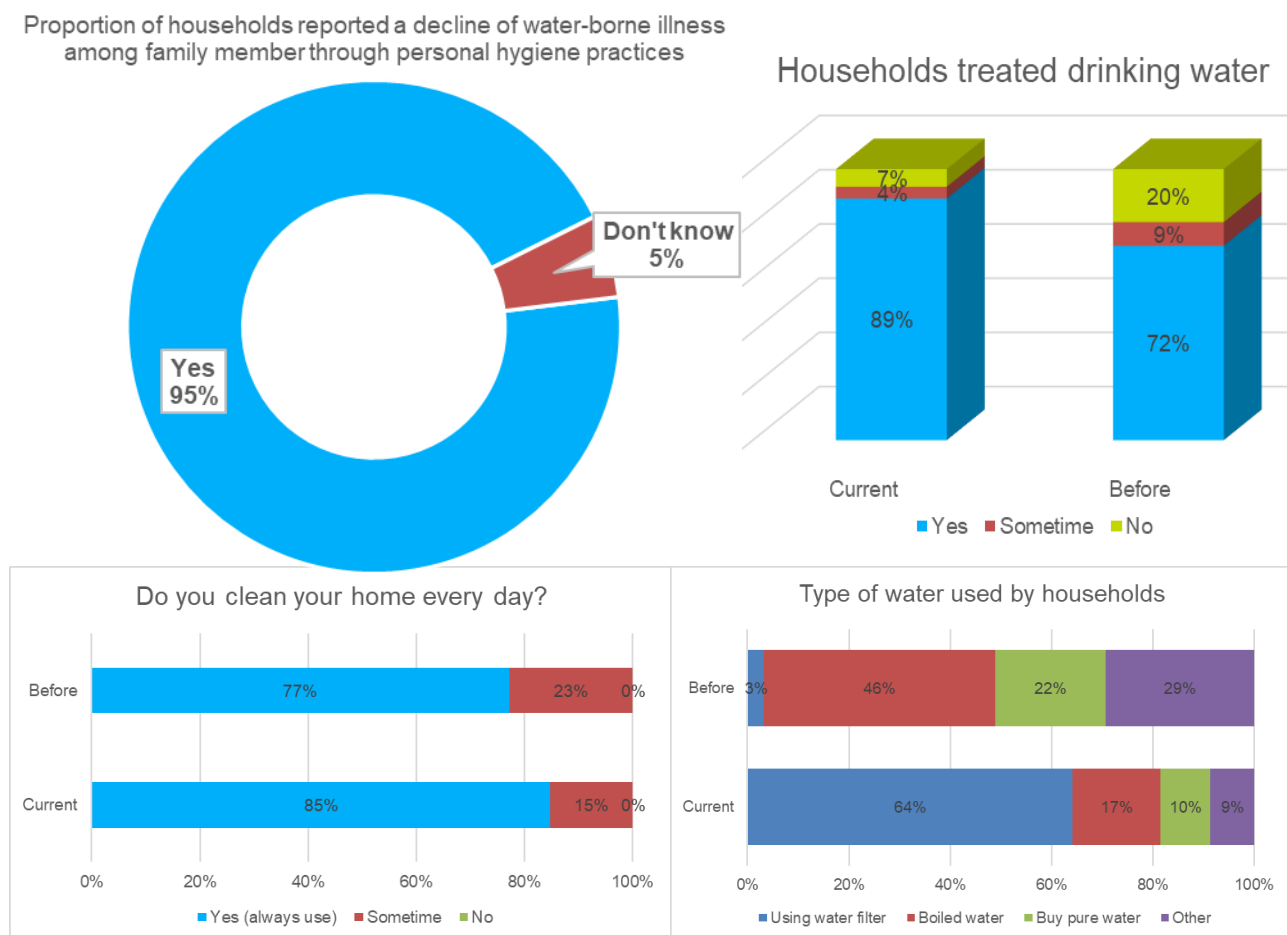
Indicator: 70% of them applied the basic personal hygiene practices

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. 85% of families reported cleaning their houses and surrounding environment every day as in the past was 77% only. The increase in treated water (filtered, purified, or boiled water) was about 17%. 95% 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 got fewer health problems compared to the past years. Evidence from the groundwork, Rath, a project homeowner, said, *“in the past, my family bought the drinking water from sellers. But sometimes, we used water directly from the river and drank without treatment, causing my children to have diarrhea and get sick because we could not save money to pay for the drinking water, as we needed money to spend a lot on our daily needs. After my family received house repair from the project, we also received a water filter. We have safe water treated by a water filter. So now, our health is better, and living safely and securely in our house.”* It was also asserted by village heads and commune chiefs that there were many household changes, such as good hygiene, a well-prepared house, and a 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 difficult period, hygiene and sanitation practices significantly prevented 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 assumed that this outcome was achieved as 98% of families reporting sanitation practice correctly and 95% of families applying personal hygiene practice led to a reduction of water-borne illness. This result showed the behavior and practice change of families with respect to 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 3: Increased livelihood opportunities, aspirations and access to social services of 32 extremely vulnerable families and improved financial management for a better future

Indicator: At least 50% have increased income based on the new skills after one year of project completion.

The graphic in figure 6 showed the result of project performance against the outcome indicator set. Families received training events such as home maintenance, family development plan, WAHS,

financial literacy, and livelihood (focusing on agricultural products and animal raising). 96% of families reported applying gained knowledge that helped improve family's economy and reduce unnecessary expenditure. The interview result affirmed that households developed their family plan and were better use of their finance. However, the analyzed data showed that only 43.5% of families reported an increase in income while 38% of their income was the same and a decrease – by 18.5%. This result was not surprising due to the impact of the Covid-19 pandemic. The covid-19 outbreak led to job loss and decreased job opportunities, market price increase – inflation, and limitation of people movement – fear of infection. The significant issues affecting families' income were the uncertainty of agricultural product prices and the market. Based on document review and observation, not only targeted communities but also the whole country was negatively affected by the Covid-19 outbreak and the market of agricultural products.

Figure 6: Proportion of households' income increase

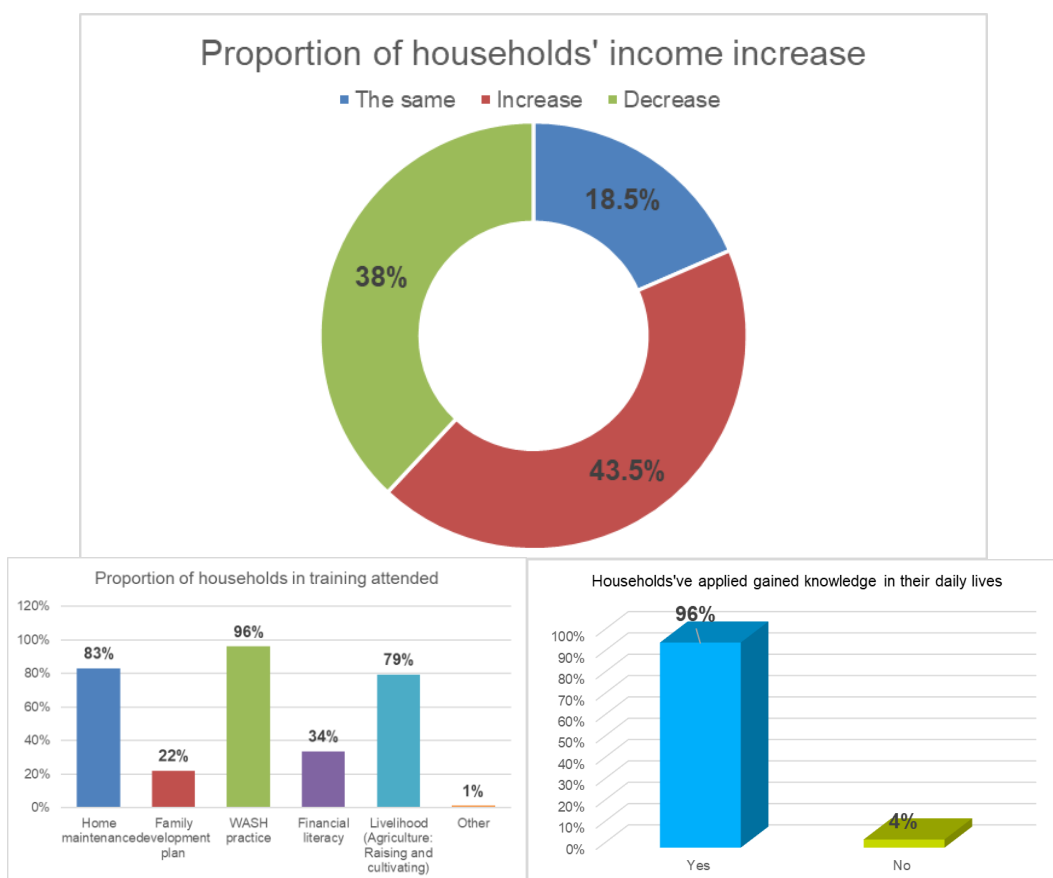


Table 8 shows the slight change in household's properties due to the above reasons. The proportion of property owned by families was not the same from one family to another. Families possessed properties: land, house, cow/buffalo, motorbike, bike, television, radio, and mobile phone.

Table 8: Households' assets holding

Households' assets possession	Current situation		Past situation	
	N	Percent of Cases	N	Percent of Cases
Land	86	93%	83	91%
House	92	100%	87	96%
Cow / buffalo	13	14%	14	15%
Motorbike	46	50%	34	37%
Bike	39	42%	24	26%
Television	17	18%	14	15%

Radio	12	13%	7	8%
Mobile phone	65	71%	47	52%
Total	370	403%	310	341%

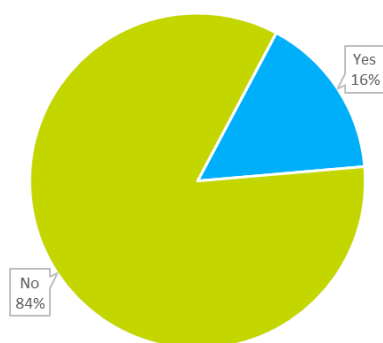
Indicator: 50% families engaged in gainful livelihood/ employment leading increasing savings:

Not surprisingly, this figure informed that only 16% of families' saving was increased; however, 84% 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. This indicator was not achieved compared to the indicator set (50% of families increase savings).

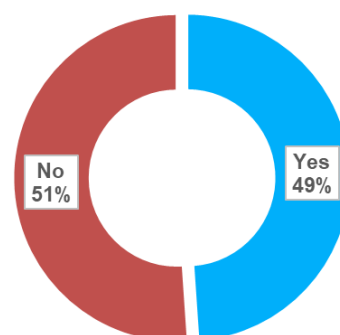
Notably, forty-nine percent of respondents received a small micro-grant from the project for starting up or expanding their business, such as opening a home-grocery shop, rising animal (pig, chicken, duck), and vegetable farming (chili, beans, pumpkin, ridged gourd). This work helped families to earn additional income and increase food security for the whole family so that they had some savings for family needs such as sending their children to school, housing decoration, and food. With the increase in home farming, the family had reduced expenditure on buying vegetables or other ingredients from the market. The result showed that the work of HFHC contributed to slowing down the impact of Covid-19 on families' livelihood and food security and helped families fight against the poverty trap. The KII with village heads and commune chiefs also reported the change in family living status being happier by having a good house, less disease, and better lives. Their family finance was better because they could earn some money from farming and animal-rising work, regardless negative impacts of Covid-19.

Figure 7: Proportion of families' saving increase

Percentage of families increase saving



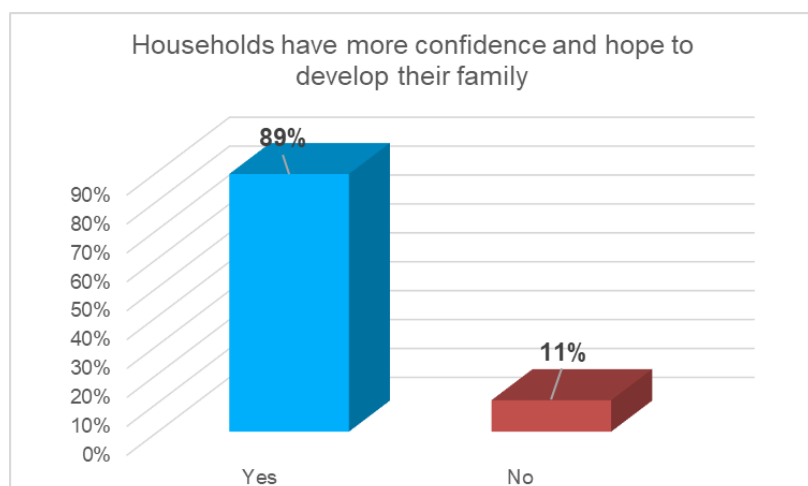
Families received fund to start or expand a business



Indicator: Beneficiaries report improved confidence and hope for their future:

Regardless of the limitation of gaining income and saving, the family still maintained their living through sanitation and hygiene practices, home-farming, and financial management resulting from project interventions and stakeholder engagement for support. Moreover, the project provided houses and toilet facility support to vulnerable families. With these contributions, families (89%) reported more confidence and hope in developing their families. The result demonstrated that the project intervention made light of development and hope.

Figure 8: Proportion of families' confidence and hope for development



In conclusion, this outcome was not achieved due to the negative impact from Covid-19 outbreak, market inflation, and the limitation of the agricultural product market. However, the support for capacity building attached with a livelihood grant and sanitation could reduce the impact of Covid-19, increase food security, and support families to walk out of poverty.

4.2.4. Outcome 4: Improve the physical learning environment for children

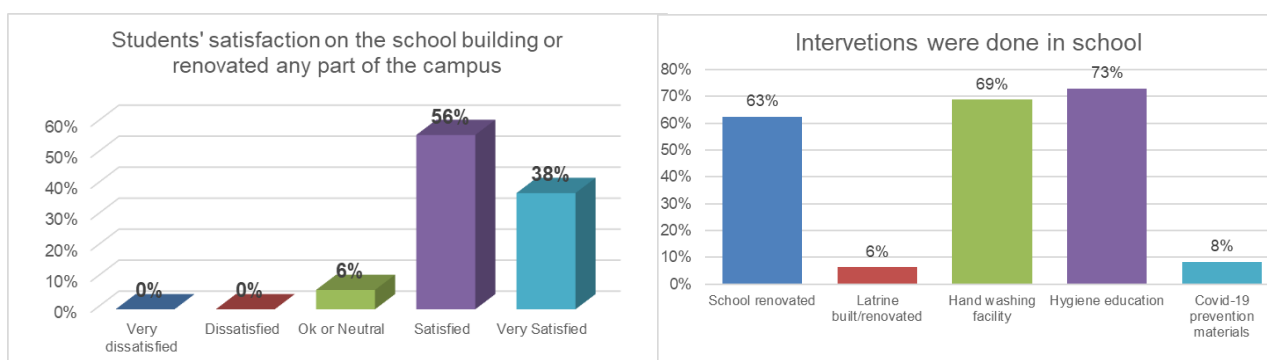
Indicator: Boys and girls feel welcome and comfortable in a safe with the new renovated building:

The project provided supports to 6 schools through school renovation (cement concrete on the 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 1,614 students (786 females) – see Table 9. Based on the result from student interviews, about 94% of students reported satisfaction with renovated schools and WASH facilities supported by the project (See figure 9). 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. Due to teacher interviews, the report was that some students experienced injury by hitting a broken wall or falling down on a broken ground while playing in the classroom. More, during the rainy season, the raindrop leaked onto the students' tables in the classroom; students' study materials and books were wet. Students felt not comfortable staying in the classroom during the rain, and its noise was annoying. After the school facilities were renovated, teachers and school principals reported that the school building was more beautiful and strong; the school campus was more clean and hygienic. Students enjoyed learning as they had a safe place for studying. This contributed to reducing school dropout and increasing school attendance, contributing to students' education attainment at the primary level. The school principal of Outa Korng primary school said, “*Thanks to Habitat Cambodia for helping our school in building a hand-washing station at the right need during the Covid-19 outbreak. My students and teachers are delighted. We hope Habitat Cambodia will continue its work with our school.*”

Table 9: Number of schools supported and students served

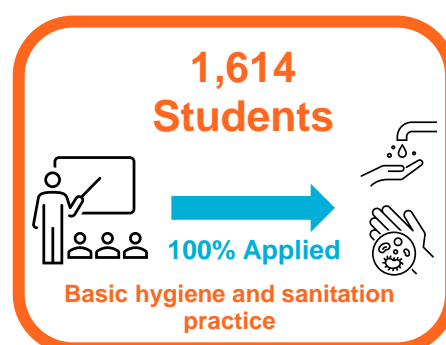
No	School Name	Supports	Students served	
			Total	Female
1	Brolay Thgor and Peam Phsort primary school	<ul style="list-style-type: none"> Repair ground floor of the classroom Latrine with 2 rooms (One female and one male room) Hygiene materials (including garbage bin, broom, hand-cleaning towel, hand-washing pot, Covid-19 prevention kit – mask, soap, alcohol, & sanitizer) Hygiene awareness events 	364	180
2	Samdach primary school	<ul style="list-style-type: none"> One school building repaired Hand-washing station Hygiene materials (including as above school) Hygiene awareness events 	680	323
3	Chy Rouk primary school	<ul style="list-style-type: none"> Hand-washing station Hygiene materials (including as above school) Hygiene awareness events 	145	75
4	Outa Korng primary school	<ul style="list-style-type: none"> Hand-washing station Hygiene materials (including as above school) Hygiene awareness events 	85	38
5	Beong Krosal primary school	<ul style="list-style-type: none"> School building painted and school ground floor repaired Hygiene materials (including as above school) Hygiene awareness events 	188	98
6	Bo Sampor primary school	<ul style="list-style-type: none"> Hygiene materials (including as above school) Hygiene awareness events 	152	72
Total			1,614	786

Figure 9: Proportion of students' satisfaction with renovated school facilities



Indicator: 70% of students applied the basic personal hygiene practices:

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 (1,614 students – 786 females). Students gained knowledge from these events, such as how to wash hands properly, use the toilet properly, keep personal hygiene and prevent Covid-19 infection. Students confirmed that they applied knowledge in everyday lives, 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,



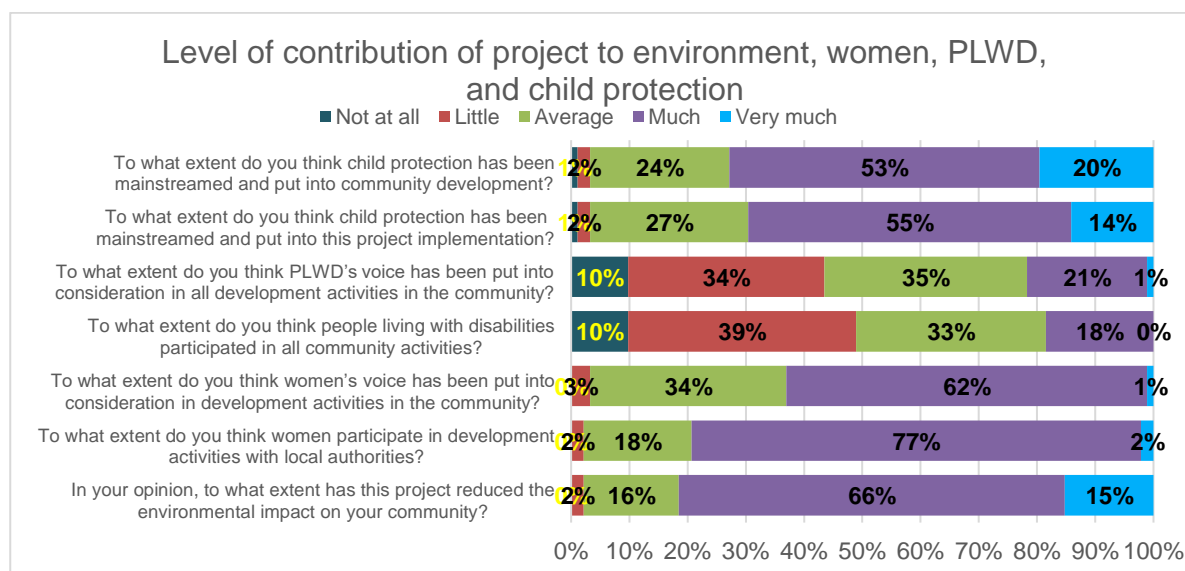
throwing waste in the trash bin, and drinking treated water. To prevent Covid-19 transmission and infection, students indicated that they always wore masks in public spaces, washed their hands with soap, and sprayed alcohol to kill the virus. This data asserted that almost 100% of students applied basic personal hygiene appropriately. These changes were also confirmed by teachers and principals during the interview. 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. Students expressed very excited about having hand-washing facilities at the schools. More than that, it gave students a hygienic life through awareness of clean, drinking clean water, health care, and keeping away from illness.

To sum up, this outcome was achieved due to student satisfaction (94%) and personal hygiene practice (100%). It was learned that the school situation and students' practice dramatically 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 and made students more healthy.

4.3. Cross-cutting themes reflection

This session indicated the views of community people, local authorities, and teachers around project performance in contributing to reducing negative impacts on the environment, women's participation, child protection, and disability inclusion. The contribution of the project was defined as five levels, including not at all, little, average, much, and very much. 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 63% only. 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 in figure 10 also presented the mainstream child protection efforts in community development (73%) and project implementation (69%); each result was not much different. 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 18% of respondents reported PLWD had participated in community development activities, and the consideration of PLWD's voice was 22%. The families firmly stated that the way of project worked significantly contributed to reducing environmental impact at scale (81% of respondents reported positive contribution).

Figure 10: 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 written in the main finding section.

Table 10: Summary of outcome performance indicators

Expected outcomes	Performance indicators	Baseline	Endline	Justifications
Objective 1: To improve the shelter security of 100 extremely vulnerable families by providing secure land and disaster resilient housing, thereby enhancing the quality of lives for the long term				
Outcome 1: Improved access to shelter security of 100 extremely vulnerable families through the provision of secure land and disaster resilient housing	• At least 85% of target beneficiaries reported satisfaction and feeling more safe and secure on their improved housing upon completion	23%	100%	This indicator was achieved, and the change in families' satisfaction was 77%.
	• 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 the received house was based on consultation with their needs and conditions.
Objective 2: To improve well-being of 1300 individual (students and homeowner) through accessing to water, sanitation and hygiene practices				
Outcome 2: Improved sanitation practices of 1300 individual (students and homeowner) through the provision of new or upgraded sanitation facilities and WASH training	• 90% of all home partner dedicatedly used sanitation facilities	35%	98%	This indicator was achieved entirely compared to the performance indicator and baseline data.
	• 70% of them applied the basic personal hygiene practices	N/A	95%	Practicing personal hygiene was reduced family's health issues and illness.
Objective 3: To increase livelihood opportunities for 32 extremely vulnerable families through service mapping, alternative livelihood training, integrated climate-smart micro farming				
Outcome 3: Increased livelihood opportunities, aspirations and access to social services of 32 extremely vulnerable families and improved financial management for a better future	• At least 50% have increased income based on the new skills after one year of project completion.	N/A	43.5%	The indicator did not achieve because the Covid-19 pandemic led to mobility disruption, job loss, and rising market prices.
	• 50% families engaged in gainful livelihood/employment leading increasing savings.	N/A	16%	This indicator was not achieved compared to the indicator set due to the negative impact of Covid-19 and uncertainty of the agricultural product market. Remarkably, the small grant intervention could help family survivors during this hard time.
	• Beneficiaries report improved confidence and hope for their future	N/A	89%	Families gained more confidence and hope for future development.
Objective 4: To create a safe and healthy learning environment for rural primary school students through school upgrade				

Expected Outcome 4: Improve the physical learning environment for children	• Boys and girls feel welcome and comfortable in a safe with the new renovated building	N/A	92%	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.
	• 70% of students applied the basic personal hygiene practices	N/A	100%	Completely achieved for this indicator; the hygiene practice contributed to increasing knowledge and changing students' behavior.

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) The house design meets the need of the homeowner: Before the construction start, the construction supervisor visits the family to conduct the feasibility study and consult with the family on their special needs before designing it out. Once the design is completed, the construction supervisor takes it back to consult with the family if any clarification is needed on the design. After the design is agreed upon, the construction supervisor gives the family a basic orientation on some tips to manage and take care of the construction material when the house construction starts. With a transparent process to engage homeowners and local authorities in all steps before beginning the construction, families who received housing support from the project are satisfied with the house's design and the durability of the house's material and structure.
- 3) 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. The construction supervisor keeps in contact with the skilled worker to monitor construction via an online platform to ensure the quality of construction is maintained.
- 4) It is learned that the package of livelihood support is small (150 USD per family who received the grant), ensuring a long run of action. Having livelihood support is much essential to enhance family economic and income generation. It will be good if the project can increase the livelihood grant to 500 USD per family. It notices that all targeted families 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. Their livelihood is significantly challenged. 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.

- 5) 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.

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:

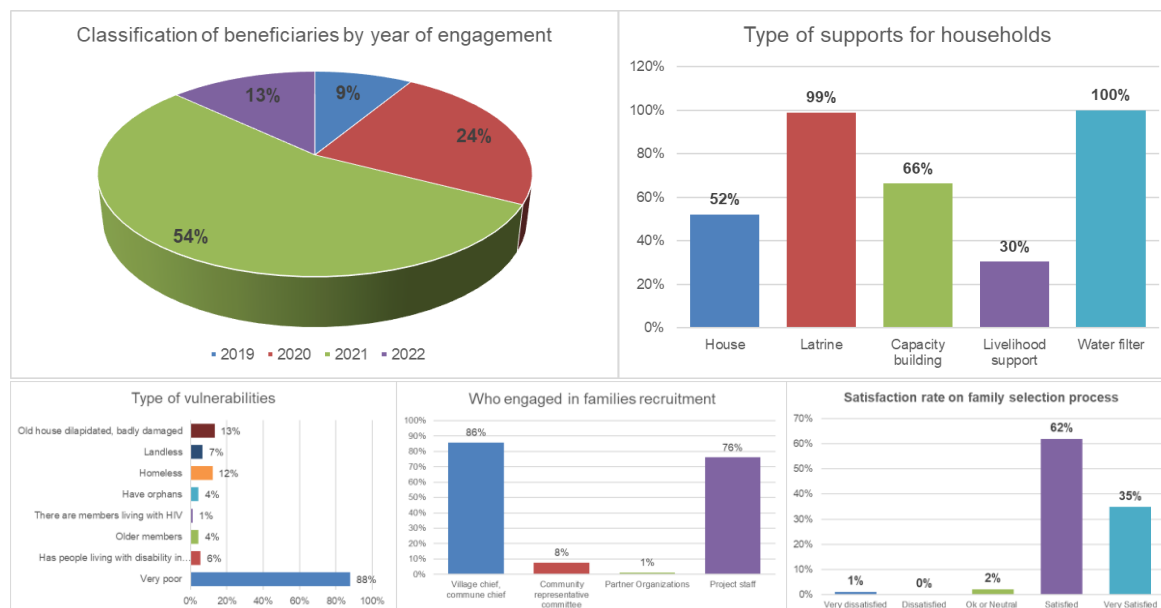
- 1) For the next project design, livelihood support should be integrated with housing and capacity-building intervention. Learning from the existing project, It will be good if the project can increase the livelihood grant to 500 USD per family, ensuring the long-run of livelihood action. The family's needs and local market preferences should be considered in the design of the livelihood package.
- 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.
- 4) Cash-based assistance should be considered during disaster or pandemic periods as it is an effective way to support families in emergency situations.

M&E:

- 5) 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.
- 6) 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.
- 7) 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



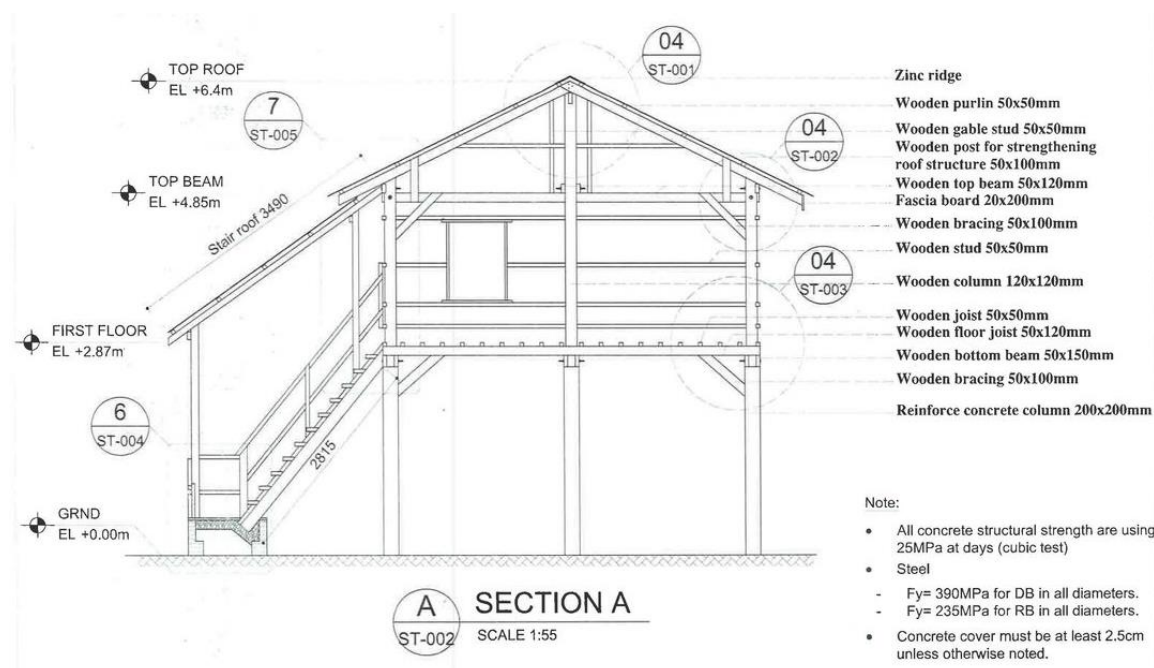
Annex 2: Sample of house design

New House Design:

Design: New Wooden House with Shera-board

Size: 4x5m

Height: 6.4m

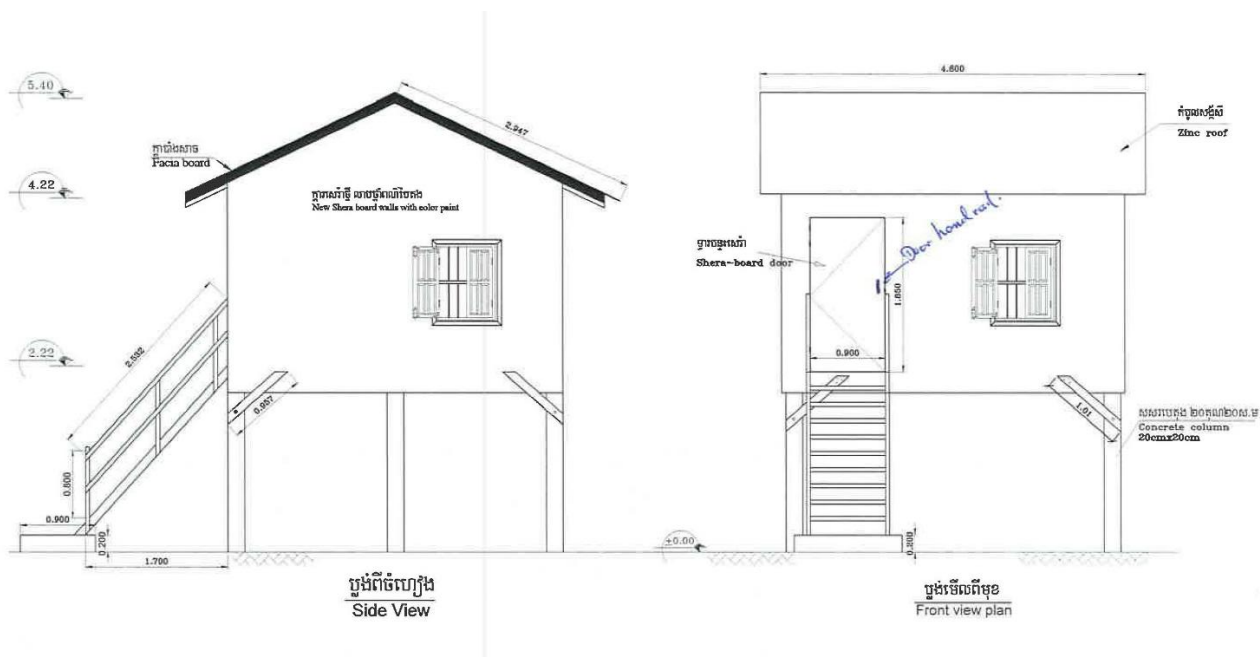


Upgraded House Design:

Design: New Wooden House with Shera-board

Size: 4mx4m

Height: 5.4m

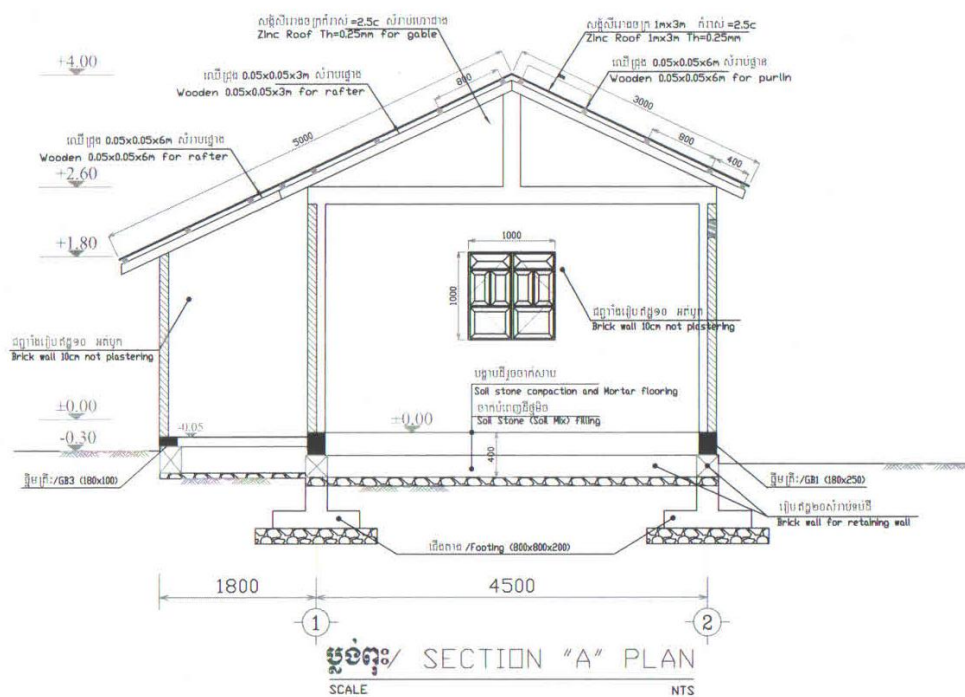


Brick House Design:

Design: New Brick House

Size: 6.2mx5m

Height: 4m





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