



Sovann Phoum Organization

# Annual Activity Report

January – December, 2010



Supported by



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## Executive Summary

Sovann Phoum has three main sections in its organizational structure: Administration, Education Program and Socio-Economic Program. Excluding Administration, in 2010, Sovann Phoum was implementing two main programs: Education and Socio-Economic Programs. Results from the implementation of individual programs in 2010 are summarized as follows:

### ***Health Education and School Health Promotion Projects***

Generally, the results of health education activities in 2010 were good and satisfactory, compared to objectives and indicators. Child club members were active and satisfied with the club activities, even though more than 5% of CCMs in Phnom Penh were often absent from clubs, 40% of CCMs dropped out of clubs, and 12 CHPTs in Kampong Cham province resigned after the end of the 18-month project cycle contract (January 2009 – June 2010). The total number of supported CCMs dropped to 1,209, from 1,731 in 2009, as over 50% of CCMs in CCFD-supported projects in Phnom Penh and Kandal province was reduced.

The health-sanitation topics, including social related issues and life skills, disseminated to direct and indirect groups were highly relevant to the needs expressed by beneficiaries. In SHP project in Kampong Cham, teachers were able to check children's nutritional status at their schools, using BMIs. Pupils' nutritional status was checked 3 times against the 3 times planned for 2010, while those suspected of malnourishment were sent to Health Centres for medical examination and treatment services. Medical supplies were provided to all target schools as planned. 17 schools received medical supplies for their first aid kits from the project, while 13 schools received them from CRF. Pupils of 25 schools received de-worming pills during 2009. 5 schools had not received the pills for 15 months in cycle 1 (2009). However, all 30 target schools received de-worming pills in cycle 2 (2010). Community members' ownership over the school development was increasing significantly, especially in reparation, construction, and installation of schools gardens and facilities for learning, child protection, and cleaning activities. An internal and an external evaluation were undertaken during the end of the first semester. Both external evaluators and donor were satisfied with the results of the project, particularly the improvement to the pupils' knowledge and behaviours on health and sanitation, the school environment, the school equipment and sanitary facilities. However, they both recommended further involvement and participation of school and community members in the long-term sustainability of school health activities. As a result, another cycle of 12 months of the project implementation was continued with the financial support from the same donor.

In HERDC, three schools of Cheou Khmao, Trapaing Chrey, and Samrong Andet had similar situation of hygiene of school yards, classroom, and sanitary facilities. The situation of hygiene of school yards, classroom, and sanitary facilities of Kbal Chroy, on the contrary, was in a poor status, because the school area is regularly flooded for 3 months in rainy season and there is limited participation from community in school development. Pupils have improved their status of personal hygiene (head/hair, teeth, skin, hands, legs, and clothes) from 40% to 60% amongst the four schools. Pupils of Choeu Khmoa school demonstrated better personal hygiene than pupils of other schools, because both teachers and pupils were active in washing and cleaning activities. On the contrary, pupils of Trapaing Chrey demonstrated the worst status of personal hygiene, because the school lacks fence, gardens, and teachers were not very active in cleaning and washing activities.

In DEKA, Siem Reap, an internal evaluation was conducted among the three primary schools supported. Three schools have improved the sanitary situation both inside and around the buildings. Latrines and wells were functioning and used by children; children had access to clean water through water filters. Children have improved both their knowledge of health-sanitation and bogy hygiene. However, these three schools rely heavily on Sovann Phoum in child-to-child activities, because they do not carry out regular classroom mainstreaming about health-sanitation by their own teachers. Community participation in school development activities, including school health promotion and community resource mobilization, was the real challenge facing the three schools.

### ***Non-formal Education Project***

Two components of non-formal education project were implemented successfully. In Basic Classes, 85% of the total 124 pupils passed the final exam in the school year, September 2009 – July 2010, and were sent to nearby public schools. In another school year, September 2010 – July 2011, a total of 119 (56 girls) were supported to the same 4 Basic Classes. All 4 Basic Classes reached over 100% of self operational sustainability as expected. In child-to-child health education, the project supported a total of 220 children, who learned and further disseminated health-sanitation messages on 6 topics to other children in their communities.

There was strong support from district authorities and active participation from community members in activities. Children supported as well as their families, have better improved their behaviors towards personal hygiene, hygiene in surrounding areas, smoking, and environmental cleanliness. Local authorities were more involved in creation of Savings Associations, and BC Communities. Parents, local authorities, and education authorities took over basic classes in

communities, while schools took over health education from the project. Initial stage of activity implementation after handed over by the project, both activities of BC and health education were carried out with a satisfactory result.

### **Vocational Training Project**

Vocational Training Project was implemented successfully and satisfactorily to the project objectives during 2009, even though there were some challenges, and three trainees abandoned their training skills. A total of 103 youths (37 women) were successful recruited and selected, and sent to training places for 13 different skills. In total, 85 trainees completed their training course successfully. Of this, 69 trainees (81%) got a job, 8 (9%) ran businesses by themselves, while 8 (9%) trainees were looking for a job. The project achieved a higher level of employment rate after the training, compared to the original indicator and expected result of 80%. The majority of trainees who got a job were receiving an income from USD 30 to USD 80 per month, and most of them were being employed at training centers where they were trained.

### **Micro-Credit Project**

2010 was the year of moving towards better portfolio quality of MC project. The total reimbursement rate increased to 97% by end of December 2010, from 62% by December 2009, and total Portfolio at Risk (PAR) dropped to 1.0% in December 2010, from 21% in end of 2009. However, the number of loans disbursed was lower than the plan, achieving only 947 (small loans: 866 and big loans: 81) against 1,240 planned for the year, because of the change in policies in the Manual of Operations, one of which specifies that all beneficiaries are required to have a guarantor, which is a new condition to secure loans after the bad effects of global financial crisis. A total of 606 families, who were making a living from 17 different income generating activities, have benefited from the program through loans and savings support.

## **Sovann Phoum at a Glance**

### **Historical Background of Sovann Phoum:**

Originally, a French NGO, *Enfants et Développement* (E&D), was implementing an integrated program in two sub-urban communes of Stueng Mean Chey and Dangkao, Phnom Penh, in 1991. In the view of achievements and experience gained from the implementation of the program activities, Cambodian staff—who was implementing the program—established a Cambodian NGO, Sovann Phoum, with the support of E&D, in order to continue program activities in existing areas, and to increase similar activities and services to other areas of Cambodia. Sovann Phoum was, then, registered by the Ministry of Interior as a local NGO, on April 10, 2000, with its own head office in Phnom Penh.

Sovann Phoum is a non-government, non-political and non-religious organization, working to promote the well-being and development of vulnerable and disadvantaged groups: children and women, through the implementation of socio-economic programs.

#### **Vision:**

A Cambodian society, where disadvantaged citizens—especially women and children—have an opportunity to develop their knowledge, skills and income generating activities in order to improve their health and living conditions.

#### **Mission:**

SP strives to improve the living conditions of disadvantaged families—with special focus on women and children—by supporting their access to education, skill training, job opportunities, and micro-finance.

#### **Value:**

- Participation
- Perseverance
- Accountability

#### **Motto:**

“with Families for Development”

#### **Goals:**

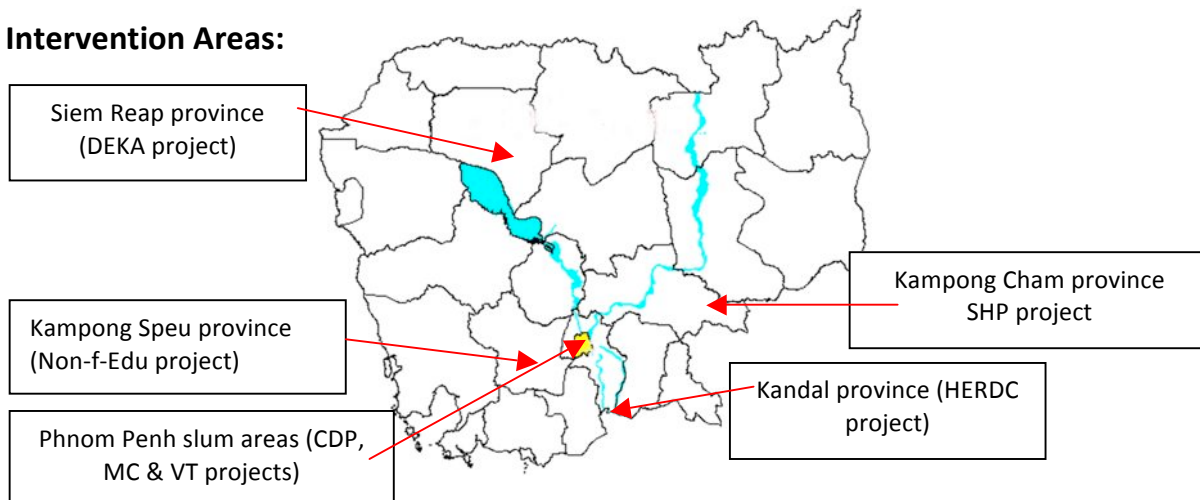
1. All Children in target areas have access to education, and receive better health care, safety, and protection.
2. Contribute to reducing poverty of disadvantaged and vulnerable youths in slum communities of both urban and rural areas of Cambodia.
3. Contribute to extreme poverty alleviation amongst target families through support in micro-credit and savings services.

### **Human Resources**

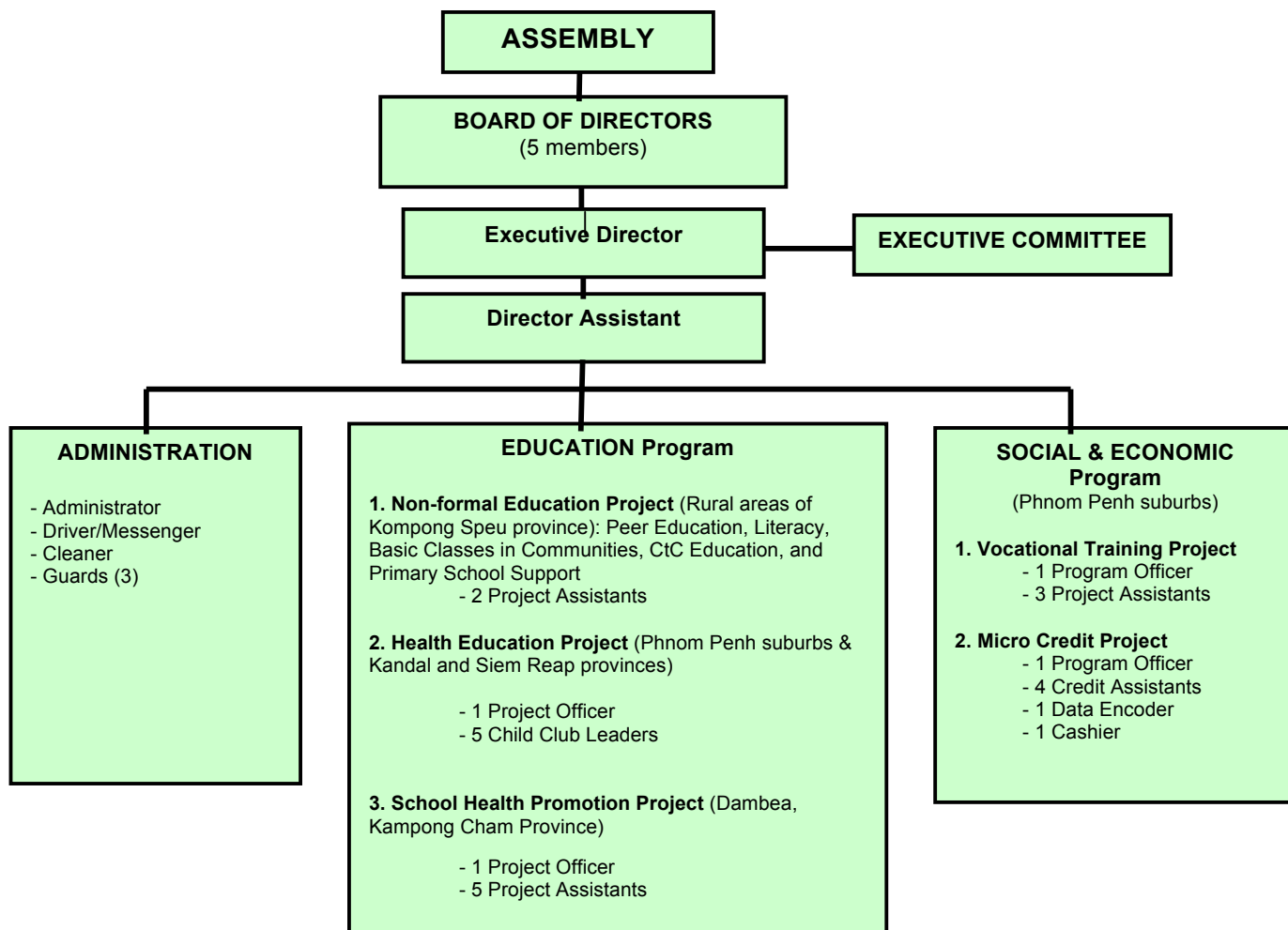
In December 2010, SP has 28 full-time and 2 part-time staffs.

Sections	Staff	Staff of Government Partner
Administration	8 (2)	0
Health Education	1	7
Non-formal Education	2	5
Micro-credit	7	0
Vocational Training	4 (2)	0
School Health Promotion	6 (3)	67
Sub-total	28 (7)	79
<b>Grand total</b>		<b>107</b>

### Intervention Areas:



### Organizational Structure of Sovann Phoum



## Summary of direct beneficiaries in June 2010

Projects and Areas	Type of beneficiaries	Total
Non-formal Edu (K.Speu province)	Basic Class pupils in communities	180 pupils
HERDC, DEKA & SHPP (KD, SR & K.Cham)	Non-CCM pupils (primary schools)	15,259 pupils
SHPP, Non-formal Edu, HERDC, DEKA & CDP (K.Cham, K.Speu, KD, SR & Phnom Penh)	CCMs&CCLs in Health education	1,412 pupils
VT (Phnom Penh & sub-urban areas)	Youths in Vocational training	164 youths
SHPP & DEKA (K.Cham & SR)	Families in Health education	6,025 parents
MC & Savings (Phnom Penh slum areas)	Families in Micro-credit & savings	623 families
SHPP, HERDC & DEKA (K.Cham, KD & SR)	Teachers supported	231 teachers
SHPP, HERDC & DEKA (K.Cham, KD & SR)	Primary schools supported	37 schools
VT (Phnom Penh)	Private enterprises supported	27 workshops
Non-formal Edu (K.Speu)	CBO in Basic Classes in communities	4 classes

### Annual Global Budget

The annual global budgets of Sovann Phoum are as follows:

- in 2006: USD194,377
- in 2007: USD176,656
- in 2008: USD 216,337
- in 2009: USD 347,370
- in 2010: USD 242, 909 or EURO 165,617
- In 2011: USD 271,300

SP provides training services on child-to-child approach to other NGOs, partners, and government officials. In addition, materials for child-to-child approach are also available for sales.



The 29<sup>th</sup> Training Course on Child-to-Child approach



Storybooks and game materials produced by SP for child-to-child educational activities.

### CDP, HERDC, and DEKA Projects

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CDP : Child Development Project

HERDC : Health Education for Rural Disadvantaged Children

DEKA : Développement des Enfants Khmers d'Angkor: Khmer Angkor Child Development Project

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#### BRIEFS about CDP, HERDC, and DEKA

##### A. CDP Project (Child Development Project)

- **Donors:**  
Comité Catholique contre la Faim et pour le Développement (CCFD), and Association Cantalienne Cambodge Entraide à la Reconstruction (ACCER),
- **Project cycle:** February 2010 – January 2011
- **Target areas:** (Anlong Kngan resettled community of Phnom Penh Sub-urban area)

The targeted community consists of 7 villages, but the project has covered only 5 villages: from Sen Sok 1 to Sen Sok 5.

##### B. HERDC Project (Health Education for Rural Disadvantaged Children, called School Health Promotion Project)

- **Donors:**  
Comité Catholique contre la Faim et pour le Développement (CCFD): Feb 2006–Jan 2011;
- **Partners:** 4 primary schools, district office of education, and chiefs of villages and commune.
- **Duration:** One-year cycle, Started in 2004 - Ongoing
- **Target areas:**  
- 4 primary schools in Chhoeur Khmao commune, Koh Thom district, Kandal province.  
Names of the 4 schools: Chhoeur Khmao, Kbal Chroy, Trapeang Chrey, and Samrong Andet.

##### C. DEKA Project (Développement des Enfants Khmers d'Angkor: Khmer Angkor Child Development Project, called School Health Promotion Project)

- **Donors:**  
Comité Catholique contre la Faim et pour le Développement (CCFD) and Association Cantalienne Cambodge Entraide à la Reconstruction (ACCER)
- **Partners:** 3 primary schools, district office of education, and chiefs of villages and commune.
- **Cycle:**  
July 2007 – June 2008  
July 2008 – January 2010  
February 2010 – January 2011
- **Target areas:**  
3 Primary schools: Kork Ta Chann, Kork Beng and Khvean primary school of Kork Châk commune, Siem Reab district, Siem Reab province, Cambodia.

#### OBJECTIVES OF CDP, HERDC, and DEKA Projects in 2010

Specific objectives of these three projects for 2010 were to:

- heighten awareness and behaviour changes about health-sanitation topics with 100 child club members in CDP about diarrhoea, dengue fever, malaria, child sexual abuse, and illicit drug/drug abuse through child-to-child activities.
- improve the knowledge and behaviour change of 100 child club members in HERDC about Body hygiene (teeth hygiene and hair hygiene) and hygiene in surrounding areas (latrine use, wells use, yard and playground, and inside and outside hygiene at home) through child-to-child activities.

- improve awareness of 190 CCMs in 5 communities in DEKA on general accidents, road safety, eye care, prevention of children from raping, diarrhoea, ARI, and domestic sanitation through child-to-child activities and child rights day campaign;
- improve the capacity of teachers and children (60 CCMs) in 3 schools on sanitation of classrooms and school yards, toilet using, well sanitation, tooth hygiene, body hygiene, and domestic sanitation through child to child activities in DEKA, Siem Reap province.
- expand child club members' dissemination activities on health issues to indirect target groups (for 3 projects: CDP, HERDC and DEKA).
- develop capacity of Child Club Leaders in CDP so that they can perform club activities on their own, and that the health education activities with children in communities can be sustained to a certain level in the future.
- Support Anlong Kngan health centre with access to incinerator and oxygen supplies for emergency services to its surrounding disadvantaged villagers.

## RESULTS ACHIEVED

### 1. Beneficiaries of the Projects

#### A. Child Club Members (direct beneficiaries)

Description	CDP: Phnom Penh		HERDC: Kandal Province		DEKA: Siem Reap				Grand total
	Anlong Kngan Community		4 Primary schools		3 Primary schools		5 villages		
	Planned	Achieved	Planned	Achieved	Planned	Achieved	Planned	Achieved	
Boys	37	24	38	32	28	28	57	66	150
Girls	63	68	62	57	32	30	133	124	279
<b>Total</b>	100	92	100	89	60	58	190	190	<b>429</b>

At the beginning of the cycle, the project recruited adequate number of children as planned to be CCMs. However, a few CCMs dropped out of the clubs after few months of child-to-child (CtC) activities. That could be attributed to the fact that the project has reduced material and snack support to children since 2009; that is, those dropouts who had volunteered as members of the clubs received only some of the study materials as presented in the *Table on Materials Supported to Direct Beneficiaries*. Those children were actually motivated by materials rather than their willingness to participate in CtC health-sanitation activities.

In DEKA, from February to June, the project was carrying out CtC health-sanitation activities in 5 villages by 3 Community Development Agents with 190 CCMs, and in 3 primary schools by teachers with 60 CCMs. In June, the project phased out activities in communities, by transferring those 190 CCMs to their schools' existing structure of student councils, led by their teachers, principals and District Office of Education (DoE). Those CCMs were integrated into the schools' student council structure and led by their teachers, and the majority of them are in lower secondary schools.

From June 2010, in DEKA, the project has continued school health promotion activities in only 3 primary schools, with a total of 60 CCMs. The 60 CCMs were integrated into the schools' child council structure in December, and their CtC health-sanitation activities have been led by 3 Child Health Promotion Teachers (CHPTs), who received technical and material support from the project.

#### B. Child Club Leaders (direct beneficiaries)

Description	CDP in Phnom Penh sub-urban areas		Total
	Planned	Achieved	
Boy	2	2	2
Girl	3	3	3
<b>Total</b>	5	5	<b>5</b>

In CDP project, 5CCLs were planned to have their membership continued. In the actual implementation, 5 CCLs continued their membership and were carrying out activities with a total 100 CCMs. The project staff supervised activities of CCLs with child club members on weekly basis, providing technical assistance in basic contents of the topics, teaching techniques, and material preparation.

#### B.1. Scholarships Supported to Child Club Leaders for their Studies



Since February 2009, the project has provided some financial support in scholarships to 5 child club leaders from poor families to enable them to continue their studies in public schools, and some additional short training courses. During the out-of-school hours, these CCLs led CtC activities with their own CCMs, 20 members for each of them, who are from their own villages, about issues of health, sanitation, life skills, drug abuse, child rape, child rights, etc.



In the school year 2010 – 2011, three of them are in grade 12, one in grade 11, and one in grade 10. Rin Srey Aun, the girl on the left is now in Grade 11. With almost 4 years leading their child club members, Srey Aun now becomes a good facilitator/teacher not only in health education, but also in Khmer literacy, earning \$30 per month. Suon Samy, the boy on the second right is now in Grade 12, and is now having a part-time job, as a computer trainer at “OAIPA Sensok Vocational Training Center”, teaching two hours per day from Monday to Friday, receiving \$30 per month.

## 2. Capacity Building for Child Club Leaders and Child Health Promotion Teachers

Project/Description	Planned	Achieved
CDP	Monthly pedagogic meeting with CCLs	Done on monthly basis with 5 CCLs
HERDC	Monthly pedagogic meeting with CHPTs	Done on monthly basis with 5 CHPTs
DEKA	Monthly meeting with CHPTs	Done on monthly basis with 3 CHPTs to prepare schedule and module from 1 <sup>st</sup> step to 3 <sup>rd</sup> step of CtC approach.

Capacity building was the most important task that the project team has supported to CCLs and CHPTs. The capacity on CtC approach as well as on basic health and sanitation issues of School Health Promotion Teachers (SHPT) and Child Club Leaders (CCL) have increased gradually. CCLs and CHPTs were able to carry out CtC activities with children on their own.

In cooperation and partnership with Siem Reap District Office of Education, a training on Student Council Operation was organized for all teachers of the three target schools in DEKA. Through the training, the 3 schools developed their Student Council structures and recruited children from CCMs as members of the structure. Through this structure, the daily operations of health-sanitation activities were integrated into 2 of the 6 components of the Child Friendly School program, led by one CHPT, technically supported by the project.

The Ministry of Education, Youth and Sport (MoEYS) introduced Child Friendly School (CFS) program to all primary schools in Cambodia since 2005<sup>1</sup>. A policy and guideline for the implementation of this program have been formulated and released to all Provincial Offices of Education, Youth and Sport (PoEYS). This program consists of six dimensions in which the 3<sup>rd</sup> dimension is aimed to address issues of health, hygiene, safety and protection of children. In spite of this, there are not many schools in Cambodia implementing this program, as there have not been adequate technical and resource support for schools, particularly those in certain provincial areas, including 3 primary schools DEKA and 4 schools in HERDC.

## 3. Educational Activities with children led by Child Club Members and Child Club Leaders

Project/Description	Times/Frequency		Topics		Participants in activities
	Planned	Achieved	Planned	Achieved	
CDP	3 months per topic	3 months per topic	4 topics: - General accident, - Traffic accident, - Drug abusing, - Prevent child raping	4 topics: - General accident, - Traffic accident, - Drug abusing, - Prevent child raping	-685(F,412) -894(F,580) -625(F,382) -(on going)
				- Teeth hygiene	- A total of 375 children, aged from 4 – 18 years, participated in the message transmission activities led by CCMs.

<sup>1</sup> Ministry of Education, Youth and Sport (2007). *Child Friendly School Policy*  
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				- Life skills	- A total of 30 children participated in demonstration of vegetable growing, food preparation, and hygiene with food and eating.
HERDC	3 months per topic	3 months per topic	3 main topics: - body hygiene - school sanitation - child rights	4 topics: - School sanitation, - Teeth Hygiene, - Latrine use, - water sanitation	-658(F,327) -969(F,570) -5070(F,933) -790(F,485)
DEKA	3 months per topic	3 months per topic	Topics: -Diarrhea -Dengue's fever -Malaria -ARI - School sanitation: latrine use, and well sanitation	Topics: -Diarrhea -Dengue's fever -Malaria -ARI - School sanitation: latrine use, and well sanitation - General and traffic accidents - Eye care - Child rape prevention	-987(F,549) -225(F,160) -541(F,271) -717(F,366)

In the actual implementation, some of the topics trained to children were different from the plan based on their relevance according to the seasons and areas. In CDP, topics of diarrhea, dengue fever and malaria were changed. In HERDC, topics of general accidents, traffic accident, drug abuse, and child sexual abuse/raping were changed.

However, educational activities and practices related to school and children sanitation, like the use of sanitary facilities, classroom cleaning, yards cleaning, hand washing, and hair washing, were regularly carried out at schools.

Child rights topic was performed through the 1<sup>st</sup> June campaign (International Children Day) and domestic accident was done in Domestic campaign.

#### **Study tour and life skills**

5 CCLs were supported with a study tour to life skills activities implemented by Sovann Phoum in Kampong Speu province, in August 2010. After having learned from another project, the 5 CCLs led their members to grow one type of domestic vegetable (Trokuon). A garden in front of SP's brand office in Anlong Kngan was prepared, and Trokuon was grown by CCMs, where this vegetable had been harvested for three times within 40 days.

The harvested Trokuon was, then, cooked in a demonstration on nutrition and sanitation in food preparation by the 5 CCLs to their members. In summary, CCMs have learned from their CCLs about:

- how to grow and harvest Trokuon as a home gardening vegetable;
- how to produce a nutritional food by using the grown Trokuon, through two types of frying, one with vegetable oil, and another in combination with eggs and noodle;
- sanitation in food preparation and eating.



As planned in the original proposal, 90% of child club members would have spread messages about health-sanitation topics to their parents, and each CCM would transmit messages of each topic to 3 indirect children in village. In the actual implementation, 95% of child club members transmitted messages on individual topics to average 6 children. This indicates that one of the project's objectives was successfully achieved during 2010, because children were attracted by CCMs to health-sanitation educational activities.

#### **4. Children's Increased Knowledge**

In order to evaluate the level of knowledge gained by direct beneficiaries before and after training on individual topics, the project conducted pre-test and post-test with child club members. The pre-test was conducted during step 1 and post test was undertaken during steps 4 and 6.

**CDP Project**  
**Knowledge gained by CCMs**

Indicators against Achievements	Details content of the Topics for 2010			
	General accidents	Traffic accident	Drug abusing	Prevent child raping
Planned	will increase to 85% of causes and preventive measure	will increase to 85% of causes and preventive measures	will increase by 35% of consequences and preventive measures	will increase by 35%
Achieved	- to 54% of 2 preventive measures - to 61% of 1 cause of general accidents	- to 77% of causes - to 78% of preventive measures	- to 80% of 6 consequences on physical and mental health - to 82% of how to avoid illicit drugs	This topic has not yet been completed during the report writing.

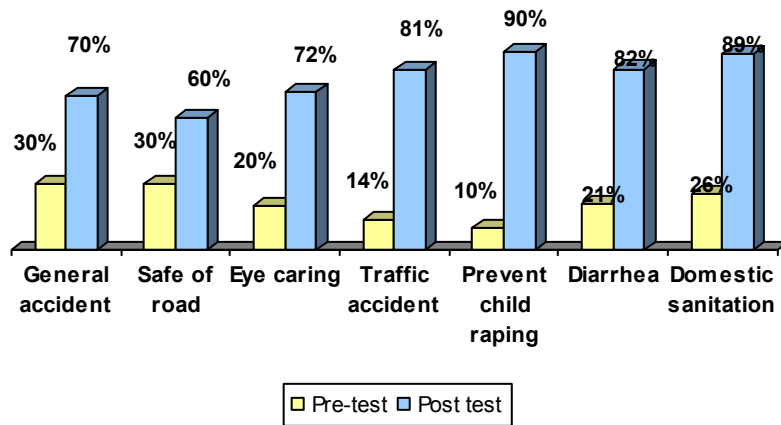
**HERDC Project**  
**Knowledge gained by CCMs**

Indicators against Achievements	Details content of the Topics for 2010			
	School sanitation	Teeth Hygiene	Latrine use	Water sanitation
Planned	to 85%	to 85%	to 85%	to 85%
Achieved	to 71% of how to keep good sanitation of school yards, classroom, and facilities.	to 70% of how take good care of teeth/oral health.	to 75% of how use latrine properly	To 86% of how to have and use clean water

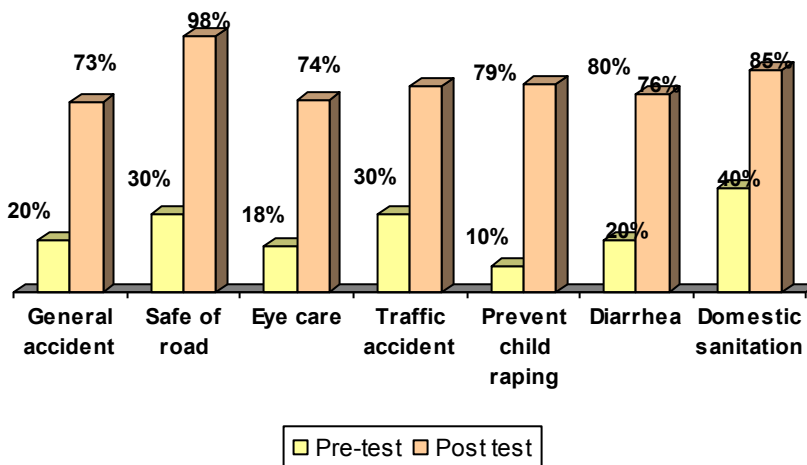
**DEKA Project**  
**Knowledge gained by CCMs in 3 primary schools**

Indicators against Achievements	Details content of the Topics for 2010				
	School sanitation (Latrine use, well sanitation)	Personal hygiene (Hair Hygiene and Teeth Hygiene)	Acute Respiratory Infection (ARI)	Dengue fever	Diarrhoea
Planned	This topic was done without planning, based on the needs.	This topic was done without planning, based on the needs.	by 25% of 3 causes, by 30% of danger signs and to 65% of 3 preventative measures	to 90% of 1 cause, to 60% of 3 danger signs and to 80% of 2 main preventative measures	to 80% of 3 causes and 3 preventative measures; to 70% of 3 types of re-hydration
Achieved	70% of all pupils know how to use school latrines and wells.	Please see internal evaluation report.	To 89% of the 3 causes and 84% of the 3 preventive measures.	to 87% of 1 cause, 36% of 3 danger signs, and 97% of 2 main preventative measures.	to 86% of 3 causes, and to 68% of 3 types of re-hydration.

**Knowledge gained by CCMs in 5 villages (through pre and post tests)**



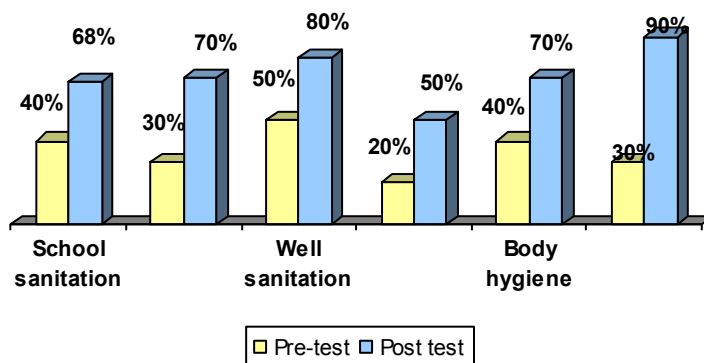
**Knowledge gained by Non-CCMs (children) in 5 villages (through pre and post tests)**



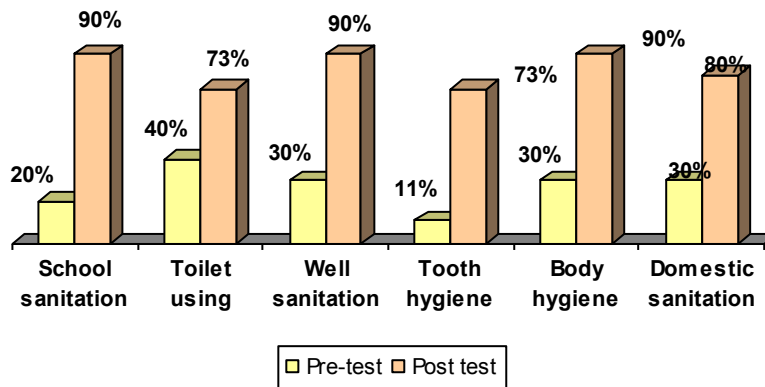
In DEKA, 7 topics of general accident, road safety, eye care, traffic accident, child raping prevention, diarrhea, and domestic sanitation were launched through CtC activities, facilitated by 3 Community Development Agents. The level of knowledge gained by CCMs and Non-CCMs were measured through Pre and Post tests. Similar to CCMs, Non-CCMs gained a comparable level of knowledge about 6 of the 7 topics after educational activities. However, the Non-CCMs learned more than CCMs did about road safety, as their awareness increased from 30% to 98%, compared to CCMs who rose only from 30% to 60%.

Both CCMs and Non-CCMs learned most about preventive measures against child raping. CCMs increased their awareness of this issue by 80% and Non-CCMs increased their knowledge of how to prevent from child raping by 69%.

**CCMs' Knowledge before and after educational activities in 3 schools (through pre and post tests)**



**Non-CCMs' Knowledge before and after educational activities in 3 schools (through pre and post tests)**



**5. Incinerator use and Oxygen Supplies for Emergency in Anlong Ngran Health Centre**

The incinerator constructed with support from ACCER, at AK Health Centre, remains in normal function in 2010. According to the report of the centre, a total of 1,480 kg of medical wastes were burned out, using that incinerator during 12 months.

In October 2010, the Health Center constructed one Maternity building and received a second-hand Ambulant, because the need for this service was in increasing. However, the Center could not have access to necessary medical equipment, particularly Oxygen and its equipment supplies. The Center has submitted requests many times to Sovann Phoum for this support. With repeated requests, and in a view that the Center provides health care and treatment support to the project target children and their families, the project – through support from ACCER – provided 3 more Bottles of Oxygen equipment (one small and two big), one of them is used in the Ambulance and two are used in the Maternity rooms. The Health Center is responsible for the refill of Oxygen to the three Bottles.

Report from the Health Centre shows that within 12 months, Oxygen was used for emergency for 76 cases of patients who had colique abdominale, shock, DII abdominale, acute respiratory infection, asthma bronchitis, severe hypoglycaemia, traffic accidents, HTA, Hermouhagivagial, and anaphylactic shock, myglolalite, dyspnee, traffic accident, severe fever and cough, and suicide in the emergency.



One small of the three new Bottles and equipment used in the Ambulance


One amongst 2 big of the 3 new Bottles used in Maternity rooms

**6. Improvement in school sanitary facilities and access to clean water**

Support to sanitary facilities and access to clean water has been provided to only two projects of HERDC and DEKA.

## HERDC Project

### Achievements against the plan

Planned	Achieved	Remarks
70% of schools have schedule and materials for cleaning school yards, and they have clean yards.	<p>Only three schools of Choeu Khmoa, Tropaing Chrey, and Samrong Andet have schedules for pupils to clean school yards.</p> <p>These three schools demonstrated a moderately clean yards.</p> <p>Regular monitoring of children's cleaning activities is necessary.</p>	<p>Kbal Chroy primary faces difficulty in having a clean school yard, as it is regularly flooded during rainy season. The only one principal and one teacher of this school, therefore, are de-motivated to clean surrounding yards.</p> 
Pump wells and toilets in schools are in functioning condition, supporting educational activities in school.	Only three schools of Choeu Khmoa, Tropaing Chrey, and Samrong Andet have access to latrines and water for washing activities.	Kbal Chroy primary school has a two-room latrine but does not have access to water during the dry season. The latrine was, therefore, not regularly used.
All direct groups have access to good practices of clean water and sanitation at schools.	<p>Only three schools of Choeu Khmoa, Tropaing Chrey, and Samrong Andet have access to rain water stored in a large tank. Pupils of these three schools, therefore, have access to clean water through water filter.</p> <p>- All schools have access to sanitary materials used for school and pupil cleaning/washing activities.</p>	<p>Kbal Chroy school does not have access to a pumped well. Both teachers and pupils in this school, therefore, have taken water from the river and put into the filter. The underground water is contaminated with Arsenic.</p> <p>Schools contributed only:</p> <ul style="list-style-type: none"> <li>- water bottles for filtered water</li> <li>- Rubbish bins</li> </ul>

According to the number of pupils, Choeu Khmoa and Tropaing Chrey schools received 2 water filters each, while Samrong Andet and Kbal Chroy received only 1 water filter each. Teachers, pupils, and nearby parents were trained by Hagar (an NGO partner who supplied the water filters) about the filter maintenance. All schools made their contributions to clean water through the supply of plastic bottle to store the filtered water for each classroom. Each filter has the capacity to produce clean water a minimum of 3.6 litres per hour.



## DEKA Project

### Achievements against the plan

Planned	Achieved	Remarks
All targeted schools have received materials necessary for sanitation practices in schools;	<p>Done on time for all three schools</p> <ul style="list-style-type: none"> <li>- Toilet materials</li> <li>- Materials for pupils personal hygiene</li> </ul>	<p>Schools contributed:</p> <ul style="list-style-type: none"> <li>- replace parts of water filters</li> <li>- Rubbish bins</li> </ul>
50% of target schools have adequate sanitation facilities	- All three schools have adequate access to sanitary facilities	<ul style="list-style-type: none"> <li>- All latrines and wells are functioning</li> <li>- Schools replaced the broken parts of wells and latrines.</li> </ul>

60% of pupils has increased their awareness of healthier and sustainable uses of latrines and wells	- 3% of pupils do not know how to use latrine properly - 75% of pupils reported washing their hands with soap after using latrines. - 65% of pupils know how use wells and latrines in a sustainable way.	
65% of target schools has year-round access to sufficient quantity of clean water	- All three schools have adequate access to clean water	- Kork Being primary school has even more than enough access to clean water, as each room has 2 water filters
70% of target schools has clean yard	- All three schools have moderately clean yards	



1 well and 1 three-room latrine in Kvean primary school were repaired and re-opened for pupils and teachers

All three target schools in DEKA were having all of their wells and latrines functioned, and opened for every day uses by pupils.



1 three-room latrine in Kork Tachann primary school was repaired and re-opened for pupils and teachers

1 well and 1 three-room latrine in Kork Being primary school were repaired and re-opened for pupils and teachers.

Students of the three schools in Siem Reap have used cleaned water from filters supported by the project. Each class has access to one filter with regular filling up of water, directly taken from pump wells. Washing the filters and filling up water into the filters have been the task of school girls, while watering the school gardens and filling up water into the latrine basins have been the task of school boys.



### 7. Internal Evaluation

During the end of the cycle, the project conducted an internal evaluation with 3 schools in DEKA in order to find out possible changes to the target schools after one and a half year of support. For results of this evaluation, *please see Internal evaluation report.*

### Status of 4 primary schools in HERDC

In HERDC, three schools of Cheou Khmao, Trapaing Chrey, and Samrong Andet had similar situation of hygiene of school yards, classroom, and sanitary facilities. The situation of hygiene of school yards, classroom, and sanitary facilities of Kbal Chroy, on the contrary, was in a poor status, because the school area is regularly flooded for 3 months in rainy season and there is limited participation from community in school development.

The four schools were assessed according to their issues of Environment, Education in health and sanitation, and community participation. Results from this evaluation are presented in the following table:

Main Issues	Specific issues	School Name			
		Choeu Khmoa	Tropaing Chrey	Kbal Chroy	Samrong Andet
Environment	Classroom situation	Fair	fair	fair	fair
	School waste management	daily	daily	daily	daily
	School yard	fair	poor	poor	fair
	School gardens	fair	fair	poor	poor
	School fence	quite good	fair	poor	fair
	Rubbish bins use and maintenance	fair	fair	fair	fair
	Pump wells use and maintenance	fair	fair	poor	fair
	Hand washing facilities	fair	fair	poor	fair
	Water filters use and maintenance	fair	fair	poor	fair
	Latrine cleaning liquid use and maintenance	fair	fair	poor	fair
	Nail clippers use and maintenance	poor	poor	poor	poor
Education in Health and Sanitation	Classroom mainstreaming activities	moderate	moderate	moderate	moderate
	When?	sometimes	sometimes	sometimes	sometimes
Community Participation	Teacher capacity building in health-sanitation	fair	fair	fair	fair
	Materials for health-sanitation teaching	poor	poor	poor	poor
	Use of materials for health-sanitation teaching	poor	poor	poor	poor
	Number of SSC members	8	9	5	8
	Participation of SSC in school development planning	poor	poor	poor	poor
	Regular meeting in school by SSC	poor	poor	poor	poor
	Participation of SSC in school budgeting	poor	poor	poor	poor
	Participation of SSC in raising fund from individuals	poor	poor	poor	poor
	Participation of SSC in raising fund from parents	poor	poor	poor	poor
	SSC monitoring the teaching and learning	poor	poor	poor	poor
	SSC in campaigns for children's enrollment at schools	fair	fair	poor	fair
SSC in setting up rules for schools	fair	fair	fair	fair	

Pupils have improved their status of personal hygiene (head/hair, teeth, skin, hands, legs, and clothes) from 40% to 60% amongst the four schools. Pupils of Choeu Khmoa school demonstrated better personal hygiene than pupils of other schools because both teachers and pupils were active in washing and cleaning activities.

On the contrary, pupils of Trapaing Chrey demonstrated the worst status of personal hygiene, because the school lacks fence, gardens, and teachers were not very active in cleaning and washing activities.

### Challenges

- Some child club members (less than 5%) in CDP were often absent from club activities, because they were given a task of looking after their younger siblings;



- Frequent changes of club activity schedules amongst the 5 CCLs in CDP, because the timetables of their schools (5 CCLs) and the timetables of child club member (CCMs) were regularly changed, causing them a difficulty in meeting and learning in the clubs;
- 40% of CCMs in HERDC dropped out and were recruited again because of the change to their schools. Another reason was the poverty; their parents asked them to help working in order to increase income for families;
- Teachers of Kbal Chroy were isolated from communities, and were paying less attention to the teaching tasks because of poverty and poor monitoring and evaluation of the education authorities;
- Schools and communities were isolated from each other (poor participation from communities);
- Teachers and pupils were challenging in traveling in the areas of HERDC (lack of proper rural roads and bridge across the river).

## **PLANS FOR 2011**

### **A- CDP-slum area of Phnom Penh**

- To build capacity of 5 Child Club Leaders to implement health educational activities in their villages through Child to Child approach;
- To increase 100 child club members awareness about accident prevention and road safety, consequences of illicit drug/drug abuse, transmitters of and 3 preventive measures against HIV/AIDS, life skills (growing two types of local vegetables and nutrition from cooking the grown vegetables) so that they can improve their behaviours on health, sanitation, and life skills.
- Study tour on quarterly basis among 5 CCLs
- Provide technical support to 5 CCLs about:
  - content of the topics
  - lesson plans
  - use of materials and activities

### **B- HERDC & DEKA (Kandal and Siem Reap provinces)**

- To enable 7 primary schools to implement School health and hygiene program, through capacity building, and involving participation and contributions from community members and local authorities.
- To promote students' behaviours towards proper hygiene in schools through educational activities and sanitary practices in schools.
- Carry out educational activities through Child-to-Child and Classroom mainstreaming, on topics:
  - Teeth, Hair, and Clothes hygiene
  - Hygiene in surrounding areas (latrine use, wells use, school yard and playground)
  - Practices of using latrines
- Work with schools to mobilize resources for schools
- Develop a guideline on school health promotion activities for schools before phasing out
- Establish school internal rules on practices of good sanitation by project team, school principal, teachers and Child club members.
- Maintaining and repairing existing latrines and wells
- Teachers and Child Council members to lead children to follow proper practices of hygiene:
  - Personal hygiene
  - Hygiene in surrounding areas

## School Health Promotion Project

Project Title : School Health Promotion Project  
 Location : 30 primary schools in Dambae district, Kampong Cham province  
 Financial supporter : Plan International Cambodia  
 Project starting date : 10 January 2009  
 Reporting period : January – December 2010

### I. Project Goal and Objectives

#### Project Goal:

The students in target school area will improve their health status and learn and play in a healthy environment.

#### Specific Objectives:

1. To develop schools' capacity to implement school health and hygiene program through adult-to-adult, adult-to-child, and child-to-child health education approaches;
2. To improve students' behaviours of using clean water and sanitary facility in schools;
3. To establish friendly school environment;
4. To improve students' access to first aid, de-worming, nutrition, health check-up, and referral to the health facility;
5. To increase community participation in school health and school development activities.

#### 1. Summary

In general, results from the implementation from January to December 2010 were quite satisfactory. All planned activities were carried out as scheduled; the majority of indicators set were fulfilled successfully. Educational activities both in schools (through child-to-child approach) and in communities (through adult-to-adult approach) were gradually progressing, even though the partnership agreement for operational expenses was late signed.

However, there were some challenges during the activity implementation, as 12 CHPTs resigned after the end of the 18-month project cycle contract (January 2009 – June 2010). The project team, then, selected new CHPTs and trained them about how to carry out child-to-child activities based in their schools.

At the same time, the SHMT did not report monitoring activities conducted at schools to the project team in the last quarter while awaiting partnership agreement for the new cycle. The tools to be used as the MoEYS's monitoring tools for school health activities were late developed, because the Department of School Health was too busy with its end-of-year workshops and meetings.

This report started with review of key activities/outputs produced during the last 12 months, followed by reasons for variation between planned and actual, beneficiary feedback, lessons learned short summary of progress to date, and planned activities for the next year.

#### 2. Review of Key Activities/Outputs

Planned Activities (Indicators)	Actual Activities (Results)	
1- Parenting education: To hold parenting sessions in villages around and close to the target primary schools, using adult-to-adult approach, on 5 topics (Diarrhoea, Menstruation, Intestinal worm Nutrition and ARI).	<b>Number of parents participated in Education session:</b>	
	<b>Topic</b>	<b>Number of parents</b>
	Diarrhoea	3,219 parents (2,220 women) participated in 57 villages.
	<b>Contents:</b>	
	-Definition of diarrhoea -Common Causes for children: -Common Causes for adults -Syndrome -Prevention -Re-hydration (giving the child more fluids than usual, to prevent dehydration)	

	<p><b>Menstruation</b></p> <ul style="list-style-type: none"> <li>- Premenstrual syndrome;</li> <li>- Ways to manage premenstrual syndrome;</li> <li>- Hygiene during monthly bleeding; and</li> <li>- A woman should see a health care provider for bleeding problems.</li> </ul>	<p>2,402 parents (1,776 women) participated in 56 sessions, in 34 villages.</p>																																				
	<p><b>Intestinal worms</b></p> <ul style="list-style-type: none"> <li>-Signs of children having worms;</li> <li>-Life cycle diagram of intestinal worms;</li> <li>-Consequences of having worms;</li> <li>-Preventive measures against getting worms.</li> </ul>	<p>2,552 parents (1,559 females) in 45 villages.</p>																																				
	<p><b>Malnutrition</b></p> <ul style="list-style-type: none"> <li>-Causes of malnutrition (3 causes);</li> <li>-Consequences of malnutrition (especially on children);</li> <li>-Signs and treatment for malnutrition.</li> </ul>	<p>908 parents (611females) in 12 villages.</p>																																				
	<p><b>ARI</b></p> <ul style="list-style-type: none"> <li>-Upper respiratory infection symptoms and home-based cares;</li> <li>-Lower respiratory infection symptoms and referral.</li> </ul>	<p>3,074 parents (2,284 females) in 57 villages.</p>																																				
<p>2- Cooperate with health centres in order to recruit 64 VSHGs to be parenting educator in villages nearby target schools.</p>	<p>The Project team met with 5 Health Centre's chiefs to get VSHGs list, and introduced the previous parenting activities as well as the new strategies of the project. A project orientation on its new cycle has been undertaken to stakeholders: HC, VSHGs and the 64recruited VSHGs.</p> <ul style="list-style-type: none"> <li>- As a result, 64 VSHGs (62 women) were recruited, 47 of whom have carried out parenting activities handed over by CHPTs.</li> </ul>																																					
<p>3-Educational Activities through CtC approach: On 7 topics (Body Hygiene, Diarrhoea, Menstruation, Illicit drugs, Intestinal worms, Hair Hygiene and ARI by project team, 36 CHPTs and 780 PHCCs, in the 32 targeted schools.</p>	<p>Child Council Members responsible for Sanitation, Health, Environment, and Promotion (Promotion &amp; Health Child Council: CCMs or PHCCs) spread out messages of below topics to their friends in Schools and communities:</p> <table border="1" data-bbox="432 1249 1398 1682"> <thead> <tr> <th rowspan="2">Topic</th> <th colspan="2">Pupil received the message</th> </tr> <tr> <th>Total</th> <th>girls</th> </tr> </thead> <tbody> <tr> <td>Body Hygiene</td> <td>9,728</td> <td>4,821</td> </tr> <tr> <td>Diarrhoea</td> <td>7,497</td> <td>3,660</td> </tr> <tr> <td>Menstruation (grades 4,5 and 6)</td> <td>1,504</td> <td>1,504</td> </tr> <tr> <td>Illicit drug(grades 4,5 and 6)</td> <td>4,372</td> <td>3,250</td> </tr> <tr> <td>Intestinal worm</td> <td>3,559</td> <td>1,014</td> </tr> <tr> <td>Hair Hygiene</td> <td>4,140</td> <td>2,487</td> </tr> <tr> <td>ARI</td> <td>7,676</td> <td>3,935</td> </tr> </tbody> </table> <p>During step 5, PHCCs also went to communities and made home visits to 430 patients (all children) in order to identify patients of minor respiratory infectious diseases. PHCCs gave them advice of how to take good home-based care of upper respiratory-infected children.</p> <p><b>Results of awareness of CCMs before and after learning: Body hygiene</b></p> <table border="1" data-bbox="432 1883 1465 2078"> <thead> <tr> <th rowspan="2">Topic</th> <th rowspan="2">Content of topic</th> <th colspan="2">Knowledge (%)</th> </tr> <tr> <th>Pre-test</th> <th>Post-test</th> </tr> </thead> <tbody> <tr> <td>Body hygiene</td> <td>Diseases caused by lack of proper body hygiene (skin diseases, lice, worms, typhoid diarrhoea / cholera, eyes disease).</td> <td>29%</td> <td>61%</td> </tr> </tbody> </table>		Topic	Pupil received the message		Total	girls	Body Hygiene	9,728	4,821	Diarrhoea	7,497	3,660	Menstruation (grades 4,5 and 6)	1,504	1,504	Illicit drug(grades 4,5 and 6)	4,372	3,250	Intestinal worm	3,559	1,014	Hair Hygiene	4,140	2,487	ARI	7,676	3,935	Topic	Content of topic	Knowledge (%)		Pre-test	Post-test	Body hygiene	Diseases caused by lack of proper body hygiene (skin diseases, lice, worms, typhoid diarrhoea / cholera, eyes disease).	29%	61%
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How to keep body clean and healthy (brush teeth, clean up body, wash hair, cut nail, and wash clothes)	40%	69%
Know how to brush teeth correctly	27%	93%
Observation, children with short fingernail	65%	87%
children wearing shoes	96%	99%
children having no lice	32%	66%
children in clean body status	61%	87%

#### Results of awareness of CCMs before and after learning: Diarrhoea

Topic	Content of topic	Knowledge (%)	
		Pre-test	Post-test
<i>Diarrhoea</i>	<b>Definition</b> (watery stool 2 or 3 times per day)	54%	96%
	<b>Causes of Diarrhoea:</b> (unsafe food, unclean water, dirty hands, unclean milk-feeding bottle/nipple while breast-feeding)	42%	85%
	<b>Syndrome:</b> thirsty, dried lips, hollow eyes, exhausted, pale skin, less urine.	27%	93%
	<b>How to treat diarrhoea (simple emergency)</b>		
	Use ORS	51%	99%
	Drink coconut juice	44%	92%
	Drink clean/pure/boiled water	65%	91%
	Frequent breast feeding	29%	77%
	How to make and keep ORS	35%	97%
	<b>Preventive measure:</b> Drink clean water (boiled water), eat safe food (protect food from flies)	53%	92%

#### Results of awareness gained by CCMs before and after learning on Menstruation

Topic	Content of topic	Knowledge (%)	
		Pre-test	Post-test
<i>Menstrual Period hygiene</i>	-What is menstruation?	23%	83%
	-What is premenstrual syndrome?	20%	78%
	-Hygienic practices during monthly bleeding	38%	86%
	-In situation where a woman should see a health care provider for bleeding problems.	12%	68%

#### Results of awareness gained by CCMs before and after learning on Intestinal Worms

Topic	Content of topic	Knowledge (%)	
		Pre-test	Post-test
<i>Intestinal worm</i>	<b>Signs of children having worms</b> Restlessness at night, Grinding of the teeth at night, Dark circles under the eyes, Bed wetting, Headaches, sensitive to light, twitching eyelid.	20%	70%
	<b>Life cycle diagram of intestinal worms</b>	15%	86%

	<p><b>Consequences of having worms</b> Loss of nutrients which can lead to anaemia, retarded growth and development, Poor learning ability and poor school performance.</p>	14%	74%
	<p><b>Preventing from worm infections</b> Wash hands; Keep the fingernails short and clean; Always wear shoes and slippers when playing outdoors; Wash raw vegetables and cook meat thoroughly well; Take de-worming tablets every six months or yearly.</p>	34%	82%

**Results of awareness of CCMs before and after learning on ARI**

Topic	Content of topic	Knowledge (%)	
		Pre-test	Post-test
<b>Acute Respiratory Infection</b>	<b>Cause</b> (Infection from one person to others; Lack of proper Hygiene, Careless by parents, Changes in Weather, Exposing body to open air).	25%	61%
	<b>Children normally infected with ARI</b> (0-5 years)	41%	84%
	<b>Syndrome of minor ARI</b> (Cough, Temperature, Headache, Sneeze)	34%	70%
	<b>How to take care of children when they have minor ARI</b> (Drink lots of water, Often breast feeding, Give more extra food, Clear nostril, Use wet towel)	18%	67%
	<b>Syndrome of severe ARI</b> (High temperature or convulsion, Shock, Strider (breathing with sound), Cannot eat or drink )	18%	62%
	<b>How to avoid from ARI</b> (Often breast-feeding; Cover children with clothes; Immunization; Cover mouth when coughing; get supplementary food)	19%	61%

4-Training of 6 Health topics on Diarrhoea to CHPTs by trainers from OD PNK-DB. This topic would be further trained to 168 teachers in charge of classes by project team and CHPTs.

**6 Health topic were trained:**

Topic	Trainer	Trainees	
		CHPTs	Teacher in charge of classes
Diarrhoea /Cholera	From OD PNK-DB.	34 CHPTs (13 Females)	further trained to 207 teachers (61 females)
Worms and Menstruation/Illicit drug	From RHAC and Sovann Phoum	to 33 CHPTs (12 Females)	further trained to 174 teachers (59 females)
Diarrhoea and Malnutrition	From OD PNK-DB.	32 CHPTs (10 Females)	further trained to 174 teachers (59 females)
Refreshing on ARI	Sovann Phoum and CHPTs		192 (41 females) teachers

Results from the training are presented in the following table:

Topics/ Tests	Training place	Scores received			
		Good	Quite good	Average	poor
Diarrhoea /Cholera					
Pre-Test	Svay Kambet	15%	21%	26%	36%
	Chong Cheach	0%	29%	0%	70%
Post-Test	Svay Kambet	<b>29%</b>	<b>64%</b>	<b>5%</b>	<b>0%</b>
	Chong Cheach	<b>81%</b>	<b>12%</b>	<b>6%</b>	<b>0%</b>

	<p>Results from the training are presented in the following table:</p> <table border="1" data-bbox="435 215 1495 394"> <thead> <tr> <th>Worms and Menstruation for girls, and Illicit drugs for boys</th> <th>Good</th> <th>Quite good</th> <th>Average</th> <th>poor</th> </tr> </thead> <tbody> <tr> <td>Pre-Test</td> <td>0%</td> <td>0%</td> <td>26%</td> <td>74%</td> </tr> <tr> <td>Post-Test</td> <td>74%</td> <td>22</td> <td>4%</td> <td>0%</td> </tr> </tbody> </table> <p>Results from the training about the above two topics to 32 teachers</p> <table border="1" data-bbox="435 461 1495 622"> <thead> <tr> <th>Diarrhoea and Malnutrition</th> <th>Good</th> <th>Quite good</th> <th>Average</th> <th>poor</th> </tr> </thead> <tbody> <tr> <td>Pre-Test</td> <td>10%</td> <td>43%</td> <td>47%</td> <td>0%</td> </tr> <tr> <td>Post-Test</td> <td>81%</td> <td>19%</td> <td>3%</td> <td>0%</td> </tr> </tbody> </table>	Worms and Menstruation for girls, and Illicit drugs for boys	Good	Quite good	Average	poor	Pre-Test	0%	0%	26%	74%	Post-Test	74%	22	4%	0%	Diarrhoea and Malnutrition	Good	Quite good	Average	poor	Pre-Test	10%	43%	47%	0%	Post-Test	81%	19%	3%	0%						
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<p>5-Health Topic Mainstreaming in 32 schools (2 schools were added in Oct 2010), on monthly basis, as extra school curriculum subject, by teachers in charge of classes.</p>	<p>Classroom mainstreaming was conducted by teacher of classes to all pupils:</p> <table border="1" data-bbox="435 723 1495 1021"> <thead> <tr> <th rowspan="2">Topic</th> <th colspan="2">Pupil received the message</th> </tr> <tr> <th>Total</th> <th>girls</th> </tr> </thead> <tbody> <tr> <td>Diarrhoea</td> <td>10,568</td> <td>5,388</td> </tr> <tr> <td>Intestinal worms</td> <td>10,721</td> <td>5,414</td> </tr> <tr> <td>Dengue fever</td> <td>10,368</td> <td>5,252</td> </tr> <tr> <td>ARI</td> <td><b>10,898</b></td> <td><b>5,494</b></td> </tr> </tbody> </table>	Topic	Pupil received the message		Total	girls	Diarrhoea	10,568	5,388	Intestinal worms	10,721	5,414	Dengue fever	10,368	5,252	ARI	<b>10,898</b>	<b>5,494</b>																			
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<p>6- Follow up Child Nutrition by Height-weighting children, using BMI tool 3times per year.</p>	<p>In order to check children's nutritional status, project staffs trained and worked together with school principals and teachers in charge of classes to high-weight all children by using <b>Weight-for-Height Reference Table</b>. BMIs Results from pupils of the 30 schools are presented in the following table:</p> <table border="1" data-bbox="435 1182 1495 1373"> <thead> <tr> <th colspan="2">100%</th> <th colspan="2">90%</th> <th colspan="2">80%</th> <th colspan="2">70%</th> <th colspan="2">60%</th> <th colspan="2">Total</th> </tr> <tr> <th>T</th> <th>F</th> <th>T</th> <th>F</th> <th>T</th> <th>F</th> <th>T</th> <th>F</th> <th>T</th> <th>F</th> <th>T</th> <th>F</th> </tr> </thead> <tbody> <tr> <td>5,098</td> <td>2,606</td> <td>2,182</td> <td>1,112</td> <td>1,002</td> <td>523</td> <td>261</td> <td>132</td> <td>0</td> <td>0</td> <td>8,545</td> <td>4,371</td> </tr> </tbody> </table> <p><i>Note:</i>  - T= total number of pupils who have their nutritional status checked with BMIs  - F= female pupils  - 100% = well nourished  - 90% = less nourished  - 80% = medium nourished  - 70% = possible undernourished  - 60% = undernourished  The 22 pupils (14 females) suspected of malnourishment the project team are going to further followed up and refer to HC in next quarter.</p>	100%		90%		80%		70%		60%		Total		T	F	T	F	T	F	T	F	T	F	T	F	5,098	2,606	2,182	1,112	1,002	523	261	132	0	0	8,545	4,371
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<p>7- Continue following up and coordinating with health centres and schools for de-worming pills and health services.</p>	<p>All 30 target schools received de-worming pills, and the pills were given to <b>10,428 Children (5,579 girls)</b>, taking in the class 2 times, in January and June.</p>																																				
<p>8- Launch Dengue Fever campaigns in 30 target villages nearby the target schools led</p>	<p>- Campaigns on Dengue Fever were launched around 29 Schools led by CCMs, CHPTs and other pupils, marching into communities, holding posters and delivering verbal messages of Danger signs of and Preventive Measure against Dengue Fever. A total of 1,104 (687 girls) children participated in and accompanied the marching campaigns.</p>																																				

by CCMs.	Chitrun primary school could not launch that campaign, as the CHPT responsible for running the campaign was in grief over her husband's death
9. Organize a workshop together with Plan Cambodia Kampong Cham and Kampong Cham DoEYS to present results from the project implantation (SHPP and CFS programs) to key stakeholders.	<p>With support from Plan Cambodia, a 2-day workshop on results from the implementation of SHPP and CFS programs was organized, on 8 – 9 September 2010, at Char Thmey high school, Dambae. The workshop was attended by 45 participants, who were from PoEYS, DoEYS, clusters, Principals, teachers, Health Centres, Plan staff, SP staff, PADV staff, CRF staff, and RHAC staff.</p> <p>Results from the implementation of both projects were presented to all participants. A compiled document on lessons learned and some guidelines on the implementation of SHPP, and results from internal and external evaluations on this project were presented to all key implementers for discussions in an attempt to re-design and re-develop this project as well as CFS project for the next cycle.</p> <p>As a result, all key implementers and NGO partners agreed on a number of objectives, strategies, and activities to be carried out and achieved for the next three-year cycle of CFS program, into which the SHPP would be integrated.</p>
10-Conduct World AIDS Day: 1 event in 1 school and Quiz in other 31 schools.	<p>15 children were trained on drama show, 9 children were trained on the song singing for the event, and all relevant stakeholders were invited to the event.</p> <p>One event was held at Veal Touch primary school, where a total of 762 (406 females) participants attended the campaign. Of the total participants, children accounted for 636 (329 girls).</p> <p>In other 31 schools: 10,746 children (5,476 females) participated in the school-based campaigns.</p>
11-Hold Workshop on school health promotion policy	<p>A one-day workshop to promote the MoEYS Policy on School Health was organized on 27/12/10, at Dambae District Education Office's meeting room.</p> <p>A total of 68 participants (11 female) attended the workshop. All participants were from MoEYS, PoEYS, DoEYS, Clusters, SSCs, Principals, SP staffs.</p> <p>During the workshop, participants were also discussing how schools and communities would take over school health promotion activities from Sovann Phoum in the three-year planned project, 2011 – 2013.</p>
12-Supporting Target schools partly with First Aid Kits and materials 3 times per year.	<p>19 target schools received medical supplies for their First Aid Kits. Those supplies included: Betadine, Oxygené, Cotton, Band, Gauz, Compress, Guant Neoplast, Alcohol, Balm and ointment.</p> <p>The rest was supported by CRF.</p>
13-Partly supporting schools to build, maintain, and supply sanitary facilities and materials.	<ul style="list-style-type: none"> <li>- 3 doors of latrines repaired</li> <li>- 2 new open wells constructed</li> <li>- 7 new enclose school fences constructed</li> <li>- 2 new school metal gate installed</li> <li>- 10 new waste-burning oven constructed</li> <li>- 2 school gardens constructed and decorated</li> <li>- 2 hand-washing stations repaired</li> <li>- 10 new school water system connecting wells to latrines installed</li> <li>- 1 rain-water catchments system with two reservoirs built</li> <li>- 15 school's windows and doors repaired</li> <li>- 1 new gutter installed</li> <li>- 1 well repaired at Bangheukleng</li> <li>- 1 Water system connection installed at Kauk Srok</li> <li>- 1 Water Drainage system installed at Sangkum</li> </ul> <p>Each of those schools made a contribution of 30% of the total costs of the installation/maintenance.</p>

14. Reporting Post line study results	A report on Post line study, including comparisons of results from baseline with those of post line, was sent to Plan Cambodia on Wednesday, September 01, 2010.
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### Reasons for variation between planned and actual, and problems encountered

14 new CHPTs were recruited. They have been leading health education activities in schools for the whole month of October, with technical support from project team.

A Workshop on designing the structure and tools for SHMT was organized late, because MoEYS officials were too busy with their end-of-the-year meetings and workshops.

The existing SHMT (district education officials and cluster principals) did not report their monitoring activities at schools to the project team during the last quarter, because the team was awaiting the new partnership agreement with Plan Cambodia. In the newly designed structure of the new cycle, all four Working Groups: MoEYS, PoE, DoE, and Clusters would be involved in M&E of school health activities. The existing SHMT used existing tools to monitor activities while awaiting new tools to be developed by all four Working Groups.

### Lessons Learned

First, it is better for adults to work in partnership with children than to do in children's stead.

Parents and community members are happy and ready to support schools if:

- schools communicate with them effectively;
- schools have a clear planning and objectives to be achieved together with them;
- schools provide a good quality of education to their children;
- schools use their resources effectively and in a transparent manner.

Second, it is better to use existing resources/structure from the community for the sake of community development. An example from the early stage of the 2<sup>nd</sup> cycle of the project is that VHSGs are the right person to attract parents to educational activities, since they normally stay and work closely with parents in communities. That was why the number of parenting sessions increased while they were taking over parenting activities from CHPTs during the last month of 2010. Some of those VHSGs are RHAC's peers, local authority officials, and VHSG of Health Centres in the target area.

### 3. Short Summary of Progress to Date

In summary, results from the implementation of SHPP so far were quite satisfactory. Even though the project implementation started almost one month late, all planned activities were carried out as scheduled; the majority of indicators set were fulfilled successfully. All key stakeholders involved in the project implementation were clearly aware of the project goals, objectives, activities, as well as their roles and participation in school health promotion activities, through one start-up workshop, orientation meetings, monthly meetings, and weekly follow up.

Three main teams in the project were set up with adequate human resources, structures, roles, and responsibilities, while child club members (with females representing the majority) were all recruited and trained. Tools to be used for the three teams in monitoring and follow-up activities were in place. In addition, PAs and members from SHMT and CHPTs were trained in child-to-child approach. 64 VHSGs were recruited as planned to carry out parenting education.

Both materials (first aid kits and supplies) and first aid training were enabled to targeted teachers and schools. Together with the re-functioning and better care of school latrines, pupils have improved both awareness and practices of their personal hygiene.

Educational activities about health-sanitation topics were carried out satisfactorily to the plan through three different approaches of child-to-child, adult-to-child (mainstreaming) and adult-to-adult (parenting education). 7 topics were trained and disseminated to children, reaching 100% of the 7 topics planned by the end of 2010.

Teachers were able to check children's nutritional status at their schools, using BMIs. Pupils' nutritional status was checked 3 times against the 3 times planned for 2010, while those suspected of malnourishment were sent to Health Centres for medical examination and treatment services.

Medical supplies were provided to all target schools as planned. 17 schools received medical supplies for their first aid kits from the project, while 13 schools received them from CRF. Pupils of 25 schools received de-worming pills during



2009. 5 schools had not received the pills for 15 months in cycle 1 (2009). However, all 30 target schools received de-worming pills in cycle 2 (2010).

Community members' ownership over the school development was increasing significantly, especially in reparation, construction, and installation of schools gardens and facilities for learning, child protection, and cleaning activities.

An internal and an external evaluation were undertaken during the end of the first semester. Both external evaluators and donor were satisfied with the results of the project, particularly the improvement to the pupils' knowledge and behaviours on health and sanitation, the school environment, the school equipment and sanitary facilities. However, they both recommended further involvement and participation of school and community members in the long-term sustainability of school health activities. As a result, another cycle of 12 months of the project implementation was continued with the financial support from the same donor.

#### **4. Planned Activities for the Next year**

1- Parenting education:

Support VHSGs and CHPTs to hold parenting sessions in villages around and close to the 32 primary schools, using adult-to-adult approach on the topics of health and sanitation.

2- Educational Activities through CtC approach:

Support schools to conduct CtC educational activities on topics of health and sanitation with 780 PHCCMs, CHPTs, and project team, at the 32 targeted schools.

3- Support schools to run classroom mainstreaming on health and sanitation in the 32 schools, on monthly basis.

4- Enable schools to follow up child nutritional status by height-weighting children, using BMI tool, and refer pupils suspected of malnourishment to Health Centres/hospitals.

5- Enable children to access First Aid Kits materials and services (in 19 target schools) and access to de-worming pills 2 times per years.

6- Partly support schools to build, maintain, and supply sanitary facilities and materials necessary for leaning and cleaning/washing activities.

7- Refresh Training on 5 Health topics to 36 CHPTs and 64 VHSGs, by trainers from OD PNK-DB. This topic would be further trained to 192 teachers in charge of classes by project team and CHPTs.

8- Refresh Training on Child-to-Child approach to 36 CHPTs by Project Team.

9- Hold Workshop on designing structure and tools for M&E for SHMT.

10- Develop school principals' and SSCs' capacity to plan and manage schools health program.

11- Support 36 CHPTs with access to First Aids Training so that they could provide first aid service to their pupils.

12- Organize workshop/training on fund raising and effective communications for all target School Managements.

13- Organize a Child-to-Child ToT Approach for the MoEYS's Working Group so that the Group has the knowledge and skills to test CtC activities at schools, in the process of developing a Teacher's Manual on Health and Sanitation for Primary Level through the use of Child-to-Child Approach.

14- Support schools to conduct World AIDS days (1 event in 1school and Quiz in other 31schools), Dengue Fever Campaign, and Washing Day.

5- Organize a study tour for target schools.

16- Support schools to become a model school per school cluster (2 schools).

17- Reflection Workshop on project progresses on annual basis.

# Non-formal Education Project

A component of E&D-Coordinated Family Empowerment Project, Kampong Speu province

## INTRODUCTION

Non-formal education is another main component of SP Education Program. It is one of the components of E&D's project: Family Empowerment, which has been implemented in two districts of Kampong speu province, since 2006 and this, is the final year of the five year project cycle duration (March/2006 – February 2011). SP has been implementing 2 main components of this project in close partnership with other NGO partners. This section will first present the briefs about the project. Then, it will outline the objectives of the project for 2010 and will present results achieved from the implementation. Results from this project implementation will be presented in 2 different sections: Health Education, Basic Classes in community.

## BRIEFS ABOUT PROJECT

### Donors:

EU, French Ministry of Foreign Affairs (MAE)/French Embassy, AADC

**Partners:** E&D, Deep and Krousar Yoeung

**Target areas:** (111 villages in total) Kong Pisei district (4 communes): Snom Krapeur, Moha Russey, Sdok and Prey Vihear. Basseth district (2 communes): Pheary Meanchey and Toul Ampil

**Target family:** 10,975

**Project Duration:** 2006 – 2011

Reporting period : January – December 2010

## OBJECTIVES FOR 2010

### Health Education through Child to Child activities

- Improve 220's knowledge of child club member on well hygiene, surrounding hygiene, body hygiene, tobacco/smoking prevention, domestic violence and other topics to be chosen.
- Promote children's motivation and participation in CtC activities, as well as their studies at public schools;
- Expand Child club members' dissemination on health issues;
- Improve 1,000 indirect group's knowledge on well hygiene, surrounding hygiene, body hygiene, tobacco/smoking prevention, domestic violence and other topics to be chosen;
- Improve teaching and learning activities by preparing, producing and using pedagogical materials;
- Evaluate the target groups' knowledge on the 5 topics (pre-test and post-test);
- Implement exit and sustainability strategy of Health Education Project.

### Basic Classes in Communities

- Set up 4 classes of grade 1 in 4 communes (Sdok, P.Vihear, K Kropeu and P.Mean Chey) with 160 students;
- Improve teachers' and students' learning and teaching activities through regular monitoring, monthly technical meetings and materials preparation for pupils and teachers;
- Improve parents committees' capacity to manage income generation activities through working closely with them and monthly report meetings in order to sustain the basic class;
- Implement exit and sustainability strategy of Basic Class in communities.

## I - RESULTS ACHIEVED

### 1. Health Education

#### 1.1. Child Club Members (direct beneficiaries)

#### Statistics of child club members and their clubs

Name of child clubs	Planned in 2010			Achieved in 2010		
	Boy	Girl	Total	Boy	Girl	Total
1-Wat Phnom Tauch (S Kapeu)	8	22	30	8	22	30
2-Tropaing Veng (S Krapeu)	10	25	35	10	25	35

3-Wat Angmontrey Mey (Prey Vihear)	14	20	34	14	20	34
4-Tropaing Brolit (Sdok)	12	16	28	2	16	18
5-Kraing Chheuneang (M Russey)	17	18	35	17	18	35
6- Damnak Trach (T. Ampil)	10	16	26	10	16	26
7-Tasom Ork (P. Mean Chey)	15	17	32	15	17	32
<b>Total</b>	<b>86</b>	<b>134</b>	<b>220</b>	<b>76</b>	<b>134</b>	<b>210</b>

The total number of CCMs planned to be recruited was 220 in 7 groups. At the beginning the CCM recruited number was 220, but at the end of the 1st semester there were only 210, because there were no motivated children to replace the 10 abandoned children in Trapeang Prolit. In total, 85 CCMs abandoned CtC club, representing 39%, 50 of whom were girls, aged from 15 to 17, and most of whom dropped out of schools and went to work in garment factories. Then, 75 (50 girls) new CCMs aged from 9 to 12 were recruited. So, the actual number dropped to 210 CCMs (64% girls).

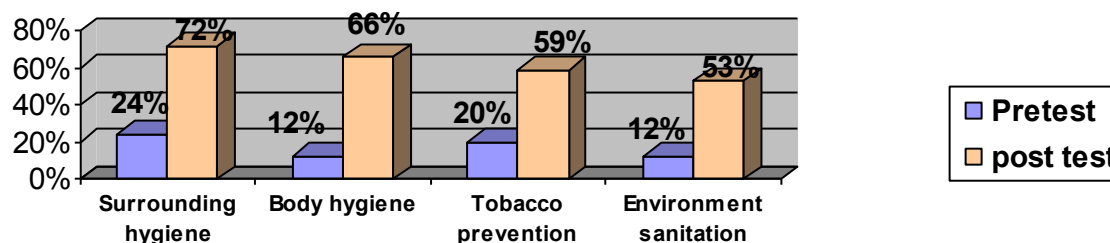
### 1.2. Topics for Education

Planned	Achieved	Remarks
5 topics: -Hygiene in surrounding areas (including Well hygiene) -Body hygiene -Child Rights -Domestic violence -Tobacco/smoking	6 topics: -Hygiene in surrounding areas (including Well hygiene) - Body hygiene - Mushroom & water grass growing -Child Rights; -Tobacco/smoking prevention -Environmental sanitation/cleanliness.	- Domestic violence was replaced by mushroom and water grass growing

The topics of hygiene in surrounding areas, body hygiene, and domestic violence were planned to be carried out through the six-step CtC activities, while Child Rights was planned to be carried out through campaigns. In the actual implementation, 3 topics were trained to children: surrounding hygiene, body hygiene, and Tobacco/smoking prevention, while domestic violence was replaced by the life skill education on mushroom growing, trained in 2 days by E&D staff, participated in by 30 CCMs and 3 school health teachers of 3 primary schools. Another life skill of domestic vegetable growing, cooking and sanitation in food preparation was learned and practiced by CCMs. The Child rights topic was also performed through the 1<sup>st</sup> June International Children Day. Then, the topic of Environmental cleanliness/protection was additionally trained in January and February 2011.

### 1.3. Direct Beneficiaries' Increased Awareness

In order to evaluate the level of knowledge gained by direct beneficiaries before and after training on individual topic, the project conducted pre-test and post-test with child club members. The pre-test was conducted during step 1 and post test was undertaken during steps 6. Results are presented as follows:



The bar chart above shows the results collected and calculated from all child clubs of the 26 target villages. Child club members were more interested in the issues of hygiene in surrounding areas, as there was as many as 72% of the total child club members who were aware of good practices of hygiene in surrounding areas in the post test. However, there was only 53% of the child club members who were aware of friendly practices with the environment. Body hygiene was the second topic interested by children as there was as many as 66% of children who better understood the issues of body hygiene, where before educational activities, there was only 12% of them who had had some knowledge of body hygiene. Through observations among 220 CCMs, before educational activities about hygiene in surrounding areas, only 43% of the children had garbage holes in their backyards, while after training, 85% of them had it.

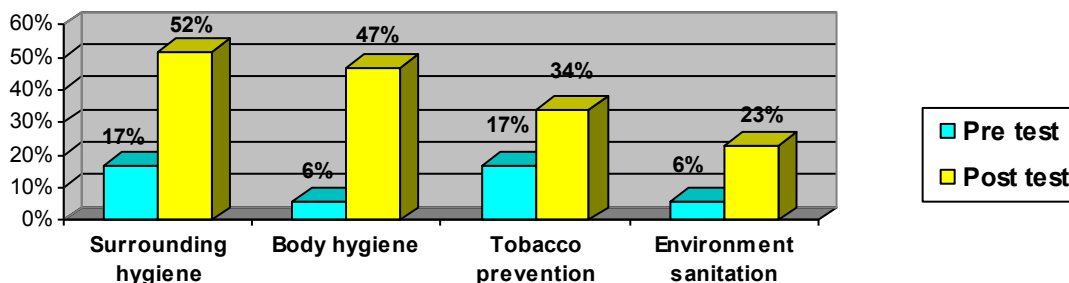
#### 1.4. Indirect Beneficiaries' Participation and Increased Awareness

The 7 groups of CCMs, with coordination of Project Assistant, organized clean up campaigns in 7 villages, one group of child club per village, with their indirect target children. Door-to-door visits and educational activities through drama shows were also used to transmit key messages to indirect group.

The numbers of indirect target groups who participated in educational activities and received messages from CCMs are presented in the table below:

Topics	Activities	Children	Adults	Total
1- Hygiene in Surrounding areas	Gathered villagers and cleaned up wastes in 7 villages of CCMs, which represented the area with the poorest sanitation of surrounding areas.	80% of children in those 7 villages	no adult	
	Groups of 4 CCMs spread out messages about well hygiene in 7 villages	509	421	930
2- Body hygiene	Groups of 4 CCMs spread out messages about body hygiene in 7 villages	346	289	635
	Hair washing with anti lice shampoo in 3 schools and 9 villages	182	1,211	1,393
3-Tobacco/smoking prevention	Groups of 4 CCMs spread out messages about dangers of smoking in 11 villages	514	605	1,119
<b>Total</b>		<b>1,551</b>	<b>2,526</b>	<b>4,047</b>

In order to evaluate the level of knowledge gained by indirect beneficiaries before and after educational activities on individual topics, the project conducted pre-test and post-test with them. The pre-test was conducted during step 1 and post test was undertaken during steps 6.



After receiving health messages from CC groups, indirect groups fairly increased their knowledge by around 40% related to surrounding hygiene (17%-52%) and body hygiene topic (6%-47%), and slightly increased by around 20% related to tobacco/smoking prevention (17%-34%) and environment sanitation (6%-23%).

Through observations, among indirect target group interviewed, before awareness activities on surrounding hygiene, only 35% of them had garbage holes at their backyards, while after training 67% of them had it.

#### 1.5. Exit/Sustainability strategy for health education

During the last year of the 5-year project, SP moved 50% of the Child-to-Child Health Education from communities to primary schools, in accordance with the national policies Child Friendly School Program and School Health Promotion, in order to sustain health education activity. As a result, CCMs were integrated into Student Council structures of 3 primary schools, led by the principals and teachers. One topic of body hygiene was firstly conducted in schools in cooperation with and technical assistance from the project. In 3 primary schools of Svay Char, Ang Metrey Mey, and Svay Teap, activities of 3 clubs of CCMs consisting of 20, 28, and 20 members in each of the 3 respective schools were directly carried out, in cooperation and support from those schools.

#### Capacity building supported to 3 schools

Deputy-principals of the 3 schools were trained, with support from E&D team, in mushroom growing. One CtC training course was organized and a Teacher's Guidebook on health/sanitation education through CtC approach was developed and distributed to them. In addition, some Hygiene materials were supplied to those 3 primary schools.

However, 1 club of 28 CCMs in 3 villages of Trapeang Pralit, Trapeang Kokoh, Beng, and Chek was discontinued as they were not happy with the strategy of ending material support to CCMs.

## 2- Basic classes in Communities

In September 2010, in collaboration with Monitor from district education office and teachers, the project organized a final examination for pupils of the 4 classes for the 4<sup>th</sup> term of school year 2009-2010.

Table of pupils of the 4<sup>th</sup> term (September 2009-July 2010) and the result of final examination

No	Name of Villages	Number of Students		Number of passed		% passed	Failed		Repeated in next term		Gone to public schools	
		Total	Female	Total	Female	All	All	F	All	F	All	F
1	Tropaing Pralit	42	22	40	19	95%	2	1	2	1	40	19
2	Tropaing Chrey	27	15	19	10	86%	8	5	8	5	19	10
3	Sach Trey	30	18	26	14	87%	4	4	4	4	26	14
4	Kak Krapeu	25	16	21	11	84%	4	4	4	4	21	11
Total		124	71	106	54	85%	18	14	18	14	106	54

Another term in the new school year, September 2010 – July 2011, was run with operation of 4 basic classes in the same villages. The following table presents the number of pupils of both sexes attending the new classes.

Table of pupils in the 5<sup>th</sup> term (Sept 2010-July 2011)

No	Name of commune	Name of village	Number of students		% of monthly absence
			All	female	
1	Pheary Mean Chey	Sach.Trey	32	18	0.31
2	Snam Krapeu	Kak krapeur	21	10	0.44
3	Sdok	Trapeang.Brolit	45	18	0.46
4	Prey Vihear	Trapeang. Chrey	21	10	0.54
Total			119	56	0.44



**Note:** In Trapeang Pralit class, more than 60% of the pupils are from neighboring villages of Chek and Trapeang Kokoh, attracted by the qualified teacher.

### 2.1. Materials Supported to Direct Beneficiaries

During the 4<sup>th</sup> term, some school materials were supported to teachers (plastic files, note books, chalks, pens, attendance/score book, teachers' guidebook) and to pupils (plastic files, boards, chalks, note books, pencils, rulers, erasers, textbooks). However, in the 5<sup>th</sup> term, September 2010-July 2011, aimed to implement exit strategy in the final year, the project stopped supporting all study materials to pupils and some teaching materials that could be supported by the BC Committees, in order to build up the ownership of communities and educational authorities towards basic education.

### 2.2. Parent Committees and Income Generating Activities

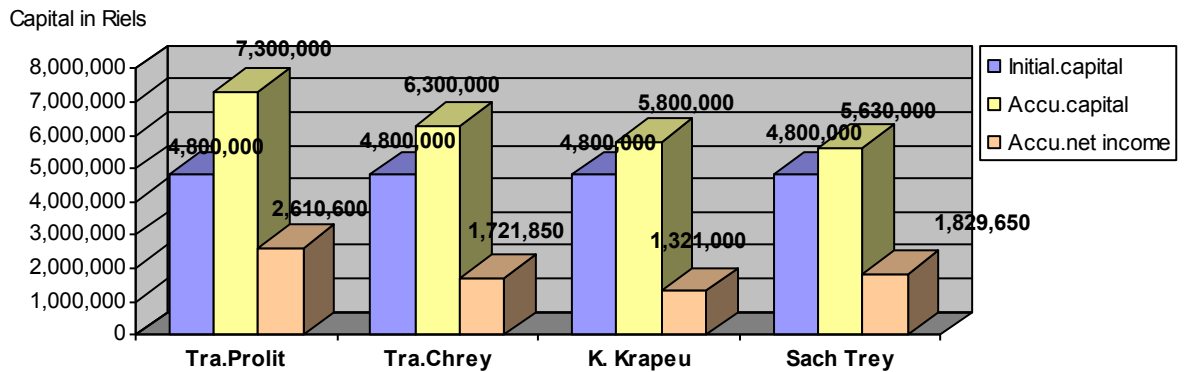
Since April 2007, SP signed one-year partnership contracts with Basic class committees on income generating activities, by releasing loan fund to them so that they can generate income through micro credit activities with parents of pupils, through 3% of monthly interest. The income earned from loan interests and contribution fees from parents were used to cover the basic class expenses, like teachers' salary, committees' per diem, supervisor's indemnity and transportation fees for monthly meeting amongst committees.

Parent Committees regularly took part in monthly meetings, reporting their monthly incomes and expenses, and their reports were verified by SP. Financial reports of the committees were displayed at the basic class to villagers, showing the transparency in using resources.

### 2.3. Level Sustainability of Basic Classes

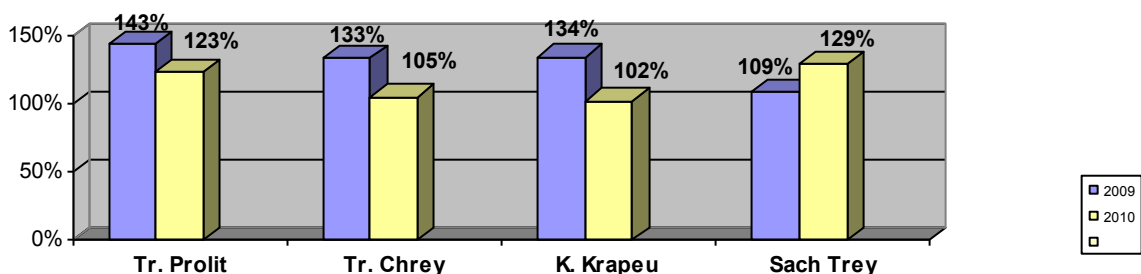
During 2010, all 4 basic classes in communities reached a satisfactory level of sustainability, but with a lower level than that of 2009, because all classes increased their expense on teachers' salaries, committees' indemnity, and 50% of supervisor indemnity. Nevertheless, all classes were run successfully with over 100% of self-sufficiency. For more details about figures, please see *Annex on Income/Expenses Statement of Micro Credit Activities of Basic Class Committees in 4 villages in 2010*.

#### Situation of micro credit capital at 28 February 2011



The bar chart above showed the increase in accumulated loan capital of the 4 MC/BC committees during 13 months (jan/2010-February/2011), ending on 28 February 2011. The net income earned from interest during the last 4 years was added from time to time into the loan capital. The initial loan capital was released by SP in April 2007, amounted to 4,800,000 Riels, to each committee. Among the 4 committees, K.Krapeu has just operated BC and micro-credit activities for two years, replacing Sangkreambo.

#### Operational sustainability of micro credit activity in 2010 compared to the one in 2009



Comparing to 2009, the operational sustainability levels in 2010 of 3 MC/BC committees were slightly lower than those of 2009: Tr. Prolit from 143% to 123%, Tr.Chrey from 133% to 105%, and K. Krapeu from 134% to 102%, while Sach Trey increased, from 109% to 129% because the expense decreased, the committee indemnity was paid to 1 member instead of 2.

### 2.4. Exit/Sustainability strategy of Basic Classes

In order to sustain BC activity after the end of the project in February 2011, SP organized series of meetings with villagers of the 4 BCs, village chiefs, commune chiefs, and Education District Officers.

As a result, 7 Saving Associations (SAs) were established with their own statutes validated by commune chiefs and district governor, in which each group had 30 to 70 members. Committee members of the SAs were trained by SP about the technique of Savings and micro credit management. One of the objectives of the SA is to support the operations of the BC. In the initial stage, according to the statute of the SAs, 1% of the total income from interest would be allocated to the BC operations, while the rest would be for members of the group. The amount of contributions to the BC from the SAs would vary in the future, depending upon the total amount of income saved



by the group. Of the 7 SAs, 2 associations (in villages of Chek and Trapeang kokoh) could not yet be run, because their members refused to deposit their monthly savings, by seeking the start-up capital first. For more details, please see *Annex on Income/Expenses Statement of Savings Activities in 5 Savings Associations in 2010 (in Riels) June/2010 – February/ 2011 (9 months)*.

The 3 Basic Class Committees in Kong Pisey district became Basic Class Communities, which are composed of District Education Officer, commune chiefs, village chiefs, existing BC members, and teachers, and which are validated by the District Governor. Regarding the BC in Basethd district, the committee, commune council, and DoEYS were in the process of submitting a project plan and budget to the MoEYS for school buildings and facilities, on a piece of land offered by a nearby family. Once constructed, the operations of primary classes in this community will be the responsibility of Basethd DoEYS, and the loan capital from SP will be removed accordingly.



The DoEYS of the 2 districts will continue controlling the education quality of the BCs. The BC communities will pay some fuel cost to the Supervisor while monitoring their classes.

SP will continue supporting the 3 BCs through its existing loan of USD1,200 but on the **following conditions**:

- ☞ The support will just for a transitional period only; that is, when these communities do not have access to other supports. The loan still belongs to SP, and SP is entitled to collect it back immediately if the BCs do not function or the key stakeholders can not manage the loan appropriately.
- ☞ SP will no longer be involved in monitoring the operations and education quality of the BCs, but it will follow up its loans on monthly basis.
- ☞ Communities of these BCs must find ways to increase income/resources to support class operations and teachers' salaries.

## II – Challenges

39% of the CCMs, mostly girls aged from 15 to 17, left the clubs, because of their poor living conditions and worked in garment factories. Some CCMs gave up the club because the project stopped its support in school materials & snacks. The turnover of child club members resulted in different levels of children's knowledge, and it caused difficulties to the project team in building up their capacity and knowledge. The young CCMs, were mostly not brave, timid and shy with adults during the awareness activities.

Educational authorities and local authorities in Basethd seemed to transfer their own roles and responsibilities for education of children in their area on the project, as they were not very concerned about child exclusion from education, especially in the process of requesting for school buildings and facilities from the MoEYS. By contrast, community members were quite active in having their children accessing education, as they have offered their land for school construction.

Local authorities of Sdok commune were bringing their own conflict of interest to the operation of BC, as they were asking for some part of the income earned by the BC committee to be used for a different purpose. The income was to be devoted to the class operations.

## III- CONCLUSION

In conclusion, the 2 components of non-formal education project were implemented successfully. In Basic Classes, 85% of the total 124 pupils passed the final exam in the school year, September 2009 – July 2010, and were sent to nearby public schools. In another school year, September 2010 – July 2011, a total of 119 (56 girls) were supported to the same 4 Basic Classes. All 4 Basic Classes reached over 100% of self operational sustainability as expected. In child-to-child health education, the project supported a total of 220 children, who learned and further disseminated health-sanitation messages on 6 topics to other children in their communities.

There was strong support from district authorities and active participation from community members in activities. Children supported as well as their families, have better improved their behaviors towards personal hygiene, hygiene in surrounding areas, smoking, and environmental cleanliness. Local authorities were more involved in creation of Savings Associations, and BC Communities. Parents, local authorities, and education authorities took over basic classes in communities, while schools took over health education from the project. Initial stage of activity implementation after handed over by the project, both activities of BC and health education were carried out with a satisfactory result.

# Vocational Training Program

## I. Introduction

Vocational Training project is another key component of SP's socio-economic program, which has been implemented since 2004, to help disadvantaged youths from poor families living in urban and sub-urban slum areas, to get vocational training skills, adapted to current labor markets, and jobs.

From March 2004 to February 2008, the project was supported by the EU and CCFD (Comité Catholique contre la Faim et pour le Développement). From March to May 2008, it was supported by Enfants & Développement (E&D), while awaiting financial supports from other donors. From June 2008 to May 2009, it was supported by aacid, Voix de l'Enfant, Direct Aid Program, and other small donors through E&D. From June 2009 until the present time, the project has been supported by aacid.

This annual report presents the main activities of Vocational Training project from January to december 2010, starting with briefs about the project, followed by objectives for the year, results achieved, challenges, and objectives for 2011.

## II. Brief about Vocational Training Project

Donor: Aacid: Spanish Agency for International Development Cooperation (through E&D)  
Partners: E&D, SKO, NYEMO, Friends, TASK, CHILD RESCUE, and Project Future.  
Location: Phnom Penh and its sub-urban areas: Khan Russey Keo, Dangkaor, Toul Kork, Sen Sok, Chamkarmon, Mean Chey, 7 Makara, and Doun Penh.  
Duration : January to December 2010

## III. Objectives for 2010

- ❖ Recruit 100 disadvantage youths from poor families;
- ❖ Follow up all trainees in training;
- ❖ Follow up all trainees completed training (at least 1 year, every three months after training);
- ❖ Networking with more NGOs partners and private sectors;
- ❖ Seek the best quality training centres;
- ❖ Help trainees to find a job after training (80%);
- ❖ Minimize number of dropped-out trainees;
- ❖ Expand project areas;
- ❖ Educate trainees in their training courses on personal development, basic business plan management, basic entrepreneurship, as well as health, social and ethical issues.

## IV. Results Achieved

### 1. Beneficiary requests

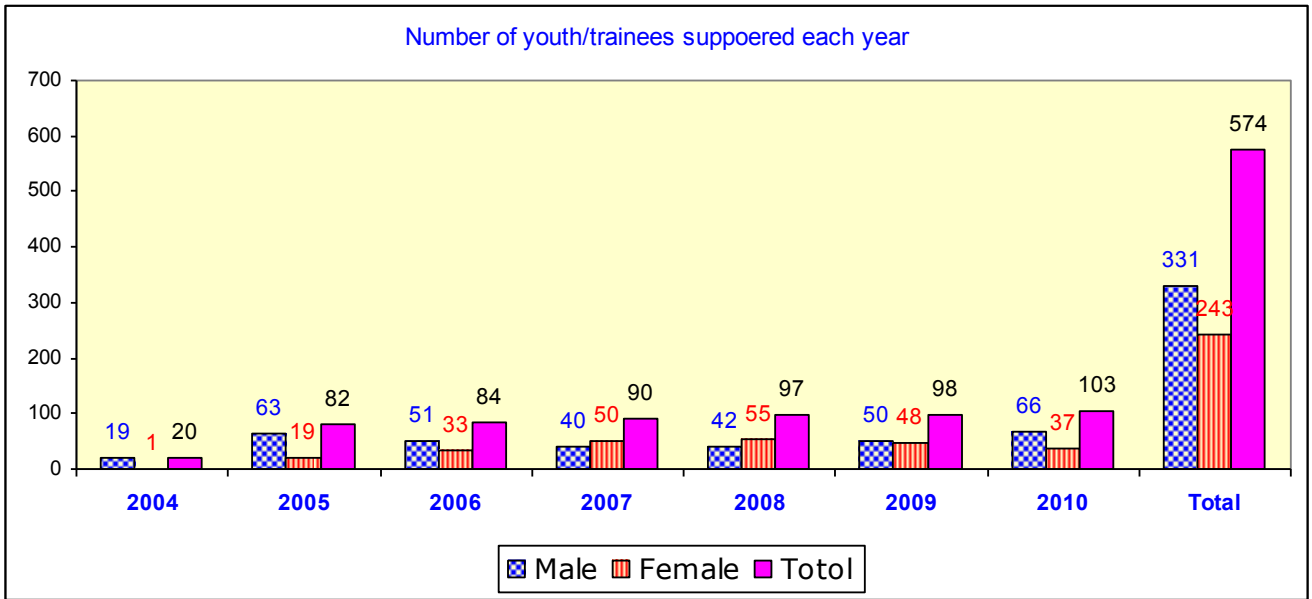
In 2010, Vocational Training project received 145 application forms from uneducated and unemployed youths who were living in target slum areas. Of those youths, 32 candidates (14 women) were from SKO, 15 (6 women) from TASK, 4 (1 woman) from Child Rescue, and 1 from CODO (Community Development Organization).

### 2. Number of youths recruited and sent to training centres

103 youths (37 women) were successful recruited and selected by VT team after assessment processes with candidates, their parents, local authorities, neighbors in their communities, and NGOs partners. Of the selected youths, 17 (8 women) were referred from SKO, 3 (3 women) from TASK, 2 (1 woman) from Child Rescue, and 1 from CODO. All of them were sent to training centres, where most of them were private workshops. Only 2 trainees were sent to the training center of an NGO partner (Friends Cambodia).



The number of trainees supported in 2010, compared to previous years.



Comparing between male and female, in 2010, female trainees recruited represents only 36% of the total trainees. This does not mean that the project was discriminating against women. The reality was that during 2010, there were less requests/application from women even though the project team promoted the skill training support again and again to them in target areas. That could be attributed to a fact in the recent situation where women found it a bit easier than men to find informal/unskilled jobs in garment factories, restaurants, guesthouses, and entertainment places, like karaoke parlours, beer gardens, night clubs, massage shops, etc. Men, by contrast, had less opportunity to access those informal unskilled jobs, and that was why many of them found an opportunity for vocational skill training supported by Sovann Phoum. In addition, women were not interested in such skills as repairing (electronic, car, motorcycle), painting, and cooking.

### 3. Type of skills offered

9 different types of training skills were provided to youths, each of which was selected by themselves, according to their talent, preference, motivation, and market demands. Amongst the 9 skills learned, tailoring was the most popular accounting for 26%, followed by hairdressing, hand phone repairing, and motorcycle repairing.

- 1- Tailoring : 27 trainees
- 2- Hairdressing : 18 trainees
- 3- Hand phone Repairing : 16 trainees
- 4- Motorcycle Repairing : 13 trainees
- 5- Haircut : 9 trainees
- 6- Cooking : 9 trainees
- 7- Car Repairing : 8 trainees
- 8- Drawing : 1 trainee
- 9- TV Repairing : 1 trainee

Following are pictures of each training skill:



Tailoring for male



Tailoring for female



Hairdressing



Hand Phone Repairing



Motorcycle Repairing



Haircut



Cooking



Car repairing



Painting



TV Repairing

#### 4. Main activities during training

##### a- Follow up

Following up trainees and trainers were regularly done on weekly basis by VT staff, at the training centers. By doing this, trainees and trainers informed the team about difficulties or issues which they were facing during their learning and teaching, so that solutions could be found on time. From that activity, skills they have learned/practiced, and have not, were discussed among the three parties in order to bring the best results as expected, in line with their schedules.

##### b- Counselling

Normally, trainees in training received counseling from the project staff, especially when the staff realized that they had personal problems, or crisis in their families or others, or needed, all of which directly or indirectly affect their study as well as their mental and physical health. The counseling was provided to trainees in two types of individual and group, depending on their cases. A total of 15 individual cases received counseling, and 11 of them removed their stresses and felt happy in their training skills.

##### c- Additional education to trainees in training

All trainees in training came to Sovann Phoum office two times per month, to meet and learn together. Different lessons learned by individual trainee in training were shared and exchanged during that session. During the whole year, the team organized sessions on the following topics with all trainees in training:

- Family planning
- Gender, love & relationships between males and females
- How to work as group
- Listening skills

- Communication skills
- Personal plan preparation
- How to prepare your goals
- Future plans
- Body hygiene & sanitation and Reproductive health
- Traffic signs and lights
- How to convince customers
- How to manage small businesses

**d- Mid-term and final evaluation**

Evaluation of trainees and trainers were undertaken twice during the training course: mid-term and final evaluation. They both were aimed to find out the strengths and weaknesses of trainees and trainers in relation to their knowledge, skills, experiences, behaviors, and attitudes. Ultimate results for trainees were to make sure that they have acquired the right and adequate skills and experiences for the right jobs, while those for trainers were to ensure that they have been qualified and able to accept new trainees.

Through mid-term evaluation, 41 out of 48 trainees were found working hard with trainers during the training, and practicing their skills with customers and other trainees at training centers. The majority of trainees were very satisfied with their trainers and the skills acquired. However, a few training places frequently changed their trainers during their training period, and they, therefore, wasted their time. But they were still committed and making great efforts to learn and practise their skills.

In the final evaluation, 65 out of 73 trainees acquired adequate skills in their fields, as they got a job after training.

**e- New workshops found**

In 2010, 14 new private workshops in 6 different types of skills (4 hand phone repairings, 3 tailorings, 2 haircuts, 2 hairdressings, 2 car repairings, and 1 motorcycle repairing) were selected as the training places for SP's trainees.

**5. Post training activities**

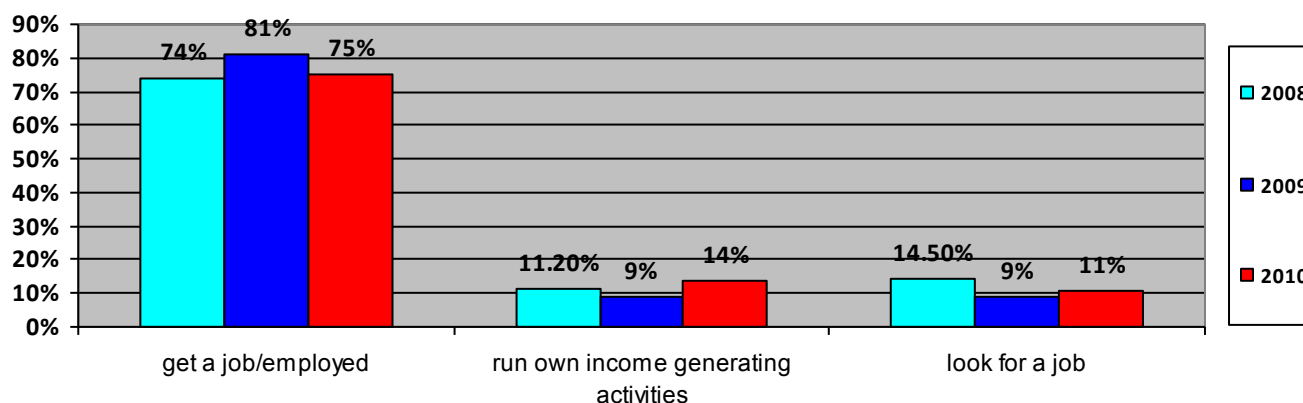
**a- Training completion**

In 2010, 73 trainees completed their vocational training courses. Most of them started the training in the second semester of 2009 and the beginning of 2010. All of them, 6 trainees decided to continue their training for 3 months in stead of looking for a job, as they felt that they were not yet 100% ready for jobs, and they needed to improve their skills as well as practices with customers.

**b- Job placement**

Most of the trainees completed their training course successfully. 55 trainees (75%) got a job in different workplaces, 10 (14%) ran businesses by themselves using their learned skills, while 8 (11%) trainees were looking for a job. This indicates that the project achieved a higher level of employment rate after training, compared to the original indicator and expected result of 80%.

Status of trainees after training completion in 2010, and its comparison to previous years



**c- Trainees' income from their employment and income generating activities**

All trainees who completed their training have been followed up at least 1 year after the training course. The majority of trainees who got a job were receiving an income from USD 30 to USD 80 per month, and most of them were being employed at private workshops where they were trained.

## **6. Trainee Alumni Association**

Those who have completed skill training were linked together with regular meetings and events through a Trainee Alumni Association, which was established in April 2010. The Alumni was formed with the aims to:

- Exchange lessons learned between trainees in previous and current generations about skills and jobs;
- Provide support to youths in younger generations through skills training and job opportunities by Alumni members who have run their own income generating activities, or enterprises.

## **VI. Challenges**

### **1. Difficulties in controlling trainees and trainers**

There were a few trainees who were often absent from the training place, and some of them just asked permission from trainers without informing the project staff. Sometimes, the trainers intended not to disclose some issues of the trainees to project staff. Those issues included absence and late arrival to the training places. The team shouldered heavy burdens, on the one hand, on counseling and educating for trainees, and on the other hand, on motivating trainers to pay close attention to the training quality with trainees.

### **2. Difficulties in finding training centres**

As the number of new recruited trainees were increasing, the VT team worked harder to find various private workshops for them. The team experienced a big challenge to find some training places, like car repairing, hand phone repairing, motorcycle repairing, TV repairing, and tailoring, because some of them did not accept trainees from Sovann Phoum, and some others asked for very high training fees.

### **3. Newly recruited youths did not want to study in workshops far from their homes**

Most of the poor/disadvantageous families are living in sub-urban areas of Phnom Penh, while most of the available training centres and other private workshops are in the central city. So, youths had to travel there for their skill training. But their parents or relatives did not want or allow their children to study in the workshops far from their communities. The VT team, therefore, spent more time to find new training centres close to their accommodation.

### **4. The limit of target areas**

The project has been implemented in the same target area since it was started. The agreement between Sovann Phoum and Phnom Penh Municipality expired since 2008. The project just got permission from the Municipality in mid-2010 for the expansion of the project coverage services to all districts of the city.

### **5. Severe lack of basic needs of the target groups**

In the current situation of Cambodia, youths (both males and females) in poor and extremely poor families are the main labour force and income earners in their families. Normally, the youth needs at least USD2 for food for her/his family through wherever unskilled job they can do, including construction work, or serving in factories, restaurants, guesthouses, and entertainment places, like karaoke parlours, beer gardens, night clubs, massage houses, etc. Therefore, this group of youths find it hard to go into skill training unless they or their families receive some assistance in food or small cash for their daily living.

## **VII. Conclusion**

In conclusion, the implementation of Vocational Training project during 2010 shows a satisfactory result even though it encountered some challenges. The number of youths recruited and sent to training places, reached 103, against the 100 planned for the year. 9 different skills were supported to trainees, plus additional soft skills training. 75% of those who have completed the training got a job right after the training completion, 14% ran their own income generating activities, and 11% were looking for a job. A Trainee Alumni Association was established to better link mutual support amongst the former trainees and trainees in training.

## **VIII. Objectives for 2011**

1. Recruit disadvantaged youths from poor families (number will depend on funds available, and not know now);
2. Follow up all trainees in training;
3. Follow up all trainees completed training (at least 1 year, every three months after training);
4. Link with more NGOs partners and private sectors;
5. Seek the best quality training centers;
6. Help trainees to find a job after training (80%);
7. Minimize number of dropped-out trainees;
8. Expand project areas;
9. Educate trainees in their training course on personal development, basic business plan management, how to succeed entrepreneurship, as well as health, social and ethical issues.

## Micro-Credit Program

### Introduction

Micro-credit Programme, a component of economic program of Sovann Phoum (SP), has been implemented since March 2004. The Programme has been implemented in close links with partner organizations, like E&D, SKO, Chamreoun Micro Finance Institute and other NGO partners in the areas. This annual report will first briefly outline the Programme. Then, it will introduce the Programme objectives and present in details the results achieved during the implementation in 2010. In addition, challenges, issues addressed and objective plans for 2011 will also be presented at the end of the section.

### Brief about the Programme

Description					
Donor	Entrepreneur Du Monde and DBN				
Partner	Chamreoun MFI, SKO and E&D				
Location	Slum communities in Phnom Penh and its sub-urban areas				
Starting date	March 2004				
Beneficiaries	Poor families and HIV/Affected people in Phnom Penh and its sub-urban areas				
Products	Method	Period	Interest	Loan Size	Currency
Loans	Small Loan	3 - 12 M	3%	100,000 – 1,000,000	KHR
	Big Loan	4 – 24 M	3% - 2%	1,100,000 – 8,000,000	KHR
Savings	Compulsory	Not limited	2%/ year	Not limited	KHR

### Plans for 2010

- To provide financial service to 1,240 beneficiaries (Small loan 1,188 Ps and big loan 52 Ps) living in target areas;
- To improve the staff's knowledge and skills in Micro Credit;
- To improve performance quality: increasing loan outstanding, portfolio quality and outreach.
- To expand the coverage areas of the services to new villages;
- Provide non-financial services related to business concepts to beneficiaries in the field;
- To promote and increase savings deposited by beneficiaries;
- To write off loans late more than 365 days and promote the loan-written off recovery;
- To improve the reimbursement rate of loan products up to 90 %

### Results Achieved

#### Loan released

Table of plan and actual loan disbursement released by the month:

Date	Small Loan		Big Loan		Small Loan		Big Loan	
	# Partner	Amount	# Partner	Amount	# Partner	Amount	# Partner	Amount
Jan-10	92	45,850,000	3	6,000,000	46	27,900,000	6	17,500,000
Feb-10	93	46,200,000	5	10,000,000	60	32,800,000	5	14,500,000
Mar-10	93	46,200,000	4	8,000,000	82	49,100,000	12	36,000,000
Apr-10	94	46,550,000	5	12,000,000	71	38,700,000	3	8,200,000
May-10	93	46,200,000	4	10,000,000	55	26,250,000	4	13,200,000
Jun-10	93	46,100,000	5	12,000,000	59	31,200,000	4	9,800,000
Jul-10	104	50,750,000	4	10,000,000	86	44,000,000	10	27,200,000
Aug-10	103	50,050,000	5	12,000,000	71	36,200,000	7	23,400,000
Sep-10	104	50,050,000	4	10,000,000	100	52,310,000	3	10,000,000
Oct-10	104	50,040,000	4	12,000,000	79	40,400,000	5	16,700,000
Nov-10	105	50,850,000	4	10,000,000	76	45,300,000	8	21,700,000
Dec-10	110	52,850,000	5	12,000,000	81	48,000,000	14	46,400,000
<b>Total</b>	<b>1,188</b>	<b>581,690,000</b>	<b>52</b>	<b>124,000,000</b>	<b>866</b>	<b>472,160,000</b>	<b>81</b>	<b>244,600,000</b>

### **Small and big Loan amount disbursement**

As presented in the table above, in 2010, MC Programme released loans to a total of 947 (small loans: 866, and Big loans: 81 Ps). This result shows that the actually released loans were 293 in number under the business plan, where small loans released were 293 under the plan, but big loans released were 29 more than the plan.

The business plan for small loans could not be reached because of the change in policies in the Manual of Operations, one of which specifies that all beneficiaries are required to have a guarantor, which is a new condition to secure loans after the bad effects of global financial crisis. The big loans released, on the contrary, were over the plan. Such an increase was attributed to the transfer of borrowers from US Dollar big-loans to Riel big-loans. SP had another product of big loans in US Dollar (2 to 3 loans per month) from its own proper fund before 2010. In 2010, that product was ended, where borrowers of US Dollar loans were transferred to clients in Riel currency in the program, increasing the number of big loan clients almost in double.

In total, the Programme disbursed loans amounted to 716,760,000 KHR, over the total budgeted disbursement in an amount of 11,070,000 KHR. Small Loans disbursed accounted for 472,160,000 KHR, under the plan in an amount of 109,530,000 KHR, and Big loans were over the budget in an amount of 120,600,000 KHR.

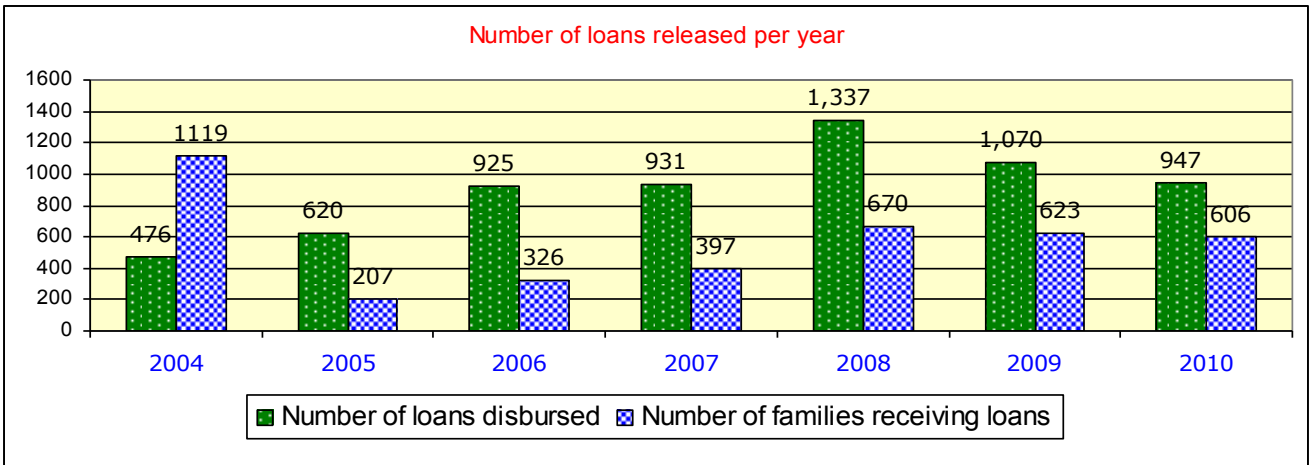
Comparing to 2009, the total loans released in 2010 were 128 less than those released in 2009, but the total amount released was 78,800,000 KHR more than that disbursed in 2009. The increase in total amount of loans released in 2010, compared to that of 2009, was attributed to the increase in the number of big loans (from 29 in 2009 to 81 in 2010) and the increase in average loan amount per loan, partly affected by the increase in cycles of loans and inflation rate during the year.

### Summary of main results of client below the business plan:

- I) The Programme changed its operational guideline to reduce loans late and loans lost.
- II) The Programme filtered old partners to make sure they fit the new criteria.
- III) The requirements for new clients in the new guidelines are stricter and harder to be achieved, making it more difficult for CAs to disburse first loans as well.
- IV) Coverage areas of the Programme remains limited for financial service.

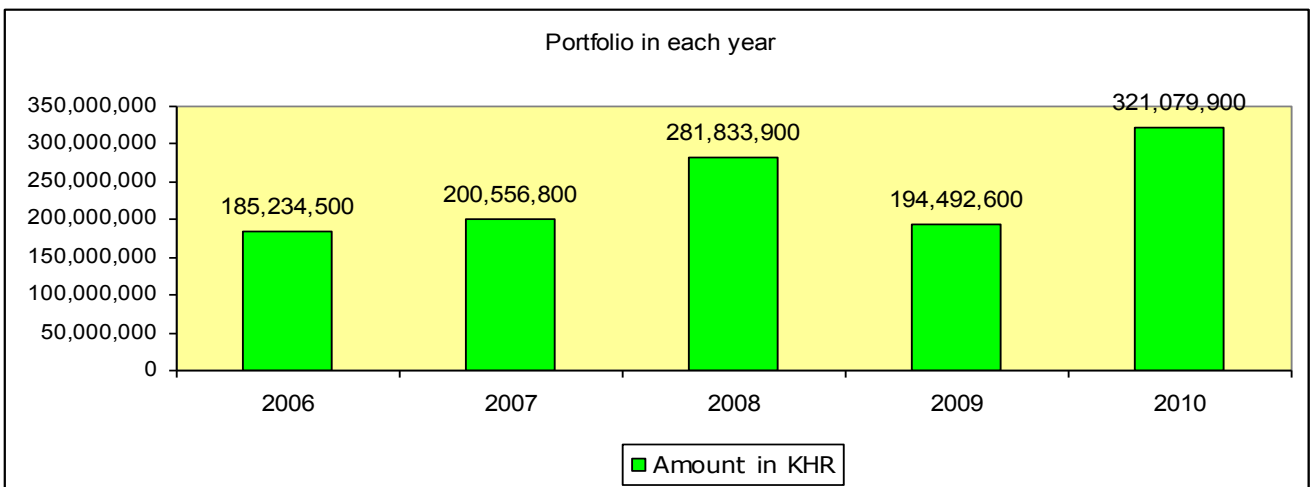
Based on the results, a calculation about the loan release and capital disbursement can be made that the Programme achieved the loan release at 76% against the plan, and the capital disburse at 101.5% of the plan.

**Number of families receiving loan support from the program**



**Loan Outstanding**

By the end of 2010, the total amount of Loan outstanding was at 321,079,900 KHR, in which Small loans outstanding accounted for 162,528,600 KHR, and Big loan outstanding for 158,551,300 KHR. Comparing to the budget plan, the outstanding amount was over the budget, in an amount of 21,096,200 KHR, and over the 2009's loan outstanding in an amount of 126,586,300 KHR.

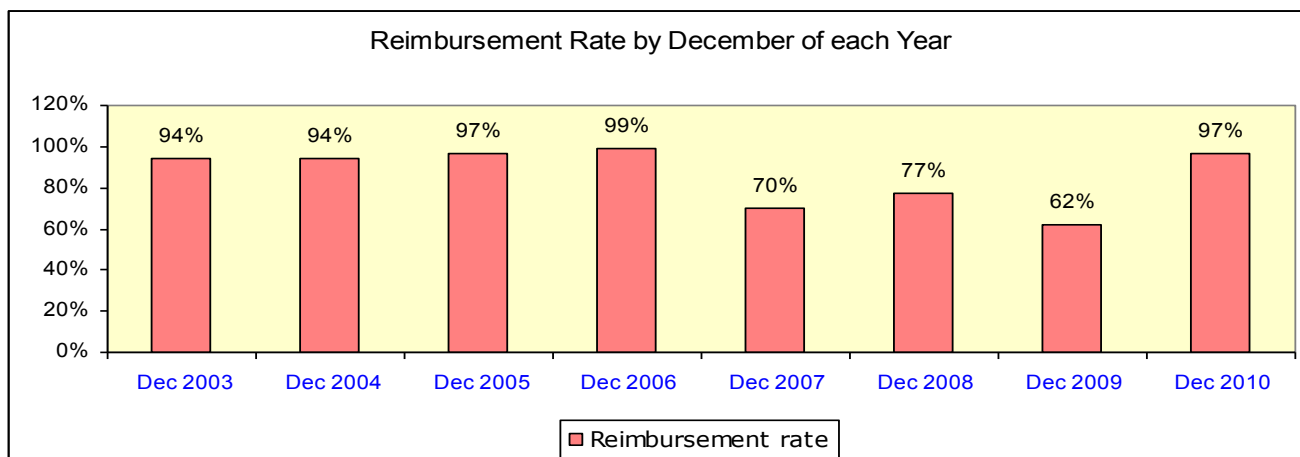


## Portfolio quality

### **Reimbursement Rate by December of each Year**

The reimbursement rate of MC Programme started to decrease from 99% by December 2006 to 70% by December 2007, then increased to 77% by December 2008, and increased from 62% by December 2009 to 97% by the end of December 2010. The reimbursement rate of the Programme had significantly decreased from 2007 to 2009, while the country was badly affected by the world economic crisis, at the same time as the Programme was not yet improving its guideline.

From the beginning of 2010, the reimbursement rate started an improvement while the Programme was replacing the old guideline with new guideline among old and new clients. The improvement to reimbursement rate, however, was attributed to the written-off loans lost, totally amounted 27,375,400 KHR, in which an amount of 874,800 KHR was written in February and 26,500,600 KHR in Dec 2010.



### **Portfolio at Risk (PAR)**

With the trend form chart below, Portfolio at risk rate increased sharply from 16% in 2006 to 24% in 2007, but decreased to 17% in 2008. Then, it rose again to 21% in 2009, but decreased to 1.2% at the end of 2010, partly thanks to the written-off loans loss.

The portfolio at risk value, similarly, increased from 30,209,400 KHR in 2006 to 41,539,700 KHR in 2009, and decreased to 4,008,400 KHR at the end of 2010.

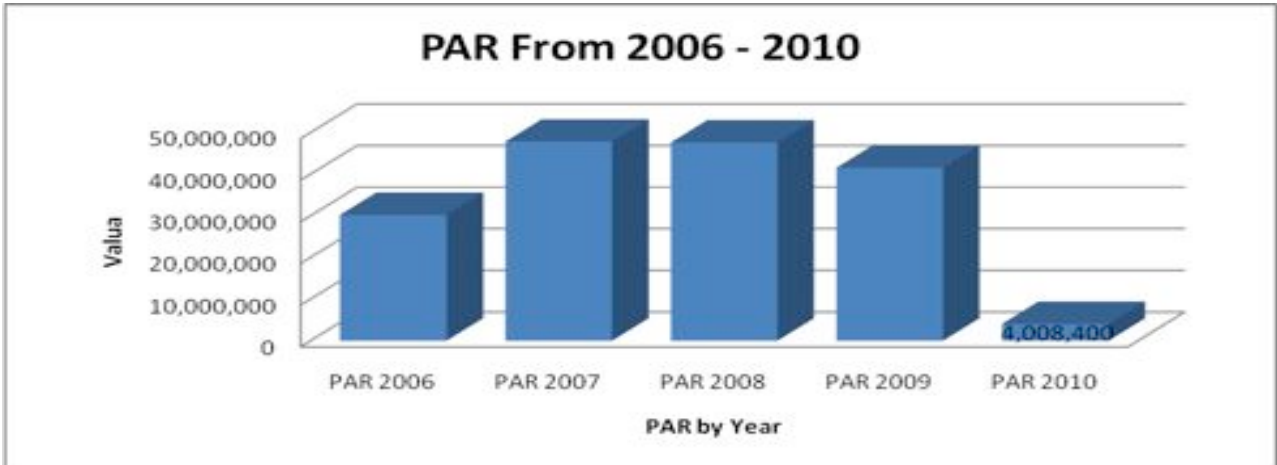
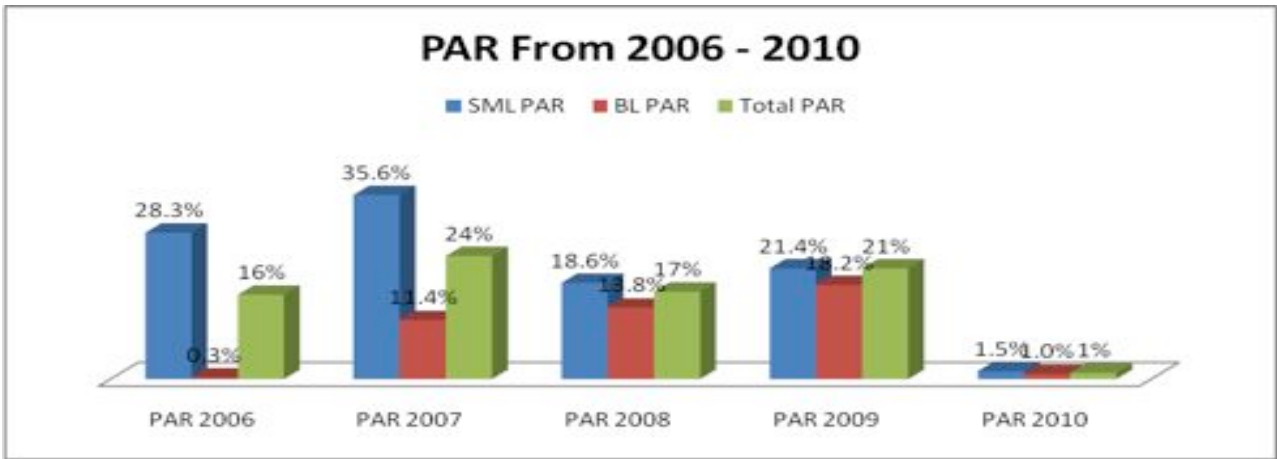
### **The main reasons for increase in portfolio at risk rate and value from 2006 to 2009:**

- The negative effects of global financial crisis;
- Decrease in loan outstanding;
- Borrowers perceived borrowings more as humanitarian aid than as loans, to be paid back, while loans were released to beneficiaries without guarantor;
- The MC Programme staff had limited capacity over micro credit activities, including loan assessment, loan follow-up, and problem solving;
- Technical errors and limited functions in the MB-Win system;

### **Attribution to the decrease in portfolio at risk rate and gross value in 2010:**

- Write-off loans loss
- Late payment collection
- Good practices of the new-revised guideline that seems to be effective to the quality of loan disbursement.





## Financial Service

### Total number of partners

On the 1<sup>st</sup> of December 2010, the Programme had a total of 606 partners. Then, from late December to early 2011, the number active clients dropped significantly to 489, as 117 were written off in late December 2010 and early 2011.

The main reasons for decrease in families supported:

- Loan write-off of 117 Ps at the end of year 2010;
- Loans released were under business plan every month;
- New revised guideline sets stricter conditions on borrowers;
- Operational areas of the Programme remained limited.



### Savings

From 2010, saving from partners was compulsory for every client, and its amount for regular deposit has been set in the loan repayment schedule.

The total savings of MC Programme increased from 24,139,800 KHR in 2006 to 50,495,303 KHR in 2008, but decreased to 49,500,503 KHR in 2009. Then it increased from 49,500,503 KHR to 64,199,503 KHR in 2010. Nevertheless, the savings amount remained under the business plan; particularly, at the end of 2010, the Programme savings was under plan in an amount of 13,978,749 KHR.

#### Causes of decrease in compulsory savings under business plan:

- Compulsory saving was used to fill loan written off before the write-off process of the client;
- Partner withdrew savings in cash while rejected by CAs for recycle loan;
- Compulsory saving was used to reduce the late payment of partners.



### Productivity per Field staff

Productivity per field staff has not been satisfied for nearly 5 years of performance, from 2006 to 2010, as the actual productivity per field staff started from 142 Ps in 2006 to 167 Ps in 2008, but decreased from 167 Ps to 132 Ps in 2009 and to 122 Ps in 2010.



### Non-financial services:

In addition to financial services, the Programme support capacity building to partners through training in Marketing, Savings, Expenditure, and basic business concepts

## Number of partners who received training in 2010

Topics	Number of partners
Marketing	42 Ps
Savings	145 Ps
Expenditures	101 Ps
Entrepreneurship	32 Ps
<b>Total</b>	<b>320 Ps</b>

## Type of Partners' Income Generating Activities

The Programme's partners are beneficiaries who are the extremely poor people and vulnerable families living in the slum communities of Phnom Penh and its sub-urban areas, demonstrating a strong motivation and perseverance to use micro-credit supported for their income generating activities.

As presented in the table below, the total loan amount of 716,760,000 KRW was used by partners for the following income generation activities:

No.	Utilization of loan	Family number	% of families
1	Buying and selling Fruit	50	8.25%
2	Buying and selling Fish	19	3.10%
3	Selling groceries	87	14.40%
4	Selling Vegetables	60	9.90%
5	Raising Pigs	7	1.10%
6	Selling Cake	19	3.13%
7	Selling Corn	6	1.00%
8	Motorcycle taxi/Tuk Tuk	93	15.35%
9	Motorcycle Repairing	72	11.90%
10	Buying Bicycles	13	2.14%
11	Materials for making clothes	29	4.80%
12	Serving Coffee	9	1.40%
13	Buying and selling scrap	22	3.60%
14	Buying and selling fruit nut	4	0.70%
15	House construction work	42	6.93%
16	Selling fried meat balls	4	0.70%
17	Making clothes (from sewing machines)	10	1.6%
18	Others	60	10.00%
<b>TOTAL</b>		<b>606</b>	<b>100%</b>

The majority of MC-Programme's beneficiaries in 2010 were seeking a living from motorcycle taxi/Tuk Tuk, accounted for 18.4%, followed by selling groceries (13.7%), motorcycle repairing (12.8%), selling vegetables (10.22%) and others, each of which accounted for less than 10%.

## Loan loss Write off and Recovery

### Loan loss Write off

MC-Programme had never written off any loans before 2006. In 2007, with the technical support from Entrepreneur du mode on MB-Win System and willing to realize on MC- Programme's capital, MC-Programme wrote off twice at the end of 2007 and the beginning of 2008, and then wrote off another time at the end of 2009 and early 2010 from MB-Win system for the partners that were too late to pay on time, ran away, and lost their income generating activities.

For 2010, an amount of 35,176,200 KHR, equal to 117 partners, both interest and principle was written off. As a result of that, the number of the total active clients decreased sharply in after the write off.

### Loan Loss Recovery

For loans written off during the years of 2007 and 2009, the Programme collected a total amount of 5,342,500 KHR as a recovery amount. The amount of 258,000 KHR was collected for loans written off at the end of Dec 2010.

Year / Description	Year 2007	Year 2008	Year 2009	Year 2010
Number of Clients	90	98	99	117
Loans Write-off	10,529,900 KHR	13,834,000 KHR	14,589,300 KHR	35,176,200 KHR
Write-off recovery	0	5,274,000 KHR	68,500 KHR	258,000 KHR

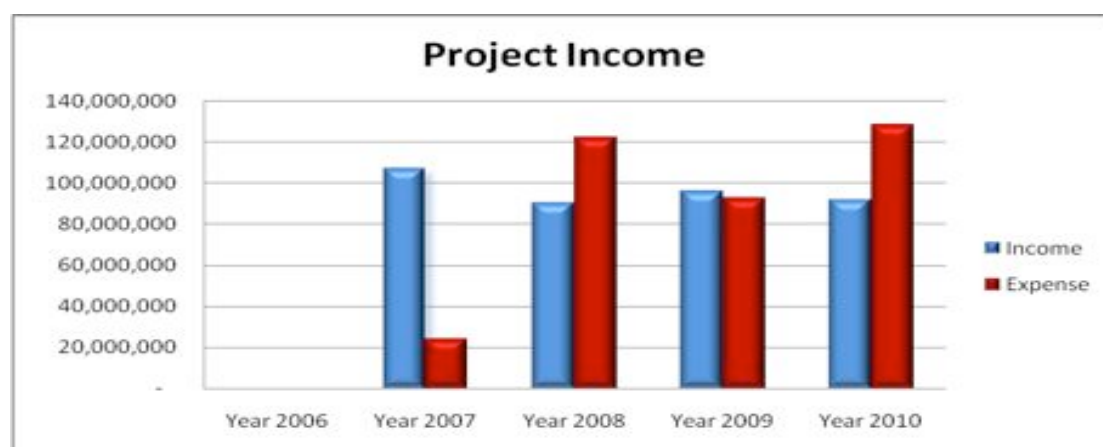
### Interest Income

As shown in the chart below, the total interest income of the Programme was collected from small and big loans. The income earned in 2010 was under the total costs of Programme in the amount of 36,683,350 KHR (8,631 USD), and under the budget plan of income in the amount of 4,225,300 KHR (994 USD).

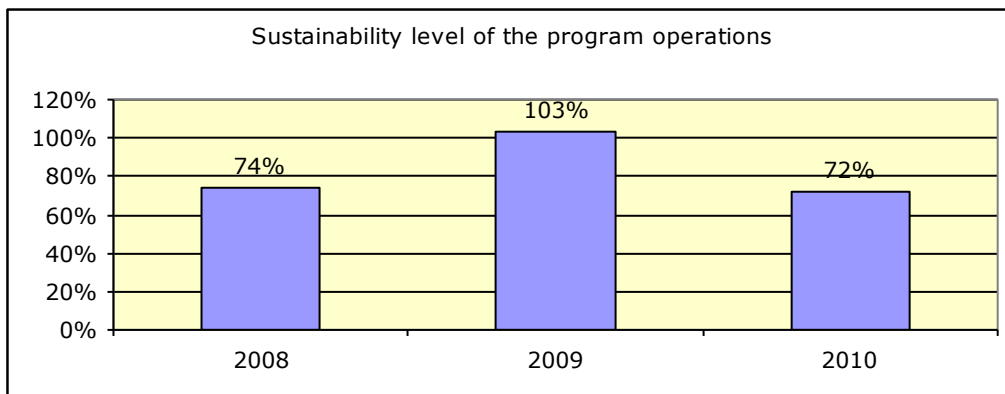
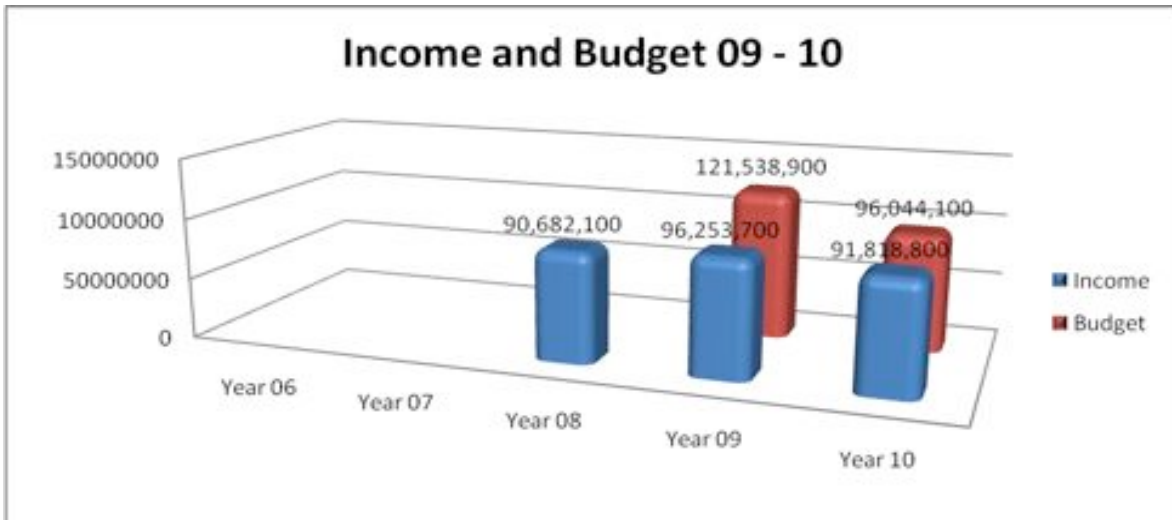
The main reasons of low income under business plan:

- Limited release of loan outstanding, corresponding to the small number of loans released during the year;
- The big size of non-performing asset during the year (the unpaid interest lost to loan loss).

With the decrease in the interest income during the year, the income indicator pushed down the Programme's sustainability from 103% in 2009 to 71.5% at the end of 2010.



**Note:** the expenses charged to the MC Programme from 2010 backwards did not include Administration costs, such as rental fee, office supplies, electricity and water, and salaries of Admin staff. That is, the income earned during those years was spent on only salaries of the Credit Officers, petrol for motorcycles in the team, and papers (loan forms and receipts) used in the team. For that reason, the level of self-sufficiency of the Programme was incredibly high during those years, once this formula is applied.



## Micro-Credit Management

### MB-Win Support

Thanks to Entrepreneur Du Monde (EdM), a computerized MB-Win system was installed and team members were trained to use the system for the MC operations. However, the Programme has encountered some difficulties in using the entered data in a multi-functions and flexible way, and the system has often had a technical error. To address these problems, the Programme employed a technical programmer for a short fixed contract to develop additional functions and data linked to the system. By the end of the year, the work was not yet completed.

### Technical Support

In June 2010, a Social Performance Diagnosis based on CERISE's SPI 3.1 was undertaken with the support from EdM, through Ms. Helene KERAUDREN and Mr. Arthur de FRESLON. The survey report gave some recommendations to the Program, such as client satisfaction surveys and increasing participation of beneficiaries in the governance.

In August 2010, a Regional Workshop was sponsored by EdM for all NGO/MFI partners in Asia. SP was also one of the participants and has learned a lot from the workshop, including the effective interest rate, SPI analysis, client satisfaction surveys, and Poverty Assessment Tool.

The Programme business plan for 2011, 2012, and 2013 were developed and updated with the technical support from EdM (Mr. Gregoire and Ms. Helene).

## Conclusion

Description		Achivement 09	Achivement 10	Budject Plan 10	Tendency %
PAR Rate > 30 Days		21.40%	1.20%	6%	-4.80%
PAR Value > 30 Days		41,539,700	4,008,400	18,383,700	-14,375,300
Loan Write-Off		14,589,300	35,176,200		
Loan Write-Back		68,500	258,000		
Total Income		96,253,700	91,818,800	96,044,100	-4,225,300
Sustainability		103.4%	71.5%	77.4%	-5.9%
Total Saving		49,500,503	64,199,503	78,178,252	-13,978,749
Disbursement Amount	SML	549,460,000	472,160,000	581,690,000	-109,530,000
	BL	88,500,000	244,600,000	124,000,000	120,600,000
Loan Release	SML	1041	866	1188	-322
	BL	29	81	52	29
Reimbursement Rate	SML	61%	96.36%	75%	21%
	BL	69%	98.30%	75%	23%
Outstanding	SML	155,268,900	162,528,600	299,983,800	21,096,100
	BL	39,224,700	158,551,300		
Active Client	SML	498	417	671	-254
	BL	29	72	65	7

In conclusion, the implementation of micro-credit services at the end of 2010 showed the unsatisfactory result in the following:

- Total saving was under the budget plan;
- The amount of small and medium loan (SML) disbursement was under budget plan;
- The number of small loan released was under plan;
- The number of the total active client was under the budget plan;
- The total income was under the business plan;
- The percentage of sustainability at the end of 2010 decreased.

However, the Programme results also showed some improved indicators as follows:

- The portfolio at risk rate below 30 days was improved against the budget;
- The portfolio at risk in value less than 30 days was improved against the budget;
- The amount of big loans disbursed increased against the business plan;
- The number of big loans released increased over the business plan;
- The total amount of loan outstanding increased over the business plan 2010 and the year 2009;
- The total big loan active client was over the budget plan.

## Plan for the year 2011

The Programme will continue providing micro-credit and savings services to vulnerable families in an efficient manner, following the plan below:

- To provide financial service to 1,022 families (Small loan=931 Ps, and Big loan= 91 Ps) with an interest rate of 3% to 2% per month;
- To increase the total saving amount up to 78,745,600 KHR and continue encouraging borrowers to deposit more savings, so that they can save and transfer it into capital for their income generating activities;
- To continue credit operations in existing areas and extend to new slum areas/communities where the poor do not have access to loan and saving support;
- To provide non-financial business training to beneficiaries at the target areas;
- To build up capacity of the team members in management and leadership, non-financial services, financial and accounting, marketing;
- To write off and back loans at the end of 2011;
- To conduct clients satisfaction and SPI surveys at the year of 2011;
- To recruit one credit officer in mid of 2011;
- To encode the data from poverty assessment tool in PAT system, and analyse data for PAT report;
- To improve Programme quality by pushing the reimbursement rate, reducing PAR, and increasing outreach.

- Enable MB-Win System and other database. Hire programmer to check and repair MB-Win System, and write supporting data to link with MB-Win to enable the control.
- To resource the MC-Programme through raising Credit Capital from donors.

## Annexes to CDP, HERDC and DEKA Projects:

## Materials Supported to Direct Beneficiaries

Project		Items	Planned	Achieved (received by beneficiaries)
CDP	CCMs	T-shirts, bags, shoes, small towel, nail cutter, study materials, story books, notebooks, snack during activities	-1 T-short, -1 pair of shoes, -1 blue and 1 red pens, -1 pencil, -1 ruler, -1 eraser, -10 note books, -1 nail cutter -1 small towel -Snack: 500 Riels (\$0.12) per CCM per time	- 1 T-short, -1 pair of shoes, -1 blue and 1 red pens, -1 pencil, -1 ruler, -1 eraser, -10 note books, -1 nail cutter -1 small towel -Snack: 500 Riels (\$0.12) per CCM per time
	CCLs	school fees (supported by ACCER and CCFD)	- 15\$ for school fees (extra course) per month	- 15\$ for school fees (extra course) per month
	Anlung Ngran Health Centers	Incinerator and Oxygen bottle and supplies	4 bottles of Oxygen 6 times of Oxygen supplied	4 bottle of Oxygen 6 times of Oxygen supplied
HERDC	CCMs	T-shirts, bags, shoes, small towel, nail cutter, study materials	-1 T-short, -1 pair of shoes, -1 blue and 1 red pens, -1 pencil, -1 ruler, -1 eraser, -10 note books, -1 nail cutter -1 small towel -1 nail cutter -50 story books on vitamin A for 100 CCMs	-1 T-short, -1 pair of shoes, -1 blue and 1 red pens, -1 pencil, -1 ruler, -1 eraser, -10 note books, -1 nail cutter -1 small towel -1 nail cutter -50 story books on vitamin A for 100 CCMs
	CHPTs	Perdiem	18\$ per month	18\$ per month
	School principal	Perdiem	5\$ per month	5\$ per month
	Education staff	Per diem( Monitor on all target schools)	16\$ per month	16\$ per month
DEKA	CCMs	T-shirts, bags, shoes, small towel, nail cutter, study materials	-1 T-short, -1 pair of shoes, -1 blue and 1 red pens, -1 pencil, -1 ruler, -1 eraser, -10 note books, -1 nail cutter	- 1 T-short, -1 pair of shoes, -2 blue and 2 red pens, -1 pencil, -1 ruler, -1 eraser, -10 note books, -1 nail cutter
	CHPTs	-Perdiem	18\$ per month	18\$ per month
	School principal	Perdiem	5\$ per month	18\$ per month
	District Education Officer	Perdiem( Monitoring all target schools)	16\$ per month	16\$ per month



## Annexes to Non-formal Education project

### Pedagogical Materials used in Health Education

Planned	Achieved	Remarks
<ul style="list-style-type: none"> <li>-1 piece of song about well hygiene</li> <li>-1 poster showing the well model</li> <li>- 1 piece of song about body hygiene</li> <li>- CtC story book on parasites</li> <li>- Anti lice shampoo.</li> </ul>	<ul style="list-style-type: none"> <li>-1 piece of song about well hygiene</li> <li>-1 poster showing the well model provided by DEEP</li> <li>- Poster related to village clean up drawn &amp; colored by CCMs.</li> <li>- 1 piece of song about body hygiene</li> <li>- Posters about cleaning hands and body, wearing shoes, cutting nails, and brushing teeth</li> <li>- CtC story book titled “the young man and the murder with the hooked mouth”</li> <li>- Anti lice shampoo</li> <li>-Textbook on Mushroom &amp; water grass growing</li> <li>-Posters related to Environment sanitation</li> <li>-Plastic bags control.</li> </ul>	CCMs brought their own cleaning materials: brooms, handle baskets, hoes.

### Materials Supported to Direct Beneficiaries in Health Education

Items	Planned	Achieved (received by beneficiaries)
T-shirts, cap, bag, study materials, song books, story books, notebooks, snacks during child-to-child activities.	<ul style="list-style-type: none"> <li>-2 T-shirts,</li> <li>-1 Tent per group,</li> <li>-1 song book</li> <li>-3 Buckets per-group</li> <li>-1 cap,</li> <li>-2 blue and 2 red pens,</li> <li>-1 pencil,</li> <li>-1 ruler,</li> <li>-1 eraser,</li> <li>-1 notebook,</li> <li>-1 nail clipper</li> <li>-1 bottler of water</li> <li>-3 small towels per-group</li> <li>-250 Riels in snack per CCM</li> </ul>	As an exit strategy implemented in the last year of the project cycle no school materials and snacks were provided to them in the 2 <sup>nd</sup> semester, 2011.

### Income/Expenses Statement of Micro Credit Activities of Basic Class Committees in 4 villages in 2010: January/2010-February 2011 (in Riels)

Description	Trapeang Prolit	Trapeang Chrey	Kak Krapeu	Sach Trey
I- Accumulated Capital disbursed in cycle Oct/10-Apr/11	7,300,000	6,250,000	5,800,000	5,630,000
II- Net income Balance at 31/01/10	24,700	96,000	140,200	357,000
III. Income				
1. Contribution from parents	450,000	70,000	160,000	210,000
2. Loan Interest	2,904,000	2,590,500	2,409,000	2,333,400
3. Contribution from saving loan May/10-Feb/11	900	14,750	800	2,350
<b>Total income</b>	<b>3,354,900</b>	<b>2,675,850</b>	<b>2,569,800</b>	<b>2,545,750</b>
Loan pay back in 2 cycles (04/10-10/10 & 10/10-04/11)	13,750,000	13,150,000	11,740,000	11,800,000
IV. Expense				
1-Indemnity for BC Teachers	1,260,000	1,120,000	1,120,000	1,120,000
2- Per Diem for committee	1,120,000	1,120,000	1,120,000	560,000

3-Indemnity for Supervisor	140,000	140,000	140,000	140,000
4-Others	199,000	170,000	129,000	148,000
<b>Total Expense</b>	<b>2,719,000</b>	<b>2,550,000</b>	<b>2,509,000</b>	<b>1,968,000</b>
Loan release in 2 cycles (04/10-10/10 & 10/10-04/11)	14,300,000	13,150,000	11,620,000	11,735,100
<b>V. Total Net income balance at 28 Feb/11</b>	<b>110,600</b>	<b>221,850</b>	<b>321,000</b>	<b>999,650</b>
<b>VI- Level of sustainability ( III/IV)</b>	<b>123%</b>	<b>105%</b>	<b>102%</b>	<b>129%</b>
<b>VII- Accumulated capital at 28 Feb/11</b>	<b>7,300,000</b>	<b>6,300,000</b>	<b>5,800,000</b>	<b>5,630,000</b>
<b>VIII- Original capital released by SP</b>	<b>4,800,000</b>	<b>4,800,000</b>	<b>4,800,000</b>	<b>4,800,000</b>
<b>IX- Accumulated net income (V+VII-VIII)</b>	<b>2,610,600</b>	<b>1,721,850</b>	<b>1,321,000</b>	<b>1,829,650</b>

### Income/Expenses Statement of Savings Activities in 5 Savings Associations in 2010 (in Riels) June/2010 – February/ 2011 (9 months)

Description	Trapeang Prolit	Trapeang Chrey	Kak Krapeu	Sach Trey	Krang Russey
<b>I- Accumulated Capital disbursed</b>					
<b>II- Net income Balance at 31/05/10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	340,700 from CEDAC
<b>III. Income</b>					
1. Interest from savings loans	345,300	1,556,400	177,450	544,200	1,303,040
2. Initial capital from Fertilizer Loan Fund	0	2,800,000	300,000	0	0
3-Monthly savings from members	1,795,000	4,175,000	1,205,000	4,409,800	5,345,000
4- Others	200,000	0	471,600	0	
<b>Total income (1+2+3+4)</b>	<b>2,340,300</b>	<b>8,531,400</b>	<b>2,154,050</b>	<b>4,954,000</b>	<b>6,648,040</b>
Loan pay back	1,670,000	5,750,000		1,242,200	
<b>IV. Expense</b>					
1-Indemnity for Saving Committee	2,500	14,750	1,000	1,950	16,400
2- Contribution to Basic class	1,000	14,750	800	1,850	7,040
3-Others	34,500	727,500	340,000	500,000	15,000
<b>Total Expense</b>	<b>38,000</b>	<b>757,000</b>	<b>341,800</b>	<b>503,800</b>	<b>38,440</b>
Loan release	3,930,000	13,510,000	1,375,000	5,590,000	6,060,000
<b>V. Total Net income balance at 28 Feb/11</b>	<b>42,300</b>	<b>14,400</b>	<b>437,250</b>	<b>102,400</b>	<b>890,300</b>
<b>VII- Accumulated capital at 28 Feb/11</b>	<b>2,100,000</b>	<b>7,380,000</b>	<b>1,200,000</b>	<b>2,880,000</b>	<b>6,060,000</b>

## Annexes to Vocational Training program

### Details of Trainees, Skills, Duration, Centres, and Cost

Communities' Name	Trainee Number	Training Types	Training's Duration	Training's Centre	Training Fee
Boeung Kork	6 men 2 woman	2 Car repairing	12 months	Private	200\$
		2 Tailoring for female	8 months		250\$
		1 HP repairing			260\$
		1 HP repairing	6 months		150\$
		1 Tailoring for male			
1 Cooking					
Boeungtompum	3 women	3 Tailoring	12 months	Private	200\$
Bor Brork	2 men	1 Haircut	6 months	Private	120\$
		1 HP repairing	12 months		300\$
Borikila	6 men	1 Haircut	6 months	Friends	N/A

		3 Haircut 1 HP repairing 1 HP repairing	8 months	Private	120\$ 200\$ 250\$
Boeung Salang	7 women 9 men	2 Tailoring for female 2 Motorcycle repairing 1 Motorcycle repairing 2 Car repairing 5 Hairdressing 1 Tailoring for male 1 HP repairing 1 Haircut 1 Haircut	12 months     8 months  6 months	Private	200\$ 190\$ 180\$ 200\$ 150\$ 260\$ 200\$ N/A 120\$
Choum Chao	1 man	1 Tailoring for male	8 months	Private	250\$
Chakorngre	1 woman 1 man	1 Cooking 1 Tailoring	6 months 12 months	Private	150\$ 200\$
Chamkormorn	1 man	1 Cooking	6 months	Private	150\$
Koukroka	1 man	1 HP repairing	8 months	Private	280\$
Krang Ang Krong	2 women 2 men	2 Tailoring 1 Motorcycle repairing 1 Cooking	12 months  6 months	Private	200\$ 180\$ 150\$
Kilomet 6	2 men	1 HP repairing 1 Cooking	8 months 6 months	Private	280\$ 150\$
Orngdoug	6 men	2 HP repairing 1 TV repairing 1 Motorcycle repairing 1 Motorcycle repairing 1 Drawing	8 months  12 months	Private	280\$ 150\$ 180\$ 200\$
Phnom Penh Thmey	2 men	1 HP repairing 1 Car repairing	8 months 12 months	Private	280\$ 200\$
Phrademtkouv	1 man	1 Car repairing	12 months	Private	200\$
Prekphnaov	1 woman	1 Tailoring	12 months	Private	200\$
Preytea	2 men	1 HP repairing 1 Tailoring	8 months	Private	250\$ 300\$
Phrek Theal	3 men	1 Motorcycle repairing 1 Motorcycle repairing 1 Haircut	12 months  6 months	Private	190\$ 180\$ 120\$
Phsademkor	1 woman	1 Tailoring	12 months	Private	200\$
Sammaky	1 woman 2 men	1 Tailoring 1 Motorcycle repairing 1 HP repairing	12 months  8 months	Private	200\$
Stung Mean Chey	3 women 9 men	3 Hairdressing 1 HP repairing 1 HP repairing 1 Tailoring for male 1 Tailoring for male 1 Cooking 2 Motorcycle repairing 1 Motorcycle repairing 1 Car repairing	8 months     6 months 12 months	Private	150\$ 200\$ 250\$ 220\$ 250\$ 150\$ 200\$ 190\$ 200\$
Slengrorlueng	1 woman	1 Hairdressing	8 months	Private	150\$
Tangaov	1 man	1 HP repairing	8 months	Private	250\$
Touek Laak	1 woman 3 men	1 Hairdressing 2 Tailoring for male 1 Car repairing	8 months  12 months	Private	150\$ 250\$ 200\$
Toeuk Thla	3 women 1 man	2 Tailoring for female 1 Hairdressing 1 Haircut	12 months 8 months 6 months	Private	200\$ 150\$ 120\$
Tomnobteuk	2 women 1 man	2 Hairdressing 1 Tailoring for male	8 months	Private	150\$ 220\$
Toul Kork	1 woman	1 Cooking	6 months	Private	150\$

Trapeangornchanh	2 men	2 Cooking	6 months	Private	150\$
Trapeangorndoung	2 women	1 Hairdressing 1 Tailoring	8 months 12 months	Private	150\$ 200\$
Trapeangreangthmey	2 women	1 Hairdressing 1 Tailoring	8 months 12 months	Private	150\$ 200\$
Toulsombor	2 women	2 Hairdressing	8 months	Private	150\$
Toulsangkeo	2 man	1 Tailoring 1 Motorcycle repairing	8 months 12 months	Private	220\$ 200\$
Tropeangtoul	1 woman	1 Hairdressing	8 months	Private	150\$
Total	36 women and 66 men				

### Details of Trainees who completed training

Community's Name	Number of Trainees	Training's Type	Employment	Work Place	Income
7 Makara	1 woman	Tailoring for female	continues	at the Trainer's	
Angdongthmey	1 woman	Hairdressing	own business	Camkarmorn	It depends on the command of the the client
Boeungkok	3 men	1 HP repairing 1 Motorcycle repairing 1 Cooking	1 own business 1 get a job 1 looking a job	- Chompouvorn Market - Seam Reip province - Trainer	It depends on the command of the the client
Boeungsalang	9 women 7 men	2 Cooking 7 Hairdressing 1 HP repairing 1 Motorcycle repairing 2 Tailoring for female 2 Tailoring for male 1 TV repairing	1 looking a job get a job 1 own business	-10 with Trainers and 4 with other workshops Hometown	It depends on the command of the the client
Boeungtompun	2 men	1 Cooking 1 Motorcycle repairing	get a job	1 with trainer and 1 with other workshop	\$50/month
Borikila	1 man	Haircut	looking for a job		
Chamroeunphorl	1 woman	Hairdressing	own business	home	It depends on the command of the the client
Choeurnloearn	1 woman	Tailoring	get a job	other workshop	It depends on the command of the the client
Krang Ang Krong	1 man 3 women	Air-conditioning Hairdressing	get a job 1 continues	trainer	\$30/month
NSC	1 woman	Tailoring	get a job	trainer	It depends on the command of the the client
Phnom Penh	2 women 2 men	2 Tailoring 1 Haircut 1 Car repairing	1 get a job 1 continues get a job	trainer	It depends on the command of the the client
Phnom Penh Thmey	1 woman 1 man	Tailoring Car repairing	own business get a job	hometown trainer	It depends on the

					command of the the client
Por Prok Thoung	man	Motorcycle repairing	get a job	trainer	\$30/month
Project Fu. NGO	man	Car repairing	get a job	other workshop	\$30/month
Russeykeo	man	Motorcycle repairing	get a job	other workshop	\$80/month
Sammaky	1 woman 6 men	- 1 Tailoring for female - 1 HP repairing - 4 Motorcycle repairing  - 1 Haircut	own business  1 own busines 3 get a job  1 continues	- sammaky market - PC market - his home - 1 with trainer - 2 with other workshop	It depemds on the command of the the client
Sampor	3 women	Hairdressing	get a job	- 1 with trainer - 2 with other workshop	\$30/month
Sen Sok	4 women	- 1 Hairdressing - 3 Tailoring	get a job	trainer	\$30/month It depemds on the command of the the client
SFODA	1 woman 5 men	- 1 Hairdressing - 2 glassing - 1 Air conditioning - 2 drawing	get a job	trainer  other workshop	It depemds on the command of the the client
Stungmeanchey	woman	Hairdressing	get a job	trainer	It depemds on the command of the the client
Theuk Thla	woman man	Hairdressing Haircut	get a job continues	trainer	\$30/month
Toulsangkeo	1 woman 2 men	- 1 Tailoring - 2 Motorcycle repairing	get a job	trainer other workshop	It depemds on the command of the the client \$80/month
Toulsambor	2 women 1 man	- 1 Tailoring  - 1 Cooking - 1 Motorcycle repairing	own business  get a job	home  other workshop	It depemds on the command of the the client \$60/month
Trapeangornchanh	2 men	Cooking	get a job	other workshop	\$60/month
Trapeangorndoung	2 women	- 1 Hairdressing - 1 Tailoring	get a job own business	trainer home	\$30/month It depemds on the command of the the client
Total	36 women and 37 men				

## List of Acronym

AADC	: Association Actions pour le Développement Communautaire.
ACCER	: Association Cantalienne Cambodge Entraide à la Reconstruction
Aecid	: Spanish Agency for International Development Cooperation
BC	: Basic class
CC	: Child club
CCFD	: Comité Catholique contre la Faim et pour le Développement
CCL	: Child club leader
CCM/PHCCM	: Child club member/Child council member responsible for Health, Sanitation, Environment, Life Skills, and Promotion in schools
CHPT	: Child health promotion teacher
CDA	: Community development agent
CDP	: Child development project
CHC	: Child Health Club
CHPT	: Child Health Promotion Teacher
CODO	: Community Development Organization
CRF	: Child Rights Foundation
CTC, CtC	: Child-to-child approach
DAP	: Direct Aid program (of Australian Embassy)
DoE, DoEYS	: District Office of Education, Youth and Sport
DDEDF	: Developing Domestic Economies for Disadvantaged Families
DEKA	: Développement des Enfants Khmers d'Angkor
DoEYS	: District Office of Education, Youth and Sport
DTMT	: District Technical Management Team
DV	: Domestic violence
DBN	: Don Boule de Neige (an Organisation in France)
DEEP	: Développement & Education pour l' Eau Potable
DEKA	: Développement des Enfants Khmers d'Angkor
E&D	: Enfants et Développement
EdM	: Entrepreneurs du Monde (an MFI in France)
FSD	: Fond Social Développement
HC	: Health centre
HE	: Health Education
KCh	: Kampong Cham
KrY	: Krousar Yoeung
LICADHO	: Cambodian League for the Promotion and Defense of Human Rights
MoEYS	: Ministry of Education, Youth and Sport
Non-CCM	: Non-Child Club Member/Non-child council member
OD-PNK-DB	: Operational District of Health, Ponhea Krek – Dambae, Kampong Cham
PADV	: Project Against Domestic Violence
PoE, PoEYS	: Provincial Department of Education, Youth and Sport
PSF	: Pharmaciens Sans Frontieres
RHAC	: Reproductive Health Association of Cambodia
SCARO, CSARO	: Community Sanitation and Recycling Organization
SKO	: Samatapheap Khnom Organization
SHPP	: School Health Promotion Project
SHPT	: School health promotion team
SHMT	: School health monitoring team
SP	: Sovann Phoum Organization
TASK	: Tro Trong Ning Akpiwat Sokapeap Neak Kre Kror
TB	: Tuberculosis
VHSG	: Village Health Support Group (supervised by Health Center)

## Production Team

Mr. Sarang OUT : Executive Director  
Mr. Thay YOU : Director Assistant  
Miss Tola KHUN : School Health Promotion Project Officer  
Miss Borin KY : Vocational Training Project Officer  
Mr. Chanrath SAR : Micro-Credit Project Officer

Sovann Phoum Organization, April 01, 2011  
Signature

Sarang OUT  
Executive Director