



Australian Government
AusAID

Community Development Fund (CDF) End of Project Report and Acquittal

RCEDO Progress Report for Year-2 of Integrated Community Base Livelihood Enhancement Project

Organisation/s: Rural Community and Environment Development Organization
Project title: Integrated Community Base Livelihood Enhancement Project
Location/s: 20 selected villages of 4 selected communes at Chongkal district of Oddar Meanchey province. Those communes are Pong Ro, Krasaang, Cheung Tien and Chongkal.

Total CDF funding: US\$ 29,953.00

Start date: 01 May 2009 **Finish date:** 30 April 2010

Funded by: CDF / AusAID, Australian Embassy

Reporting Period: 01 April 2009 to 30 March 2010

I). Introduction:

This annual progress report is aimed at compared the achievements against the second year planned activities and budget in the proposal. Through this report presented results of the project implementation, outputs, outcomes and impact appeared during the certain period. Most of information in this progress report was collected from staff's through staff report, field interview and observations. In the project period, RCEDO worked closely with CC members and village chiefs in target villages to select the poor family participated in the project activities like: Health education, water filter, family latrine build, Hand pump well construction, mosquito net contribution, vegetable growing training and compost making activities. The following was the project activities were implemented:

2. Summary of activities, outcomes, results and benefit to the target population, including number of direct and indirect beneficiaries and any unplanned benefits?

2.1- Summary of activities

A)- Health/ hygiene and HIV/AIDS prevention awareness activity.

In annual progress report period, the implementation of Community Health/hygiene and HIV prevention education activity went out with many steps. The first step was delivered the services of community awareness on health care / hygiene facility, safe water / unsafe water use, water born diseases, diarrhoea, dengue fever, proper latrine use, HIV transmitted, condom use, reduction of stigmas to all target villages in 4 communes of Chongkal district. In this step, Health educator of RCEDO has worked closely with Health Centre staffs in target communes like Chongkal and Pong Ro commune to delivery health/ hygiene education awareness to the target villagers.

In the project reporting period, 40 times of community awareness workshop has organized in target villages. Through workshop awareness organized, there was 1208 target beneficiaries (568 females, 393 children) attended. After the workshop conducted, the staffs observed that the community were better understanding on hygiene facility and condom use. the target villagers are more regularly clean around the house, cleaning their body/hand before they are going to eat the food and there are no more community people asking for blood testing like the pervious time (According to WOMAN organization report).



Health / hygiene education awareness organized at Kouk Reang village in Ampil village

B)- Water Purifier Distributed Activity:

In annual reporting period, this activity went out with many steps, RCEDO discussed and selected poor farmers who are living and using the surface water like pond water, canal water, lake water and/or far away from water well. The next step, RCEDO conducted water filter training on how to maintain, take care and how to use it. After trained each families received one water filter from the project. During distributed, the project was encouraged the target beneficiaries to contribute 6000 Riels (\$1.5) / family to their group for forming as a monthly saving group.

In project reporting period, 155 poor families from 11 selected villages of 4 target communes (Pong Ro, Chongkal, Cheung Tien & Krosang) received one water filter from the project to treat water from surface sources for drinking and using in their families.



The woman is getting water from the filter for drinking



Water filter distributed to target group at Prey Nokor village, Pongro commune

Through field monitoring, the target beneficiaries who has received water filter are easy to access to clean water for drinking especially disabilities people, older, pregnancy woman and children, they do not need to spent more time for boiled the water by doing another works or growing vegetable for eating. We observed that community people are understand on useful of filter and latrine use and the target villager that has not yet received filter are being requesting to village chief and the project for further implementing this project next year.

C)- Family Latrine distribution activity.

In this an annual project period, RCEDO was worked with private shop at Chongkal district to make latrine concrete rings for distributing to 51 beneficiaries like older, woman head-household and disable people in 5 selected villages of 3 target communes of Chongkal district. In the project implementation period, RCEDO was organized village meeting with target group and local authorities to present the project implementation principle and local contribution like local materials, transporting and labour for building wall and roof of latrine by themselves. After selected interest family, RCEDO provided technical training on how to build it and properly use.

RCEDO encouraged user group to contribute transport, labour for building wall and roofs and saving money to their group for establishing self help group. Each member saved money 1,000 Riels /month for increasing their group loan.

In the building process, RCEDO was conducted field monitoring and provided them technical advises and additional information related proper latrine use and sanitation facilities.



Family latrine built by the target group at Kok Wat village, Chongkal commune



The Children is access to latrine use at the household

Therefore, this annual reporting period 2009, 51 family latrines completely built by the poor families in 5 selected villages of 3 communes. Through filed monitoring, 255 family members had accessed to latrine use in their family and they are acknowledgement and happy with the latrine use and well maintain. But some of target family that has not yet received the latrine, they are interesting and requested to build it for the future project.

D) - Well construction activity.

Through the project implementation period, this activity went out with many steps. At first step, RCEDO staffs organized village meeting with village chief, local people and VDC members in target communes in Chongkal district to present the water sanitation activities, hand pump well construction principle and local participation. The second step, well technical staffs has organized another meeting with the well user group to identify well location for drilling and selected well point committee members (WPC). Each well point, there are 5 WPC members (2 females) was selected for participating in technical training as well caretakers for hand pump maintenance and repairing it when it was broken. There are 25 well caretakers (10 female) was selected and trained on role and responsibilities and how to install and maintain the hand pump well.

The third step was well drilling implementation. During the annual reporting period, 6 boreholes drilled in 5 target villages of 4 communes of Chongkal district. There are 5 of 6 boreholes had successful drilled and installed the hand pump, but the other one boreholes had no water (Dry holes).



The WPC members had installed the hand pump and learned on how to repair it.



The children access to hand pump water after well installed in Kok Spean village

During the annual reporting period, 5 drilled well were installed hand pump and building the well platform around the well point. After well platform built, technical staffs were encouraging well users to build the fence around the well for preventing the animal and to save the money for increasing group loan for maintenance and repairing it when it was broken.

E)- Mosquito Nets distribution activity.

In the implementation period, this activity went out with many steps. The first step was organized a village meeting with the villagers in target villages to select the poor and poorest farmers and disable people for mosquito net distribution. After the poor farmers and disable people was selected, Health Center staffs was conducted the training on how to use Malatab medicine with mosquito net for preventing mosquito bites and regularly washing it 2 time per year. After trained, each participant received mosquito net for using in their family for preventing their families from mosquito bites.

In the project reporting period, RCEDO was closely cooperated with village chief, CC member and Health Center staff for distributing 165 mosquito nets and Malatab medicines to 165 poor families in 12 selected villages of 4 communes at Chongkal district. There are 11 of 165 local people are disable people (5 female) had received mosquito net from this project.



Mosquito nets distributed to disable people at Banteay Chass village



The staffs oriented the target villagers on how to use the effective of Malatab with mosquito net at Ampil village.

F). Conducted Vegetable growing and compost fertilizer making training.

In the implementation period, this activity went out with many steps, the first step was organized a meeting with district authorities and CC members. The second step was held village meeting with village chief and the target villagers to select poorest farmers and formed them as the farmers group for participating in vegetable growing and compost making group. Each group consisted with 7-10 poor farmers, who are interested to learn and practice on vegetable growing and compost making activities. The third step, 70 poorest families were selected from 5 villages of 4 target communes and formed as vegetable growing members. During reporting period, there are 3 times of 2 days training was conducted for 63 poor farmers (34 female) by Agriculture department staffs. The topics of the training focused on how to prepare gardening land, how to select vegetable seeds, how to grow and planting, how to maintain vegetable seeds, and take care their products, how to make compost fertilizer and how to use it.

After trained, each attendant received vegetable seeds, watering can, shovel and handle basket to start up their learning practice. Almost of participants used their knowledge to start up farming. The last step was implementation of vegetable growing and compost making activities at their families.

During the field monitoring, RCEDO staffs encouraged target farmer group to do a monthly saving among of their members for increasing their capital of group as a self-help group. Each group member was saving 500 to 1000 riel per month for each member.



Poorest farmer was mad their product for longer use for food consumption and selling in Kok Rang village



The fresh vegetable was sold in local market at chongkal Chongkal commune.

Through the field monitoring, 73% of all attendants (63 families) used their knowledge to start up their farming activities at their household. There are 46 families of 63 attendants were regular produce fresh vegetable for consumption and selling vegetable products to their neighbour.

2.2- Summary of the Outcomes/ Results

Activity implemented	Result/ Outcomes
<p>Activity 1. Health hygiene & HIV prevention education awareness organized.</p>	<ul style="list-style-type: none"> - 40 times of community awareness workshop on health care, hygiene facility, water born diseases, HIV/AIDS transmission & other diseases organized in 20 selected villages of 4 communes. - 1208 target beneficiaries (568 females, 393 children, 6 disabled people) were attended. - Through field observed, 65% of participants have better understanding and well practiced on hygiene facilities like boiled water, drink water filter and washing hand and their body with soap. Some of participants gain knowledge and shared this issue to their members and/or their children.
<p>Activity 2. Water purifier delivered.</p>	<ul style="list-style-type: none"> - 155 poorest farmers received water purifier filter to treat surface water for drinking in their household. Approx: 775 target beneficiaries (403 females) had access clean water for drinking in their families. - 70% of 155 poorest families were stopped drink directly water from surface sources by drinking water treats from filter. - The woman, disable people and children are easy to access the water from filter because they did not need to spent more time and it is safe for their health. - The target beneficiaries acknowledge and happy with the filter, they are regularly clean the filter as technical advised and keep in a safe place for the children easy to access it.
<p>Activity 3. Family Latrine built.</p>	<ul style="list-style-type: none"> - 51 poor families received and using latrine built in their families. There are 255 family members (116 females) have access latrine use in the family. 85% of users are happy with the latrine use in the family and well maintained. - Through field observation, there are many participants have better understanding on hygiene practices and proper latrine use. - The users have more participation and made a contribution to the project activities and there are many interest families with this project and requesting this project in the future.
<p>Activity 4. Drill Well constructed.</p>	<ul style="list-style-type: none"> - 5 drilled wells were installed hand pump and built the well platform around the well point in Kok Rang, Kok Trang, Prey Nokor, Kok Spean and Banteay chass village. There are 25 Well Caretakers (10

	<p>women) have gain knowledge on hand pump well instalment, well maintenance and repairing. All water points have saving money for hand pump maintenance and repair.</p> <ul style="list-style-type: none"> - 125 target families (Approx 750 individual villagers) have safe water for drinking and cooking in the family. 80% of target group have using water well for gardening and animal raising activities in their family. - Through field observation, most of well users are happy with the well construction especially woman, disable people and children because they did not need to spend one or two hour every day to get the water away from the village, and the hand pump well is easy to use for them even the children.
<p>Activity 5. Mosquito nets delivered.</p>	<ul style="list-style-type: none"> - 165 poor families received and used mosquito nets for protecting their family and children from mosquito bite at day and night. Approx 825 families' members (429 female) using mosquito nets in the families. 35% of target beneficiaries have used mosquito nets when they are staying overnight at the forest for generating income. - There was 12 village awareness workshop organized with 335 target villagers (192 females) attended on how to use the Malatab medicine with mosquito net.
<p>Activity 6. Vegetable growing skill training</p>	<ul style="list-style-type: none"> - 63 trainees (34 females) attended and received the vegetable seeds, watering can for practice. The participants practice their skill on vegetable growing activity in the family for generating income. There are 3 farmers has been exposure visit in Banteay Meanchey province. They had share and learn new lesson learn from others CBOs group for improving their technique, saving and increasing their product yield in the future. - There are 46 families of 63 families have regularly produce fresh vegetable for consumption and selling as their marginal family income. They said that they sell the vegetable and getting income around 200,000 Riel in every growing season.
<p>Activity 7. Compost fertilizer making skill training.</p>	<ul style="list-style-type: none"> - 46 trainees (36 females) received knowledge on compost making skills and farming tools for start up their practices. 35 of attendants are practicing in compost making in their families. - Through the field monitoring, the farmers have enough resource to do the compost. 55% of trainees have reducing the family expenses in the family for buying chemical fertilize.

2.3- Benefits to the target population

a). Improved the understanding on health care / hygiene practices

- Through this project implemented, there are 1208 target beneficiaries (568 females, 393 children, 6 disabled people) in selected villages received knowledge on health care/ hygiene facilities, water born diseases, HIV/AIDS prevention / transmission awareness. Through field observation, 65% of participants have better understanding and practicing on hygiene facilities like they have boiled water, drinking water from the filter, proper latrine use and washing and body and hand with soap. It means that the accidents of vulnerable diseases are reduced because of their behavioural practice. Hence the project will satisfy the need of the community, and in doing so for improve village health hygiene facilities and standard of living.

b). Improved access to safe water consumption and sanitation facility

- Through water well and water filter distributed, there are 1525 target beneficiaries (798 females, 9 disable people) have clean water for drinking at the households. The water filters will undoubtedly improve their village's people's health and hygiene facilities, and make full use of their current resources. Through field monitored, there are 267 families of target beneficiaries were stopped drink directly water from surface sources like water

pond, lake water, canal water and river water. 80% of well users have using the water from the well for drinking, gardening and animal raising activities in their family. It means that they will reduce the accident of vulnerable diseases related water used.

- The target families received the latrine and built it by themselves and prefer used in the family. Approx; 255 beneficiaries (116 females) in total using the latrine use in their household. Through this latrine building experiences, the target group in the villages will pass on their knowledge and skill in latrine build from one to one another. The new family will receive new knowledge's and technique in latrine built with a proper using in their families. It means that in the target villages was reduced of human waste around the villages and improving their living condition and air condition around the target areas.

c). Increased livelihood and income sources in the family from agriculture products.

- Through the project implemented, there are 63 target beneficiaries (34 females) from selected families have gain new skill on vegetable growing and compost making activity, and they had farming inputs for farming practices. 46 families of the training participants used the learning skills to start up practices and continuing growing vegetable at next cycle season. Approx. 315 direct beneficiaries (161females and 4 disable people) have fresh vegetable for consumption in their families. 46 families (73%) of training participants regularly produce fresh vegetables for consumption and selling at their neighbour. Hence, the target families have reducing the expenses in the family for buying vegetable from market, and children have access to nutrition foods for improving their growing and health. The farmers have more money for buying household asset, furniture and school materials for children to go to school.

2.4- Number of direct and indirect beneficiaries.

Project activity	Total # of Direct beneficiaries	Total # of women	Total # of persons with disabilities	# of women with disabilities	Total # of indirect beneficiaries.
Act 1. Health hygiene & HIV prevention education awareness.	1208 people	568	8	3	2850 families Approx: 11,400 people.
Act 2. Water purifier delivered.	775 people	403	11	5	
Act 3. Mosquito nets delivered.	825 people	429	11	5	
Act 4. Hand pump well construction	750 people	390	9	4	
Act 5. Vegetable growing & Compost fertilizer making skill training	315 people	161	3	1	
Act 6. Family latrine built	225 people	116	7	3	
Sub-total	4098 people	2067	11 people	5 females	11,400 people.

3. Disaggregation; identify women's involvement at all levels and number of beneficiaries, community or non-community based project (see definition in Selection Criteria), sector of focus and rural or urban based project.

In this proposed project, RCEDO has encouraged the women to participate during the village meeting, vegetable growing, compost training and other workshop awareness in order to have a chance and adopted with new knowledge and skills for improving health and generating income in the family. One more thing, most of women are staying at home full days than husbands, so she has to responsible for collecting water, cooking and taken care of the children at the households.

Through the project beneficiaries above, there are more than 2067 women and 11 disabled women who are participated and got direct benefits from project activities like water purifier use, latrine use, health /hygiene awareness and vegetable growing activities and hand pump well built. The women have played roles for improving the livelihood and living condition of the family.

4. Self rating of the project (5 Best Practice, 4 Fully Satisfactory, 3 Satisfactory Overall, 2 Marginally Weak, 1 Weak). Briefly explain reasons for rating.

Through field monitoring of the project implementation and based on actual outputs and outcomes produced by the project, we provided the rating 3 as fully satisfactory implemented.

The reason for given rating 3 as below:

- Through field observed by staffs, there are many participants are better understanding and able to answer the question related health care / hygiene practices and HIV transmission. Many families in target areas have boiled water and used water filter for drinking. 70% of filter members were stopped drink directly water from surface sources like water pond and river water.
- Through field monitoring, the target family who received mosquito net was using it for protecting their children from mosquito bites at day and night.
- Almost of vegetable growing farmers have the fresh vegetable products for food consumption and especially the children and woman have access to nutrition foods for improving their growing and health. The vegetable growing farmers are reducing the expenses in the family for buying the vegetable from market,
- 85% of users are happy with the latrine use in the family and well maintained. Through implemented this activity, there are many families are interesting to use the latrine.
- The well users are happy with the water well built especially woman, disable people, children because the hand pump well is easy to use for them even the children, and they did not need to spend more time in collecting water from other sources that far from the village.

5. Any encountered difficulties and strategies used.

A. Encountered Difficulties

1. The farmer has low education knowledge are difficult to adopt with the training technique.
2. Difficult to collect people participate in the training and workshop because they are busy with rice field products.
3. Some target village has not growing the vegetable regularly because of has no surface water sources.
4. Temperature was changed by global environment pollution; it was affected to the human health and vegetable product
5. In target villages have a lot of rain and flooded during the period of September and October. It was made difficult to the project implementation.
6. The road to target villages was bad and difficult for travel and taken more times.

B. Strategies Used

1. RCEDO will closely cooperating with village authorities to encourage the people to participate in health/ hygiene facilities workshop awareness.
2. RCEDO will conduct the training or workshop awareness by selecting the best time when they are available time to participate, after rice harvesting collection.
3. RCEDO will select and use a simple training technique by providing them to have more practices and demonstration at the site rather than providing theory.
4. After trained, the staffs follow up and coaching them in farming practice and one exposure visit was conducted for disseminate the modern technique for improving their knowledge and skill.

6. Any changes and reasons for changes to the agreed activities and budget (variation greater than 10% required AusAID agreement).

In reporting period, there has no changes related the original submission budget and activity during this reporting period.

7. Contributions/income received from other sources or generated by the project.

There has no income received from other sources for this project during reporting period

8. Copies of receipts for line item purchases over \$US500.

(Please find attached the copies of receipts purchased).

9. Table matching actual expenditure to budget line items as listed in the agreed submission. Identify any unspent funds (small amounts should be identified and spent on activities or materials consistent with the project).

Please see attached with financial report of the project expenses.

10. Copy of bank statements identifying project related banking (please attached).

11. Action taken to ensure sustainability, likelihood of sustainability and planned usage of project assets.

- Through field observation, 65% of participants have better understand and practiced on hygiene facilities like they have boiled water, drinking water from the filter, proper latrine use and washing body and hand with soap. So the accidents of vulnerable diseases will reduce and the community people will able to work for generating incomes. The improve knowledge is likely to improve the health of all target villages.
- Through this latrine building experiences, the target group in the villages will pass on their knowledge and skill in latrine build from one to one another. The new family will receive new knowledge's and technique in latrine built with a proper using in their families.
- Target beneficiaries have gain new skill on vegetable growing and compost making activity, and have farming inputs for farming practices. Target participants used the learning skills to start up practices and continuing growing vegetable at next cycle season.
- The Well Caretakers have gain knowledge on hand pump well instalment and they are able to maintain and repair the hand pump for the future. Also, all water points have collecting monthly saving money for hand pump maintenance and repair. Through this action, they will be sustained of well using at their village.

As intern improved health will improve livelihood of these rural poor families, and make the above projects sustainable as well. This project is sustained as people in the village pass on their knowledge to one another. It means that the proposed projects are contributing the health of the rural people, livelihood improvement & standard of living. It is likely that the projects are contributing to the goal and objectives of the proposed project.

12. Strategies to promote Australian Government funding ie signage.

In the project implemented, RCEDO always have promoted the Australian Funding supports by made a ticker signs of Australian AIDs (AusAID) to put at the project sites. RCEDO also presented AusAID logo to target beneficiaries during the meeting, training and other workshop that supported by Australian Government AIDs. It means that the target people have aware with Australian Government funding for Cambodia. Australian Government should continue funding to RCEDO project for another phase for strengthening RCEDO capacity for providing the development services and help the poor people in the province.

13. Lessons learned; what would be done both differently and similarly?

- The farmer has low education knowledge are difficult to adapt the training technique.
- The poorest farmers were difficult to follow the training technique given, unless we provided more financial support and more technical assistance.
- Work closely with village chiefs, village development team and commune council to encourage the people participation and local mobilization to the projects.
- We have spread our resources to many villages which a small number of delivered at same time and difficult to monitor and got slowly progress for every target village.

Strategies to address the issues the lesson leaned as the following:

- RCEDO will select and use new training technique by providing them to have more practices and demonstration at the sites rather than providing theory and documents. In the education session or health / hygiene and HIV/AIDS education awareness, RCEDO will hold a training or workshop within their best time and suitable location for them that they are able to participate.
- RCEDO will conduct the training in conjunction with other projects where possible so the poorest farmers have an invested interest to come.
- For the future projects, RCEDO will take small target villages rather than a large target villages which more resources or inputs delivery.
- The projects should provide the inputs and some financial support to the poorest or vulnerable group by encouraging them to involve with the projects.
- RCEDO will work closely with village chief and village development team and commune council to encourage the people participation and local mobilization to the projects.

14. Dated signature of the authorised representatives of the organisation with their position, official seal or thumb print. Including the statement "I declare that I have read the information supplied in this report and it is true and correct and all activities and expenditure were as agreed and reported".

I am, Mr. Sam Serey Wathana, Director of RCEDO in Banteay Meanchey and Oddar Meanchey province. I declare that the information supplied in the report is true and correct.

For Implementing Agency



Mr. Sam Serey Wathana

Date: 25th March 2010

15. Dated signature of the authorised representative of the referee/partner organisation with their position and official seal (if a referee/partner was nominated). Including the statement "I declare that I have read the information supplied in this report and it is true and correct and all activities and expenditure were as agreed and reported".

I am, Mr. Khuong Sopheak, Executive Secretary of Cambodian NGO Network Banteay Meanchey, "I declare that I have been conducted field monitoring to RCEDO's project funded by CDF/AusAID that implemented at Chongkal district of Oddar Meanchey Province. I would like to recommence that, RCEDO should be change some strategies which related to the community awareness training or education because this report presented that most participants were busy with their rice field which caused the participants less participation during training, RCEDO should schedule the appropriate time for conducting training. In my conclusion, all project outcomes of those activities that were implemented by RCEDO are very good and satisfactory which more impact on health

care and hygiene practices for rural villagers. Through this project, target beneficiaries can be adapted their new skill and gain more knowledge on family garden, compost making and improving their health by using clean water and household latrine.

As I am a referee of RCEDO, I declare that I have read and reviewed the information supplied in this progress report and it is true and correct as project agreement."

Date: 25 March 2010

Signature of referee

Mr. Khuong Sopheak
Cambodian NGO network