



EVALUATION

OF THE LITERACY THROUGH WOMEN'S HEALTH AND EMPOWERMENT (LWHE) PROJECT PHASE II

February 22 to 26, 2010

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EXECUTIVE SUMMARY

Purpose and Description of the Evaluation

The purpose of the evaluation was to assess the three major outputs of ADRA Cambodia's 'Literacy for Women's Health and Empowerment' (LWHE) Project Phase II which ended on June 30, 2009. The evaluation was carried out by interviewing women from Reflect Circles and Literacy Groups in Veal Veng and Kravanh District in Pursat Province.

Just over 200 women were involved in the evaluation coming from 16 villages. This was split relatively evenly between those representing Reflect Circles and those representing Literacy Classes. The average group of women being evaluated at any one time was 12 participants.

Fieldwork took place from February 22 to 26, 2010 – seven months after the end of the project. There were two evaluation teams – each responsible for one district composed of Reflect and Literacy Groups. Two non ADRA staff were involved in the evaluation. The evaluation was done through the use of nine 'practical tools' from the 'Counting Seeds for Change' – A Framework for implementing, monitoring and evaluating Reflect. The 'Reflect' evaluation tools provided qualitative data in the form of set/open-ended questions through a 'focus group' approach, and quantitative information through voting and self-assessment activities.

Evaluation Findings

The evaluation found that through attending both Reflect and Literacy groups, women had sustained improved literacy skills, had attained functional life skills for personal empowerment and that their families are demonstrating improved health seeking behaviours.

There appeared to be no significant difference between the attitudes and practice of women who attended the Reflect or Literacy groups although there was some suggestion that those from Reflect Circles had more confidence overall in their oral skills.

Women told many stories of transformations in their lives and findings revealed the following most significant changes for the majority of the women related to the major project outputs (See Appendix A).

Related to Output 2, 'women have functional life skills for personal empowerment', women expressed their ability to support their families in healthcare, decision making and budget planning which was highlighted by ensuring that their families are using mosquito nets and the ability to earn money and be 'in control' of the family finances

Related to Output 3, 'women and their families are demonstrating improved health seeking behaviours', women developing a lifestyle of wellness was highlighted by new access to clean water - the practice of boiling and filtering water before drinking and the adoption of sanitation and hygiene practices - burying faeces or using the latrine. As well target beneficiaries understand HIV and AIDS and reduce discrimination against people living with HIV and AIDS was highlighted by improvement in knowledge and attitudes – there is significant change in the understanding of how HIV and AIDS is transmitted and indication that there is greater support for people in the community who have the infection

Findings also make known that ‘smoke free homes’ continues to be an issue that needs greater input if women are to continue a ‘lifestyle of wellness.’

Women also called for more reading resources that would enhance literacy skills and enable them to share stories with their children.

Whilst the findings did not highlight any significant issues around child-care, the presence of young children during the evaluation made it very difficult for many women to focus on participating. Physical chastisement was observed being used to control behaviour and this was identified as another ‘topic’ that needs greater attention if women are to strengthen their abilities to support their families.

Conclusions

There is much evidence of women’s health and empowerment being supported through literacy in both the Reflect and Literacy groups that were evaluated. Literacy Classes have a short time-frame and are focused on a more formalised approach to learning however, this is complemented by the Reflect Circles which are ‘ongoing’ and which ‘home- in’ on ‘topics of interest’ so helping to further literacy skills. The fact that many women appear to naturally gravitate to a Reflect Circle having received the ‘basics’ in a literacy class indicates commitment in sustaining literacy skills and personal growth. Important to note too, is that Literacy Classes are also adapting their programmes to include some Reflect activities.

ADRA values these groups and this is further demonstrated in the ‘children’s circles’ that are in the process of being set up alongside the Reflect Circles in a follow-on ‘A New Day for Kids’ project – one of which was in action during the evaluation- so providing even greater support for women. And by taking on board the recommendations within the report the success of the project will be further enhanced.

1. PROJECT BACKGROUND, GOAL AND OBJECTIVES

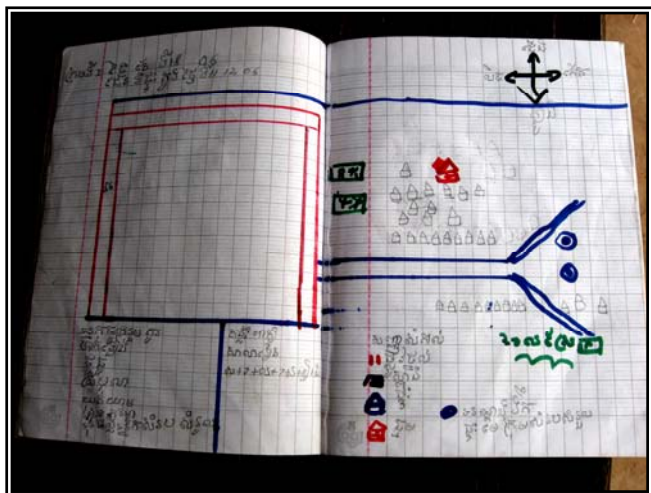
The Literacy for Women's Health and Empowerment (LWHE) three year project Phase II began in July 2006 following the two year LWHE pilot phase, incorporating lessons learned from the 2006 Formative Literacy Evaluation. Both projects were funded by ADRA Norway. The project was designed to ease the burdens of poverty and illness and to assist the poor rural women in Kravanh and Veal Veng districts to develop the ability to improve their own lives. Key strategies that the project team applied involve empowerment, literacy and post literacy focusing on Reflect Circles. Following the recommendation of the Formative Literacy Evaluation of ten years of literacy programming, each village involved had both the non-formal literacy classes and Reflect Circles for a continuum of learning. In October 2007, ADRA Australia funded an additional twelve month project component providing additional resources in water and sanitation. In July 2008, a third phase, A New Day for Kids project began funded jointly by ADRA Norway and ADRA Australia. This project works with the Reflect Circles with a focus of parenting and as well adding children's and more of the men's Reflect Circles and continues until June 2011.



Local literacy volunteers were selected and trained in formal literacy educations, using a curriculum developed by UNICEF with an additional health module, and all were trained in Reflect methodology. Many of the volunteers had previous health training through ADRA and volunteers without health knowledge received extra training. The formal literacy program provided volunteers and students with a prepared curriculum that could be completed in eight to ten months. The additional health module included a book with 10 lessons on subjects such as nutrition, breastfeeding and taking care of

children. Thirty-two classes were completed from years one up to year three with 525 women and 143 men receiving certificates.

The Reflect methodology, continuing beyond the LWHE II project in the ANDK project, uses a different style to help illiterate and semi-literate women. A facilitator in each village organizes a circle which meets once a week to build maps, calendars, matrices and other tools to analyze important issues in the village. As community members focus on important subjects in their lives, they discover which words are most critical to learn. As people build their literacy skills around these important words and phrases, their ability to read and write is more immediately useful. These Circles contain individuals at differing stages of literacy, using the purpose of the group as a basis for increased literacy, as just one of the range of



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training and support programs made available to the group. Thus, in addition to literacy, these groups will address practical issues relating to their daily lives, including health, education, nutrition, hygiene, sanitation, environment, coping strategies, family relations, family food production, economic development, etc. The Reflect approach also encourages participants to use critical thinking to identify problems and solutions to problems on their level.

By the end of LWHE II project, 106 women’s Reflect Circles with 1,164 members were established and as well through the ANDK project 84 men’s Reflect Circles with 900 members and 111 child Reflect Circles with 1,108 members had been established to date. The meetings have been regularly facilitated in each village three to four times per month. The reflect facilitators regularly met at each district every month facilitated by ADRA reflect trainers and supervisors. Some Reflect Circles which have been meeting for over five years already have formed cohesive units which should be able to continue working together on their own after the formal Reflect programming support ends. The additional water and sanitation component facilitated production and installation of 64 latrines, 30 water tanks and 32 hand dug wells with more completed in the ANDK project since. Water and sanitation parts and systems were “sold” at subsidized rates, high enough to instil ownership and low enough to ensure access to all. There were community health campaigns of diarrhoea, malaria and dengue topic initiated by the Reflect Facilitators and authority with support from ADRA and other NGO conducted. Community contributions are considered essential for meeting needs in a sustainable manner.

The project purpose was to establish the following long term outputs/results in the project area:

<i>Expected Significant Outputs</i>	<i>Results</i>
1. At least 720 of women have sustained capacity to improve livelihoods through improved literacy skills	1,069 women took literacy exams. All women who participated in the evaluation showed improved literacy skills and many reported improved livelihoods
2. At least 900 of women have functional life skills for personal empowerment.	1,164 women participated in Reflect. All women who participated in the evaluation showed improved empowerment
3. At least 1,600 of women and their families are demonstrating improved health seeking behaviors.	1,689 women participated in literacy and Reflect. Most women who participated in the evaluation showed some improved health seeking behavior if not all.

Additional results sub output per indicators not measured by the evaluation are is included in the project final report.

2. EVALUATION PURPOSE

The evaluation was to assess the three major outputs of ADRA Cambodia’s ‘Literacy for Women’s Health and Empowerment’ (LWHE) phase 11 project. This was planned during the proposal writing and agreed by ADRA Norway.

3. EVALUATION METHODOLOGY

This evaluation is a project-based participatory evaluation which utilized the new 2009 Reflect practitioners tool book, ‘*Counting Seeds for Change – A Framework for implementing, monitoring and evaluating Reflect.*’ Although the Counting Seeds for Change tool recommendation is to use the Reflect participatory processes from the start of the project beginning with a baseline, since the framework and tools were new, participants were asked to compare themselves at the start of the project with now, providing qualitative data in the form of set/open-ended questions through a ‘focus group’ approach, and quantitative information through voting and self-assessment activities (i.e. drawing, writing and story-telling).

The design was planned by the external consultant together with the LWHE II project manager and three other field or support team members. During several meetings, the consultant facilitated a review of the objectives to measure with the tool options and chose nine tools to measure the key objectives and sub objectives as outlined in the log frame. These covered all indicators which were planned to be measured by the final evaluation except 1) literacy skills which were measured in routine exams over the life of the project and 2) support by authorities which had been strong throughout the project and especially at the workshops and trainings which had just occurred at the start of the ANDK project. It was agreed that the same questions would be asked for both Reflect Circle and Literacy class participants.

Sampling for the Reflect Circles was done by first compiling the lists of villages where literacy classes or Reflect Circles or both had been implemented during LWHE II as follows:

	Reflect Circle	Literacy class	Total
Kravanh	19 villages	13 villages	32 villages
Veal Veng	8 villages	8 villages	16 villages
Total	27 villages	21 villages	48 villages

After considering the time allotted for the field work and estimating the amount of time needed per group interview, the total of groups was decided at 16.

The percentages of each of the numbers of villages were calculated (i.e. $21/48 = 43.75\% \times 16 = 7$ villages for literacy classes) as follows:

	Reflect Circle	Literacy class	Total
Kravanh	6 villages	5 villages	11 villages
Veal Veng	3 villages	2 villages	5 villages
Total	9 villages	7 villages	16 villages

With this number of villages of each type and location, then the village names were written, cut and drawn randomly from a hat for each of the 4 types (1. Kravanh Reflect, Kravanh Literacy, Veal Veng Reflect, Veal Veng Literacy). After the selection of the villages was finished, the project field team reviewed the list and suggested replacing Ro Veal with Damnak Kanseng village because the Literacy teacher from 2004 could not be located. A schedule was then made and staff worked with field supervisors to prepare the interviews per the schedule. Because one of the villages was chosen for both literacy and Reflect, only one interview was conducted, resulting in only 15 villages chosen. In arranging interviews, some

groups were told to gather 10 persons, which is the average number of Reflect Circle members, instead of all of the students in the literacy classes. Because of this, teachers were asked to gather more students or to write down where they were. The average group of women being evaluated at any one time was 12 participants and just over 200 women were involved in the evaluation coming from all 15 villages.



Fieldwork took place from February 22 to 26, 2010 – seven months after the end of the project. There were two evaluation teams – each responsible for one district composed of Reflect and Literacy Groups. Two non ADRA staff were involved in the evaluation. The tools were reviewed on the morning of February 22 in the office and then a field test was done in O Bak Tra village at noon, one with a former literacy class and one with a Reflect Circle. After the test and a short debriefing, the field teams went to separate districts per the schedules. Additional debriefing was done each night within each team and by phone between teams. Additional adjustments were made during the evaluations as noted in the results.

4. RESULTS

Overview

The evaluation team was asked to explore if and how attendance at Literacy groups and Reflect groups had impacted on women's literacy, health and empowerment. ADRA also wanted to see if there was a marked difference in the degree of any impact depending on which group women attended.

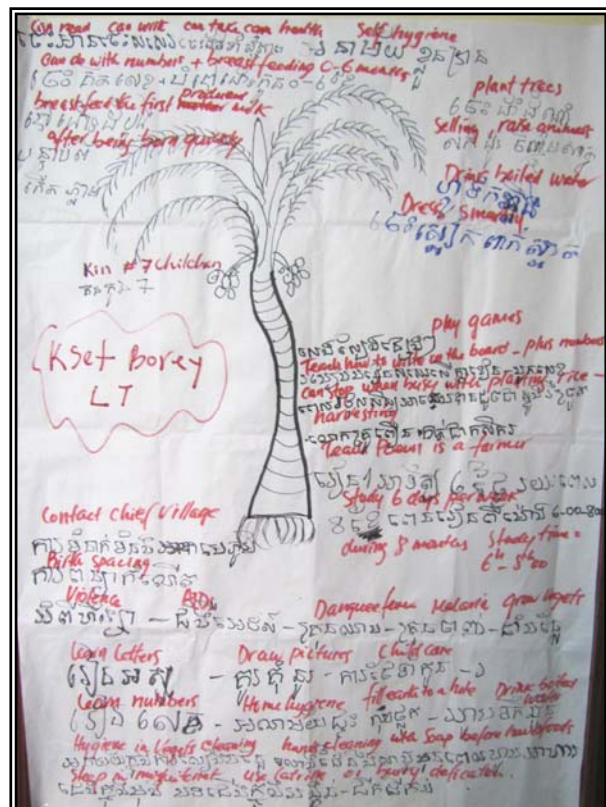
The informal feel of the evaluation, with a general 'focus group' approach and 'semi-structured' interviews to gaining information, provided a positive indication of the women's growth in literacy and empowerment through attending the Reflect and Literacy groups. There was much enthusiasm and participation in the evaluation activities and many women were proactive in sharing stories of their increased literacy knowledge, skills and practical application around the topics of health, supporting their family, a lifestyle of wellness and attitude towards HIV/AIDS.



Major Project Output 1: Women have sustained capacity to improve literacy skills

Commitment, cooperation and good communication were expressed as the foundation for building up a group and ensuring its development. A space to learn and a mat to sit on plus literacy materials i.e. pens, books, rubbers, white/black boards, were noted as essential to the learning environment – a woman in a Literacy group suggested (in jest) that 'food for children going to school' would be an additional measure of support which others acknowledged was a good point!

Women also highlighted the crucial ingredient of human resources such as knowledgeable and experienced teacher/facilitator, regular member attendance and family support as contributing greatly to the success of a group. Some women acknowledged the



assistance from the village leader in promoting their Reflect Circle and others noted the encouragement from ADRA.

Women also called for more reading materials such as books and newspapers to improve literacy skills. Suggestions also included a request for the 'tuk tuk' mobile library to visit more villages and for more resources such as Karaoke video equipment:

'We want to read to children....we want free-time to read magazines, interesting newspaper articles and short stories,' (RC-KV)

'We want to have more books and stories that children will listen to,' (LC-KV)

The importance of regularly attending their particular group and willingness to 'work hard' 'come on time' and 'practice' point towards the sustained capacity of the women to want to improve their literacy skills. The issues that were taken up within groups and the corresponding activities enhanced reading, writing and counting skills perpetuated interest and obligation.

Women knew what made their group 'work' and the things needed to keep it going and identified a range of 'actions plans' i.e. issues/problems they had focused on during their circle or class meetings. Examples included:

- health (malaria, diarrhoea, dengue, stomach problems fever, respiratory diseases),
- hygiene (boiling/filtering water, using a latrine or digging holes for stools)
- child-care (breastfeeding, washing, providing a balanced diet, sending to school, children's rights),
- earning money (budgeting, buying and selling, saving money),
- domestic violence (enhancing relationships, coping strategies),
- Self-image (building up confidence, independence, friendship, be less aggressive).

The organisation of a group depended on a timetable, register and regular meeting opportunities. Resources within groups ranged from pictures, posters, reading and writing key words and the importance of discussing issues.

Literacy Groups highlighted the basic skills learned through studying the alphabet, learning key words, spelling- an example given was 'v+i+o+l+i+n+c+e = violence' - and practicing reading and writing. There is a more formalised approach to learning given the 8 month time-frame of classes. Once the basics were generally in place, however, the class would spend the latter stages of the course, practicing their skills. This would be done through 'topic' discussions and activities around, for example, breastfeeding, gardening, small business enterprise, drinking boiled water. Telling stories and singing were also opportunities for practice! Enhancing literacy skills in this way is an indication of how the Literacy Classes are engaging in a more 'reflect' approach in teaching.



Our literacy class met for 6 months (LG-VV)

Reflect Groups ‘home-in’ on a ‘topic of interest’ and then use this to explore reading, writing and counting. The facilitated Reflect “literacy focused environment” covered many situations to improve literacy skills. Whether, for example, it was buying vegetables, selling cows, farming sesame seeds or taking care of the children – women had opportunities to enhance literacy skills. Women learned how to negotiate, use a calculator and how to plan and budget for family necessities.

‘In advertising our pigs for sale, we learned how to find a buyer and set up a price and did calculating exercises for price and weight.’ (RC-VV)

The evaluation found that the following sub objectives were being achieved:

- **Proper techniques and verification methods were in evidence in training the women in literacy**
- **Women were strengthening their literacy skills through Reflect**

Solidarity was a clear message some women gave in defining the strength of their groups, stating:

‘We are strong, we know how to discuss and communicate, keep honour’ (RC-KV)

‘We help each other and share experiences; we need to trust each other ..learn and practice.’ (RC-KV).

The fact that the Literacy groups have a time frame of eight months indicates the limitations in prolonging literacy skills. On the other hand, many women who had attended Literacy groups seemed to naturally gravitate towards the Reflect groups which are evidence of sustained capacity...and a link that also illustrates community empowerment.

Women’s motivation for joining a group was without doubt the opportunity to learn to read, write and count. One Literacy group highlighted that all the women from a class of 25 can now read and 70% of those can write. Some women spoke of never having gone to school and others had reached grade 4. Joining a group was the start of their ‘literacy journey.’ Other women illustrated how their literacy skills since joining Reflect had enabled them to

‘take on’ other roles- being part of the VHSG for example or becoming a ‘Children’s Circle Facilitator.’

In recording their ‘literacy steps’ some women could only write their name and included a graphic to express themselves – a drawing of a mosquito net to illustrate ‘*learning good health practice*’ and a sketch of a pencil with a girl alongside told of one women’s desire to ‘*be smart*’

Others were able to write sentences about the chance to expand their knowledge in health: ‘*how to reduce disease,*’ ‘*learn about hygiene for myself and family,*’ ‘*feed and take care of the family*’ and empowerment, ‘*to learn how to buy and sell,*’ ‘*know about savings and expenditure,*’ ‘*raise animals and grow vegetables.*’ ‘*deal with domestic violence.*’

Overall objectives can be summed up through the aspirations of one woman:

‘I attend the Reflect Group because I want to get experience, knowledge about health to take care of my children , give opinion, listen to other ideas in the group and improve my family’
(RC-VV)

And for some women ambitions spread to the wider community:

‘I want to know how to improve the village,’ (RC-KV)

‘I joined to become more involved in the village’ (LG-KV)

‘I want knowledge to help the future of our society,’ (RC-KV)

The unity of a group to ‘make things happen’ is illustrated in the activities of women from a Literacy group in Kravanh District –with the support of the village chief, members initiated the building of a road and bridge for the community. In addition, the support of village leaders was also observed during the evaluation – the village chief and vice chief both paid a visit to a Reflect group in Veal Veng to encourage the women.

The evaluation found that there was some indication towards achieving objective 2.4 i.e. District, Commune and Village leaders are aware of and supporting women’s empowerment activities.

In exploring literacy in daily life women identified a range of situations that expressed development of reading, writing and counting skills. These included:

- Buying and selling vegetables at the market
- Animal husbandry (raising and selling pigs)
- Farming sesame seeds
- Forest work (harvesting rubber)
- Supporting the family business (carpentry)
- Childcare

Women discussed what skills they needed in each situation and how they felt and coped before joining a group and after. The changes women experienced highlighted not only the practical application of learning to ‘*weigh the pigs,*’ ‘*negotiate the price for vegetables,*’ ‘

measure the land for sowing,' 'prepare a balanced diet for the children,' but also the growth of self-confidence, positive self-image and increased capacity in planning and decision making....challenging the 'power relations' within their families and communities.

Describing her empowerment, one woman explained her process of change:

'My husband has a carpentry business and he use to manage the money. After attending the Reflect Circle I learned to do a budget and keep a record of what money is spent on e.g. clothes, school, and food. Now I make the decisions about what the money should be spent on. I also learned how to deal with arguments which has helped to reduce the quarrelling with my husband.'(RC- KV)

The way women use literacy is also reflected in their progress levels around the spoken word in different situations. One hundred and thirty one women engaged in a self-evaluation activity to gage their oral practice. Categories were:

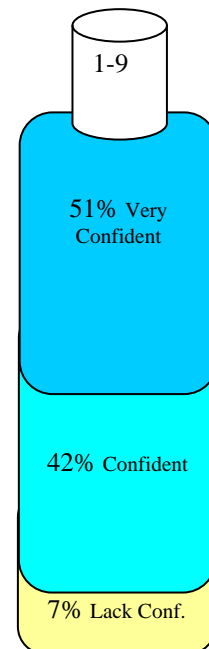
- Strength of voice
- Clarity
- Comfort
- Voicing Doubts
- Disagreeing
- Capacity to listen
- Audiences
- Familiarity
- Topic/issues to discuss

There were three levels of responses to each category which can be termed as 1. 'lack of confidence,' 2. 'confident,' or 3, 'very confident' (see bottle scale indicating 1-b, 2-m, and 3-t).

The total oral scale (both groups from both districts combined) illustrates that 51% of women targeted felt 'very confident' in their overall verbal abilities. Categories that women felt particularly 'very confident' in were:

- asking questions until they understand (Voicing doubts),
- able to justify their opinions (Disagreeing),
- waiting their turn to speak (Capacity to listen),
- not embarrassed to talk about sensitive issues (Topic).

The Total Oral Scale "Filling Bottles" of LC&RC in KV&VV



This positive response was supported by the general participation of the women in the evaluation!

It appears that in 'Voicing doubts' none of the groups felt a 'lack of confidence.' The category that received the most 'lack of confidence' responses was around 'Familiarity' indicating that for a small number of women talking to visitors, newcomers and village/government officials was still difficult to do.

A comparison (see separate bottle scales for total Reflect and total Literacy) between the Literacy Group (41 participants) and Reflect Group (90 participants) appears to suggest that overall, both groups are strong in their verbal abilities.

Reflect Groups – a higher percentage of woman were ‘very confident’ in areas of ‘Voicing doubts,’ ‘Capacity to listen,’ ‘Disagreeing,’ and ‘Topic.’ The percentage range was between 73% and 78%.

Literacy Groups – a higher percentage of women were ‘very confident’ in areas of ‘Voicing doubts,’ ‘Capacity to listen,’ ‘Familiarity,’ and ‘Topic.’ The percentage range was between 51% and 76%.

This suggests that overall, Reflect Groups are generally more ‘very confident’ than the Literacy Groups. This finding also provides a link to one major aspect of the Reflect approach - encouraging women to ‘speak out!’

This was a ‘self-evaluation’ activity and it is necessary to consider how ‘true’ individual responses were. Whilst women were assured there was no ‘right or wrong’ answer and there was no way of identifying a participant, the tendency to give better responses to reveal themselves/their group in a more positive light may have played a part. Some women were observed ‘copying’ another’s responses indicating less assurance than they recorded- alternatively they may not have fully understood the exercise!

This was highlighted in one instance when a participant protested to a member of the evaluation team-

‘This is new. We have not learned this before – you need to teach us before doing the exercise’

A further example of one woman’s oral skills – the confidence in making her voice heard and having the space in which to express her feelings.

To encapsulate the impact that joining a group had on women, they were asked to vote on three questions around literacy, health and empowerment with responses falling into three categories- ‘a little,’ ‘medium,’ ‘a lot.’ These were depicted by symbols of a ‘simple face,’ ‘a happy face,’ and a ‘very happy face.’ The number of women who voted varied slightly with each questions due to a variety of reasons i.e. dealing with children, not wanting to participate, left the session or as a result of miscounting.

The questions were:

1. Has the group helped you to read?

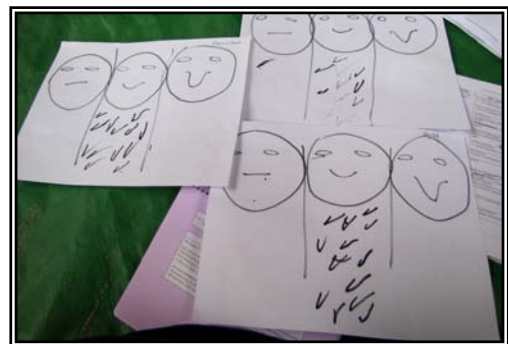
Of the 183 who voted, 50% said their group had helped them ‘a lot,’ while 38% said ‘medium.’

2. Has the group improved your health?

Of the 182 who voted 48% gave a ‘medium’ while 45% gave a ‘higher’ response

3. Has the group helped you feel more empowered?

Of the 181 who voted 53% said their group had helped them ‘a lot,’ while 40% said ‘medium.’



There was little difference between the ‘medium’ and ‘a lot’ responses on all questions and whilst the health question did not have a majority as a top response, results demonstrate that overall, women’s lives had changed through joining a group.

In finding out which type of group was responsible for more of an impact on changing women’s lives, it was necessary to take one ‘mixed group’ of Literacy and Reflect women (there was no breakdown of which group the 23 individuals attended) out of the equation to capture a fairer feel of responses.



While not all women participated in every vote, there were 86 women from Reflect Groups and 74 women from Literacy Groups who participated. Voting patterns revealed that there was consistency across all areas from both groups i.e. the majority of participants in the Reflect Groups felt that they had been helped ‘a lot’ in reading, improving their health and feeling more empowered. Improvement of health received the largest percentage. The majority of participants in the Literacy Groups gave ‘medium’ responses to all three areas of support. Helped to feel more empowered received the largest percentage.

What is most encouraging to note is that in both Reflect and Literacy Groups the lowest percentages consistently fell within the ‘a little/simple face’ bracket therefore indicating that knowledge, skills and attitudes were being put into practice by most women and further, that women’s literacy skills were being strengthened.

Due to the time-frame there was little opportunity to ask individual women why they made the choices they did. However, some observations and comments were noted.

In one Literacy Group all 14 voters said they had been helped to read however, the literacy teacher indicated that three of the women in fact could not read or write! Again it is important to recognise the relationship between what people say, what they do and what they say they do.

On the other hand, the majority of women in one Reflect group when asked why so many of them responded with a ‘medium’ to the health question, explained:

‘We understand we need to practice more.’

This acknowledgement of learning as an ongoing process was also reflected in the majority of responses from women in another Reflect Group who voted ‘medium’ in all the areas:

‘We learn that we have to go to the group together as we learn together.’

Major Project Output 2: Women have functional life skills for personal empowerment

‘When we get sick we go to the health centre, we drink boiled water and use the latrine for defecation. We understand how to reduce violence in the family, keep our children clean and

educated. We know how to plant vegetables, raise chickens and improve the family livelihood. We know how to save money, read and write and help ourselves....we are strong...we have good solidarity in order to improve our group.'

(LC-KV)

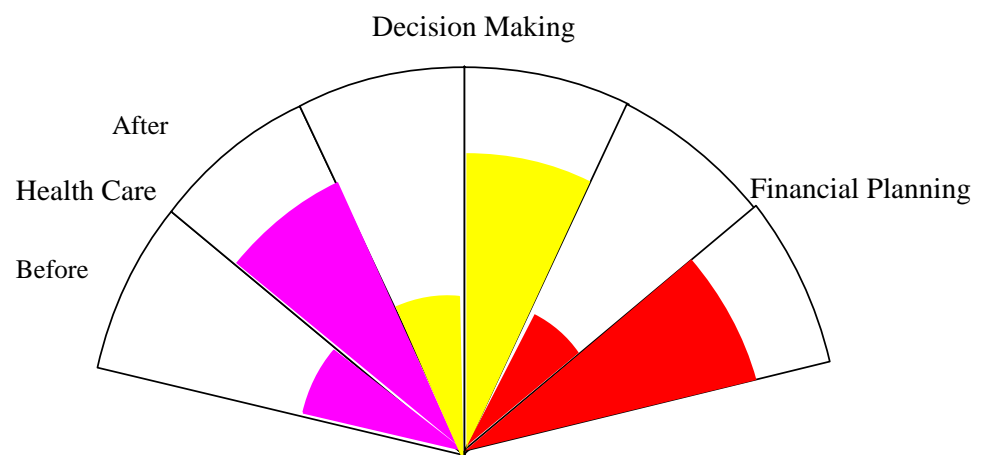
Cohesion and shared aims was a common thread through most groups and a key aspect to individual women's personal growth and development. As one young women explained,

'Before I joined the group I was shy – especially with boys and men. Now I can speak out, communicate well with others and have confidence in the group.' (RC-KV)

In expressing their ability to support their families women provided a range of practical examples to illustrate developing independence and a shift in power relations within the home and wider community. Women in all the groups voted that before attending a Reflect Circle or Literacy Class they had little or no knowledge of issues related to health, decision making and budget planning.

The evaluation found that objective 2.2 was being achieved – women were participating in Reflect activities.

In terms of health there were many instances of women taking control of the family wellbeing – women talked of understanding about birth spacing, taking care of themselves when pregnant, ensuring water is boiled and/or filtered, encouraging children to wash their hands before eating and burying stools if there is no latrine. Commented one woman:



'I have eight children and they got sick often ...after attending the literacy class I understood more about birth spacing and now share this with other women. I have improved the health in my family and I want to know more about caring for my children.' (LC-VV)

'When the children urinated on their clothes I would never wash them. I just let the clothes dry up and I would use them again after. My child began to itch, had rashes and scars and got sick more often because of the irritation. After I began to attend the Reflect Circle RC I understand how to take care of the children – give them a bath and dry them with clean towel and also help them to get enough sleep so they don't get sick. Now, I also don't pay a lot of money on medicine.'(KV)

Enabled to make choices about what is best for the family and manage how money is spent in the home, came through many stories. These ranged from finding work outside the home (raising and selling cows and chickens), influencing husbands' behaviour (learning coping

strategies around domestic violence) and taking control of the family budget (making decisions about what to buy and able to save more than before).

Many women spoke of the impact that their growing empowerment had on the overall standard of living within the family and the ‘warmer and friendlier’ relations between husband and wife.

‘My husband now helps me to plant the morning glory; he cooks and looks after the buffalo.’(RC –KV)

The evaluation found that objective 2.3 was being achieved - women are expressing their ability to support their families in terms of health care, decision making and budget planning.

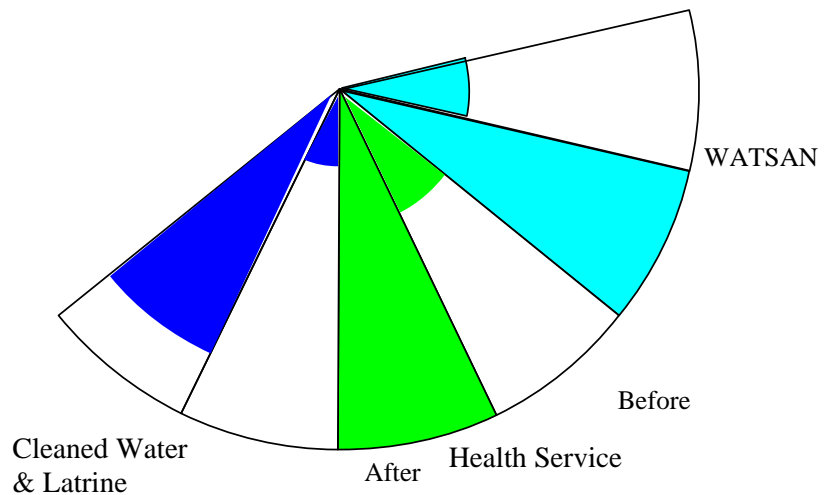
Major Project Output 3: Women and their families are demonstrating improved health seeking behaviours

The most significant health change practices that the **majority of women** noted occur in three domains (see **Pie Chart of both groups in both districts**): ‘Health Service,’ ‘Sanitation and Hygiene Practice’ and ‘Access to Clean Water and Latrines’ – giving the highest priorities to the importance of drinking boiled and filtered water followed by keeping the home environment hygienic. The following illustrate improved health seeking behaviours and a lifestyle of wellness.

‘Before, I drank un-boiled water and the kids were sick often. Boiled water is not tasty but now we like it and the children are not sick like before.’ (LC-KV)

‘Now I cover food and wash vegetables and my husband is happier now!’ (LC-KV)

‘Before, we would pass stools anywhere. People use to defecate behind my neighbours house where there was a forest but the trees have been cut down so now they make holes or use a latrine. Before I go to the fields I prepare holes for the children to use.’(RC-VV)



‘I now drink filtered water and go to the health centre. Also, I had a lot of undergrowth around my house, now I’ve cut it down and cleared it so dengue fever in the children has reduced. (RC-ST)

In using the health services women spoke of going to the health centre for information or when members of the family are sick, rather than a traditional healer or expensive visits to the hospital.... and in the process

saving money - *'I spent \$65 at the hospital to treat dengue fever and malaria' (LC-KV)* recalled one woman who now chooses the Health Centre. Another explained her transition to the health centre after she nearly lost a child:

'I was very stubborn when the children got sick. I wouldn't take them to the health centre but bought medicine from the pharmacy and one of my children nearly died. The group convinced me to take my child to the health centre and now I go there for everything – big or small!'(RC-KV)

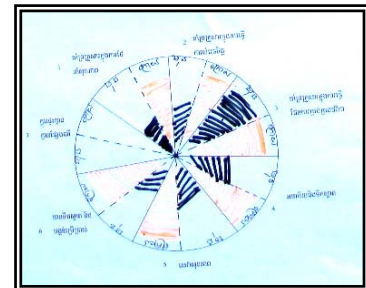
Interestingly, some women also commented on the fact that increased hygiene practice also meant that their families were less sick and so there was less need to visit the health centre.



Individual and group responses were given to questions around several domains of improved health seeking behaviours. Women recorded their general degree of skills, knowledge and practice – before and after attending literacy classes or Reflect Circles. This was done by some women colouring an individual pie chart with different colours representing 'before and after' and by other women participating in a group vote using a scale of one to five.

Health care, decision making and financial planning all show a high degree of improvement (Pie Chart 1). In terms of water and sanitation (Pie Chart 2) there is evidently a greater difference in women's behaviour before and after.

In comparing the responses from both groups (see Separate Pie Charts), women from both literacy and Reflect Circles have improved greatly in relation to health service. Regarding 'clean water and latrine' again there has been much advancement, although it appears that women from the literacy groups had more basic awareness in this domain prior to attending a group than the women in Reflect Circles. In relation to 'WatSan' the Reflect Circle women appear to have progressed more.



However, in the domain of 'Smoke free facilities and homes' there appears to be slower progress according to responses from both groups. The evaluation looked at a different aspect in each district. In Kravanh it was to discover if people had stopped smoking as a result of better understanding and in Veal Veng the focus was on increased knowledge about the harmful effects of smoking. Whilst in Veal Veng there was greater awareness now of the dangers of smoking the impact was less in Kravanh where there appeared no change in smoking habits (see Pie segments).

Whilst women acknowledged the dangers of smoking and spread the message - *'husbands still smoke!'* However, there were some success stories. One Reflect Group explained that in 2009 an organisation gave out posters depicting the effects of smoking to the heart and lungs. Many of the men smoked and some did give up the habit. One woman said that her husband now doesn't smoke inside the home and another described how she encouraged her husband to give up:

'He was always sick and he also smoked. I educated him about the dangers to his health and the children's. He stopped smoking four months ago!' (RC—KV)

The evaluation found that objectives 3.3 and 3.4 are being achieved:

- **Women regularly receive health education by participating in Reflect group activities and/or formal literacy classes.**
- **Women are developing a lifestyle of wellness.**

An overwhelming change in women's attitudes centred on an understanding of HIV and AIDS and support for people infected. Before joining a group women had very little or no knowledge of HIV and AIDS. In practice this meant that women marginalised people they knew to have the disease.

There were four questions and these were 'no/yes' responses to behaviour/practice before and after joining a group. The evaluation recorded individual and group responses. These indicated that prior to being involved with a group, the majority of women agreed they did not understand and discriminated against anyone who was infected. Whereas since attending groups, the majority of women agreed they now knew more about transmission and were not 'afraid' of people with HIV and Aids.

Some individual comments were recorded and provided a little more insight into changes.

1. If you know someone with HIV who sells food would you buy from them?

Most women said 'no' that previously they would not have bought food but all gave a 'yes' response since receiving knowledge and awareness through attending a group.

'We know more about transmission now and that it doesn't come through food. We now want to help those with HIV so buy from them.' (RC-KV)

'I understand about using a condom and being faithful to a partner. Before, I wouldn't dare to sit too close to anyone who was infected.' (RC-KV)

A few women indicated that even though they 'didn't know the facts' they would still have bought food.

2. Would you let your children play with other children who have HIV?

Most women said 'no' that previously they would not have allowed their children to play with others who had HIV but all gave a 'yes' response since receiving knowledge and awareness through attending a group.

'Before I was afraid and would discriminate. Now I realise it's not transmitted through playing together.' (LG-VV)

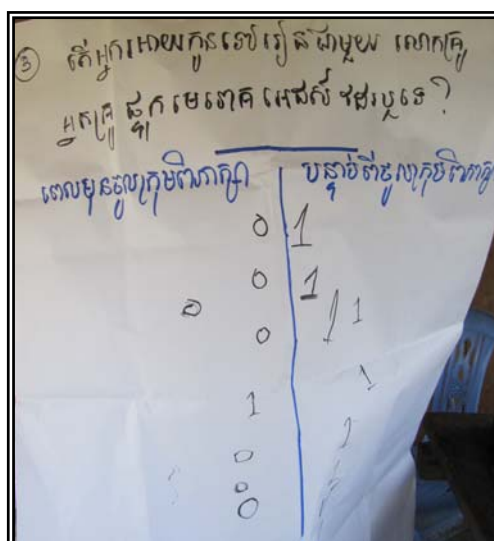
Several women said that they would have let their children play together even before they knew much about transmission. However, there were some women who noted that despite having more information they would still refuse to let their children play with others who were infected.

3. Would you send your child to school if the teacher had HIV?

Most women said ‘no’ that previously they would not have sent their child to school if the teacher had HIV but all gave a ‘yes’ response since receiving knowledge and awareness through attending a group.

‘Before I wouldn’t let my children be taught by a teacher who was infected but now I understand it’s not transmitted through learning together.’ (RC-VV)

Several women said that even before knowing much they still would have sent their children to school. Three women explained why they had sent their children to a teacher who was infected



‘We had to send them so they could learn but we were not happy because we were afraid - now we know it is ok.’ (LV-KV)

4. Would you loan a person with HIV your cooking equipment?

Most women said ‘no’ that previously they would not have loaned equipment to a person with HIV but all gave a ‘yes’ response since receiving knowledge and awareness through attending a group.

‘Before ‘no’ but now we are not afraid and would loan equipment. We want to support people.’ (RC-KV)

Interesting to note is that several women who gave ‘yes’ responses to supporting people even before they understood about transmission, came mostly from the same Reflect Group (Krouchma) – this was the only village group that gave one or more ‘yes’ responses to each question in relation to attitudes and practices prior to receiving any factual information. However, the questionnaire again relied mostly on what people say they do so further work in this area would bring to light a truer picture of behaviour change in communities.

Positive change and examples of inclusive practice are revealed in the stories of two women with HIV who were attending groups involved in the evaluation. When asked about knowing people who had HIV in their communities a woman in a Reflect group (VV) was identified as being infected. Following a discussion on hygiene in the home, the other participants spoke of her as ‘an inspiration’ to others as she had a ‘model home.’ Again in a Reflect group (KV) participants introduced a woman with HIV and explained that before they came to the circle ‘we were afraid of being too close to her but after joining Reflect we were ok and are now happy to help her when she needs it.’

Overall, women were knowledgeable about the transmission of HIV and AIDS and gained knowledge from a variety of sources. One group of women (Reflect/Literacy mixed) indicated that information they received did not come from the Literacy Teacher or the Reflect Facilitator but from the Health Centre. ADRA and other NGOs were also responsible for disseminating positive messages. In addition women had received information from listening to the radio.

The evaluation found that objective 2.5 was being achieved: Target beneficiaries understand HIV and AIDS and reduce discrimination against people living with HIV and AIDS

The evaluation has shown that women have adopted sanitation and hygiene practices, use the health services, now have access to clean water and latrines and are making a small impact on promoting a ‘smoke free environment.’

Overall, through involvement in Reflect women have sustained capacity through improved literacy skills, have functional life skills for personal empowerment and they and their families are demonstrating improved health seeking behaviours. One women’s story illustrates this ‘holistic change:’

Description of change:



“At the beginning I mostly hesitated to enrol or attend any meeting even to Reflect Circle group. I thought it was a waste of my time and there would not be much benefit for me and my family. If I talked about my previous behaviour I was mostly aggressive and I always got angry very fast with people especially with my family. Before I did not know how to read or write. I felt shy to attend the Reflect Circle but because I want to learn how to read and write I decided to attend the literacy classes with the encouragement from the ADRA facilitator.”

Literacy classes and Reflect Circles are great places for adult to learn how to read and write. They also teach or discuss the necessary knowledge that could support our daily life such as personal hygiene, using clean water, drinking boiled water, nutritious food, latrines, birth spacing practice, HIV/AIDS protection, reduce domestic violence and help each other in the group and other people in the village. etc..”

Why this change is important?

“As I mentioned before I always got angry very fast and I faced many problem with my family in daily life for example, I did not know how to keep myself and my family healthy. Now things have changed and it improved in a positive way like I know how to eat nutritional food, use the latrine, drink boiled water, and keep the house clean. The Literacy and Reflect Circle has not only helped me know how to read and write but has also helped me become a facilitator for children in Baktra and now people are calling me Neak Kru (teacher).”

How ADRA contributed to this change?

“ I found that to be involved in Literacy and to be a Reflect Facilitator organized by ADRA is very important for me, my family and people in the village, especially for women in the community that currently struggle with many issue as I mentioned. So I would like to thank ADRA staff and generous donors who helped poor Cambodian people.”

5. CONCLUSION

Observations throughout the evaluation supported findings– women participated in activities with interest and enthusiasm. Literacy skills were illustrated in the writing of responses, reading questions and the counting of votes for example. Women’s confidence and oral abilities ‘shone through’ in the ‘focus group’ sessions. Women were seen to support each other during the evaluation – motivating less confident women to get involved through encouragement to voice their feelings and prompting them to record their suggestions.

The evaluation tools were obviously key in ‘emancipating’ the women – these came from the ‘Counting Seeds for Change.’ A framework for implementing, monitoring and evaluation - providing constant engagement and easy and enjoyable to implement!

It was interesting to note that in one mixed group of Reflect and Literacy women, a handful of young men were observers and were keen to provide the women with support – it was discovered that the village also had a ‘men’s group’ and that this group had worked with the women on issues around domestic violence for example.

Particular ‘good practice’ and a commitment to women’s ‘literacy journey’ can be highlighted in the preparation that one Reflect Group (VV) put into the evaluation. The facilitator had organised for the ‘Children’s Circle Facilitator’ to be present to take care of the young ones so their mothers could focus on the activities. Children welcomed the evaluation team with a song and then went off to play. In another village (VV) - women had waited for two hours for the evaluation team and had dispersed but still made every effort to come together later in the day to be involved.



There did not appear to be any significant differences in the attitudes and behaviours between women from the Reflect and Literacy Groups. There was some suggestion that participants from both groups evaluated might have been ‘cherry picked’ by facilitators/teachers – this will need to be looked at and considered in relation to the findings. Any further research should consider the following:

- Follow up activities to the individual assessment tools to gain a better feel for women’s all round literacy skills, health practices and empowerment.
- Research tools that will identify specific differences between the impact of Reflect Circles and Literacy Groups.

Many women were part of both groups and many indicated they had attended Literacy Classes before joining a Reflect Circle. The link between the two groups is also evidence of a growing ‘community empowerment’ and the impact this has on women’s general attitude towards literacy. Further, the value of this developing unity is echoed in ADRA’s Reflect Methodology strategy – Post Literacy in Phase II to Community Development in Phase III.

A final consideration to reflect on is around power issues. The evaluation provided some insight into the participation of women and the ADRA team members. A barrier to women's



increased participation lay in the lack of information they had about the kind of activities they would be involved in. Enabling them to be more prepared for the evaluation meetings would have better supported the women and given them more equal 'control' in the sessions. The evaluation also provided an opportunity for facilitators to experience a 'change' in the way they carried out their role. There had been little time to practice the evaluation tools before going out into the field. In discussing findings, ADRA staff members commented on the 'shift in thinking' that came about in relation to the

impact the evaluation tools had on their interaction and facilitation style – acknowledged one team member: 'I felt I was losing control at first as I wasn't directing the 'teaching' but then I began to see how the tools were enabling the women to participate more fully.'

'Power issues should be kept in mind and discussed at different stages throughout the evaluation process. Ways of mitigating power relations should also be discussed, especially where power is a barrier to participation and to obtaining legitimate findings.'

(Review of Reflect, April 2009)

6. RECOMMENDATIONS

1. Greater input by groups to improve 'teaching' and provide resources such as posters and pictures on the dangers of smoking
2. Retention of literacy through more reading resources such as newspapers, books and Karaoke video equipment. Increased opportunity to visit the 'tuk tuk' mobile library by ensuring arrangements are made for it to 'come closer' to villages.
3. Activities to support women around speaking to members of the wider community and government
4. Further research to look at reduced discrimination around HIV and AIDS.
5. A sharing of good practice by the 'strong' groups such as 'cross visit' by members and/or facilitators, using the 'Seeds for Change' tools in meetings and reflecting on strengths and challenges of groups during Supervisor/Facilitator meetings.
6. More robust efforts to support groups with 'children's circles' and provide more practical advice on managing children's behaviour.
7. ADRA to continue efforts to keep the 'natural link' between the Literacy Classes and Reflect Groups to enhance and maintain community development.

7. APPENDICES

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Appendix A. Evaluation Plan - Significant Outputs linked with Seeds of Change evaluation tools

SIGNIFICANT OUTPUTS	OUTPUTS/ INDICATORS	SEEDS OF CHANGE TOOLS	COMMENTS	RESOURCES	TIME	
SO 1 – WOMEN HAVE SUSTAINED CAPACITY TO IMPROVE LIVELIHOODS THROUGH IMPROVED LITERACY SKILLS	1.2 Women trained in literacy (using proper technique and verification methods)	21 Action Plan Tree To track changes/progress, have function group and meeting overall project outcome	Group activity: draw large tree & identify roots, trunk and branches VV–participants chose an action that RC addressed KVH-activity focused on overall process and outputs	Large sheet of paper	20mins	
		23 Growing seeds for change To focus on abilities/resources	Group activity- draw seeds to grow tree & identify complement above with focus on abilities (seeds) – link with 21	Large sheet of paper	20mins	
		40 Project Fish To analyse strength of RC/ Literacy Group	Group activity – draw big fish and little fish as food for big fish. Identify both types of fish	Large sheet of paper	20mins	
		28 MSC Stories of change and voting on RC support	Group activity-Participants/facilitators KVH-only voted on levels of literacy with big smile, smile and no smile face	Series of questions	40mins	
	1.3 Women strengthening their literacy skills through Reflect	36 Literacy habits game To access practices/habits and new ones	Group activity KVH-not done	Series of questions	30mins	
		47 Motivation Tree To explore why come to circle	Group activity –participants/facilitators KVH-no tree, wrote answers demonstrated literacy	Large sheet paper and coloured strips	20mins	
		20 Oral scale Perception of oral practice	Questions asked to group but record individual responses (participants –self evaluation)	Ind. cards /pencils	20mins	
	SO 2 – WOMEN HAVE FUNCTIONAL LIFESKILLS FOR PERSONAL EMPOWERMENT	2.3 Women expressing their ability to support their families in terms of health care, decision making, and budget planning	28 MSC	Individual self-evaluation – use the voting idea and using the family support topics e.g. budget planning KVH-told stories then voted on story topics	Series of questions	10mins
			55 Maturity diagram (adapt 54 pie chart) Evaluate performance in 3 areas	Individual evaluation ‘before and after’ i.e. ‘what I used to do’ and ‘what I do now’) VV-no paper so voted separately by raising hands	Diagram sheets noting indicator topics/ pencils	10mins
SO 3 – WOMEN AND THEIR FAMILIES ARE DEMONSTRATING IMPROVED HEALTH SEEKING BEHAVIOURS	3.4 Women develop a lifestyle of wellness	20 Adapt 54 pie chart (combined with 54 pie chart for 2.3 above) Evaluate 4 wellness indicators	Individual evaluation (before and after) related to noted health seeking behaviours VV-no paper so voted separately by raising hands/ fingers	Diagram sheets noting indicator topics/ pencils	10mins	
	3.5 Women understand HIV and AIDS and reduce discrimination against people living with HIV and AIDS	30 Attitudes and practice Assess knowledge and attitudes into practice	Group activity – 4 questions written and each person voted by check mark yes or no. Topics & associated questions (2 per topic-1 attitude & 1 practice	Large sheet paper	40mins	

Appendix B. Data Collection Methods Used

INDICATORS	SEEDS FOR CHANGE TOOL	<u>DATA COLLECTION</u>								
		Graphic	Stories	Voting	Literacy	Tape Recording	Chart	Set Questions	Self-evaluation	Focus Group
Proper techniques & verification methods	Action Plan Tree/seeds	✓			✓	✓				
	Project Fish	✓			✓	✓				
Strengthened literacy skills	Voting	✓		✓				✓		
	Literacy Habits-situation		✓		✓	✓				✓
	Motivation				✓			✓	✓	
	Oral scale						✓	✓		
Ability to support family	Maturity Diagram/Pie Chart			✓		✓	✓	✓		✓
Developing lifestyle of wellness	MSC		✓			✓				✓
Understanding of HIV/AIDS and reduce discrimination	Attitudes and practice		✓		✓	✓		✓		✓

Appendix C. Action Plans (Input Output Tree)

ROOTS(issue)	TRUNK(actions)	LEAVES(results)
PURSAT RC -OBT typhoid, malaria, catch cold, fever, dengue, coughs, respiratory dizzy	DIARRHOEA AND DIZZY. use the latrine, clean water, if they don't have latrine they dig the ground, hand washing with soap or ash. Tell the neighbour about hygiene message. Tell sick people to go to the health centre and drink lots of water, clean boiled water. Keep house clean.	reduce the dizziness, healthy. If not sick have time to do other things. Don't waste money on the disease on cures. Free from debt.
PURSAT LC -OBT (little time for this activity)	Learned to read and write, drink boiled water, family hygiene, breastfeeding from 0-6	(seeds) continue to help each other, get to know our neighbours, reading and writing
VV-RC -ST diarrhoea , typhoid, vomit, cold , stomach problem, malaria, dengue.	MALARIA when dizzy go to meet village health support group, tell people sleep inside under mosquito net, cut small trees around the house to destroy mosquitoes, wear long pants/sleeves, use posters/pictures.	healthy to do things-free from disease – have enough time to do things and don't waste money.
RC -CCT typhoid, malaria, catch cold, fever, dengue, coughs, respiratory des.	MALARIA go to health centre, cut trees around house, drink warm water, sleep under net, clean the yard, when go to the forest wear long sleeves, had a promotion/campaign –wrote a banner- sleep under net-	malaria was reduced. Continue to educate and for RF will write down in the register the number of those with malaria and other disease. She will continue to educate.
LC-CCC diarrhoea , typhoid, vomit, cold , stomach problem, malaria, dengue	CATCH COLD – go to health centre , hand washing with soap, wear the mask, have bath with warm water,	get better from the cold and get healthy to improve they need to continue to educate. 2 hour for 1 lesson and 24 lessons on health. For their class have literacy and health information. They do together.
LC -CTC difficult to sell something – did not know alphabet-shy-difficult to earn money – cannot sell	ATTEND TO LEARN-attend to write-attend the group-have support from husband-motivation from husband	can write –not shy – can know health information- easy to sell something-did not follow someone (independence)- don't lose the way (reading signs in the town so don't get lost) living situation improving
RC- PC lack of knowledge- did not have cooperation violence, diarrhoea, lack of understanding, lack of orientation(lack of support)	LACK OF KNOWLEDGE – they went to RC to get training – before attending didn't have knowledge – encouraged to attend by ADRA. Knowledge. They use the knowledge to practice. Physical hygiene and budget – the disease reduced (malaria, typhoid). Learned some coping strategies in the group e.g keeping quiet when husband drunk and discussing after the issue.	Violence reduced. Their children are confident and proud that mother attends circle and also they have child circle and mother let children attend – increased independence in the children and mothers The home environment is better – warmer and friendly between husband and wife.
KV -RC –SR dengue, diarrhoea, violence, saving money, child care/sending children to school	VIOLENCE – report to chief, don't keep to self tell others, did posters and learned coping strategies	better relationships – story – woman told us that her husband now helps her to plant the morning glory, he cooks and looks after the buffalo. When group asked about cause of violence a comment was 'jealousy and drunkenness'
MIXED RC/LC- PK GROUP 1 unhealthy, family living style is difficult, lack of knowledge, did not have income enough, violence in family, no job to do	VIOLENCE – know how talk to husband to stop violence – the members in community helped to provide ideas (shared ideas) by using pictures – support from village leader and police- get support from ADRA – support from the men's group and support from other NGO to reduce violence	they have time to do the work, their income improve, their children get warm from their parents, and go to school. The family is happier (living conditions improved – my words) It improved because of lack of violence.

GROUP 2 violence, budget/not enough income not enough, children cannot go to school, lack of friendship and warmth in the family, not enough time to do work, lack of skills to do things	LACK OF INCOME – they plant vegetables, feed pigs, hens, ducks – planting rice – find other work to do like selling the vegetables, plant veg, knowledge get from ADRA.	living standard improved – the income improved- get more knowledge- their children go to school regularly. The family is happier.
KV-LC-TD- able to read and write, take of children with diarrhoea, learn numeracy, planting,	Activity difficult to grasp	Reading, writing 2/3 times per month to read, effort, try hard, teach children
LC-OS Here participants enjoyed writing – waited turn to do seeds- the drawings took the time!	Learned composting and planting, family hygiene, dengue fever malaria, taking care of children	Try to read and write, moral for children (from ANDK) write letters, take care of children
RC-KCM Asked people to read from posters! All could read apart from 2 with eye problems (SUPPORT FOR EYESIGHT PROBLEMS!)		Take care of children better than before, hygiene-household, personal (mopping), prevent from dengue (destroy mosquito house) planting veg, drinkable purified water, save \$ better than before , domestic violence,- how to solve problems, educate children, take care of family SEEDS-try hard , learn and practice, pay attention to teacher/facilitator
RC-KTT Drew fast simple tree- everyone wrote for themselves	Cleaning house, good communication, gender, knowledge, reduce domestic violence, take care of children, hygiene, drink boiled or filtered water, child health, daring and confidence, use latrine and if not dig or bury (sarong covers you)	Listen and learn from teacher, practice at home, cooperation, solidarity, take care of the child
LC-KB help with spelling from team – some were reluctant to write except 2 women (PARTICIPATION WITH WRITING, TALKING, AND IN ACTIVITIES)	Know how to read and write, health, breastfeeding to 6 months – exclusive- immediate breastfeeding, gardening, animal husbandry (chickens), selling/small business enterprise, drink boiled water, clean clothes	Study hard to read and write – study often, improve family welfare, teacher to teach, books – materials- solidarity to do action plans (make road etc) place to study, learn how to spell correctly
RC –SAN T- men RF put sun shade up for the women. Do not discriminate with HIV, reduction of dengue and malaria, help each other in the community	Hygiene for children, how to prepare food hygienically, teaching children, read and write, number, know how to compost,	(enjoyed the drawing) gathering together often, discussing solidarity, need to trust each other, share ideas together and learn and practice.
LC-OP violence, gender, good communication, latrine, body cleaning, veg planting, health facilitation, learning how to cook, kid care, hand washing with soap with soap or ashes, cleaning house environment, cleaning cloths, sick go to health centre	One month meeting 3-4 times , meeting 1 time per week, meeting for 2/3 hours, learning a key word and spelling it – gave example of v+i+o+l+e+n+c+e = violence, income and expenses.	When we get sick we go to health centre, used latrine for defecation, know how to plant veg, reduced violence in family , know how to raise chickens, improved family livelihood, how to save money, read and write, help ourselves, how to clean body of children, drink boiled water, know to educate children and say polite words WE ARE STRONG, KNOW TO DISCUSS AND COMMUNICATE, KNOW RESPECT POLICE, GOOD SOLIDARITY IN ORDER TO IMPROVE GROUP, HELP EACH OTHER, KEEP HONOUR!
LC-DK Learning numeracy, singing, composting, tell stories, cleaning body polite, protection from mosquito bites, animal raising veg planting, sleep under net, learning to write.	Meeting 5 times a week from 6-8pm, learning 8 months, learning numeracy and word, practice by reading and writing one by one.	Can plan veg, raise animal, read and write, calculate, communicate with friend, save money, discuss, and used clean water and drinking filtered water SEEDS/IMPROVEMENT-have discussions, communication, practice and solidarity!

Appendix D. Resources (Project Fish)

GROUP AND NAME	INPUT	COMMENTS
PURSAT RC -OBT	participation, help each other, practice activities, money, members, skills (cassette for more info)	
PURSAT LC –OBT	need materials to study, pens, books to read and practice writing in lesson book, new generation will come, what to come again – don’t want to stop	
VV-RC -ST	knowledge, cooperation, participation, food, budget, time, members, enough materials, continue education to improve the circle- bubble (reduce the violence-result of all those inputs)	WOMEN HAD WAITED FROM 1PM BUT CAME TOGETHER AGAIN AT 4PM (COMMITMENT)
RC -CCT	facilitator, participate in meeting, discuss with each other and exchange ideas and opinions, members, knowledge, skills, saving money group (community bank), promotion of RC.	
LC-CCC diarrhoea , typhoid, vomit, cold , stomach problem, malaria, dengue	participation, teacher, material,(pens, book, black board , chalk,) classroom: to grow they learn hard – take care of children, write and read a book.	
LC -CTC	time, teacher, student, book, pencils, learn hard, participation, exam, read the book and newspapers.	
RC- PC	facilitator, continue to have meeting (in relation to strengthening the group), confident , language skills, practice, cooperation, attend the meeting, knowledge.	
KV -RC -SR	cooperation, attend meetings, money, materials, need support like from ADRA, facilitation, knowledge, need money to help circle grow ‘think our group is a strong group’	
MIXED RC/LC- PK GROUP 1	participation, give ideas, to join, attend the meeting (man) resources – time, teacher knowledge, blackboard, book, pens rubber, participation from authority especially village leader. Bubbles continue to support – try to be confident and continue to learn to write.	4/6 MEN GAVE SUPPORT TO GROUP – PARTICIPATED IN COUPLE OF ACTIVITIES E.G VOTING GAME AND WHY I JOINED THE CIRCLE (SEE SEP. SHEETS)
KV-LC-TD-	Supplies are needed , effort needed – student who writes has recently joined reflect, teaches children, need a reason, newspapers, karaoke/video, LWF ? has library, meet together, encourage to come and learn together. Group had requested help with latrines, road and bridge HIGHLIGHT THEIR INDEPENDENCE	Participants found it difficult to understand this activity re the fish symbol!
LC-OS	Supplies (tables, pens, paper, white/black board, food supplies, one woman said ‘food (to send with children to school), laughter but also reassurances that what she said was true!, time , good morals for children.	Had fun drawing a beautiful fish (children v interested) and one lady grabbed a marker to make it ‘right’.
RC-KCM	Sharing from RC participants, good and experienced facilitator, supplies (books, pens, white board, mat), share experiences from other NGO, more improved knowledge on agricultural needs, animal husbandry , beg planting, improve livelihood	
RC-KTT	Supplies (pen, pencil, whiteboard, tarpaulin), facilitator, teacher, participation of participants, share ideas, more participants/student, solidarity to help each other and share experiences	
LC-KB	Teacher, finance support, family support (to motivate them to study), tarpaulin, shelter	










RC –SANT-	Depends on solidarity, we are working together, develop literacy, try to learn together, need more learning, need ideas for discussion.	Did not understand the instructions and one when one woman realised it they were unhappy –apologized for making a mistake but one lady kept exclaiming about it loudly ‘This is new, you need to teach before exercise!’ HIGHLIGHT RE ‘SPEAKING OUT’ CONFIDENCE AND ASSERTIVENESS!
LC-OP	Need to do practice, hard learning, assistance from teacher/facilitator, more discussion, need school facility, need training materials, appropriate seating place, need participant exacting time (come on time!)	
LC-DK	Come to study on time, solidarity, come to earn, have teacher and student, have good communication, table, book, pen, pencil, whiteboard	

Appendix E. Literacy Habits –SITUATION (only asked in Veal Veng)

<u>VILLAGE</u>	<u>CONTEXT</u>	<u>LITERACY SKILLS</u>
STUNG THMEY RC	<ul style="list-style-type: none"> • Market • Selling Cows 	<p>think before going to market and negotiate for discount price. Look for the quality of goods and they need skill to know the price. Results – they are happy and not shy and can negotiate.</p> <p>need skill in communication – count money-keep money safely, need to set criteria for price of cows, can save money in community bank.</p>
CHAMKA CHREY TBONG RC	<ul style="list-style-type: none"> • market • Selling pig 	<p>asking prices, look for quality of goods, negotiate for discount, - pay money , count the money. To improve they want communication skills and negotiation skills.</p> <p>advertise their pigs find buyer and ask buyer to look at pig and set up price, negotiation for price with the buyer and seller and get agreement and take pig to sell (sell at home) – also weigh pig and look at the weights- get the money. Use the calculator to work out the amount of the money. In this activity did exercise for calculating the price and weight.</p>
CHAMKA CHREY CHEUNG LC	<ul style="list-style-type: none"> • Market • selling vegetables 	<p>make a decision and looking for quality- asking price and negotiate for price-set up a price and after they wait and pay the money –count the money –take the goods and come back home. They use skills reading the scale for kilos.</p> <p>Ask customer to buy their vegetables and set up price and promote quality ‘good quality don’t have toxin’ let their customer check vegs for quality and negotiate for the price . Make decision to sell.</p>
CHEU TIEL CHRUM LC	Farming sesame seeds	prepare the seeds- sorting the seeds into kilos-plan the budget...need to think and discuss with their husband- making a plan for materials (tools equipment for the field) plant – take care of the seed and young tree (calculate duration of growing cycle) tree will provide the sesame seeds. After got the product they sell – and to sell they need find the buyer and advertise produce
PJEK CHRUM RC	Forest work – rubber	take fruit of tree and use it for burning or apply to boats (glue) – before they go they discuss with husband about planning and decision making –when go and what to take and how long to stay there – then they set up time to go in early morning from home and after that they prepare materials and also the food for day and then they get the glue from tree and put into the container (30 litres – they can read this) and after that they assist each other to carry glue back home (women and husband) – then they discuss at home with husband to sell and one container cost 60 000 riel. SEE PHOTO OF CONTAINER
SBOV REAK RC	Carpentry (a drawing)	woman talked of this being her husband’s business and he would manage the money. After attending RC she learned to do a budget and keep a record of what she spends money on e.g. clothes, school, food – learned decision making skills. Now she manages the money. Also mentioned ‘coping strategies’ which helped to reduce the quarrelling with her husband.
PREY KANLANG RC	Plant vegetables	<p>plough the ground, select the crops, make plough in line, put crop in ground and water and take care of young plant. They got the product – to sell and get the money to support the family and improve it. Manage the money for children to go to school for buying materials for school, for food...the family get good health (measuring skills, select crop, thinking skills, decision making skills, , calculations, communications, planning)</p> <p>Hygiene , when get sick they send children to health centre, prepare the food children (quantities) to be enough (good diet) take children to school, motivation, ...all this practical skills, their children have good health and smart, ...got from facilitator or reflect group. Skills – decision and practical skills and health knowledge.</p>
	Take care of the children	

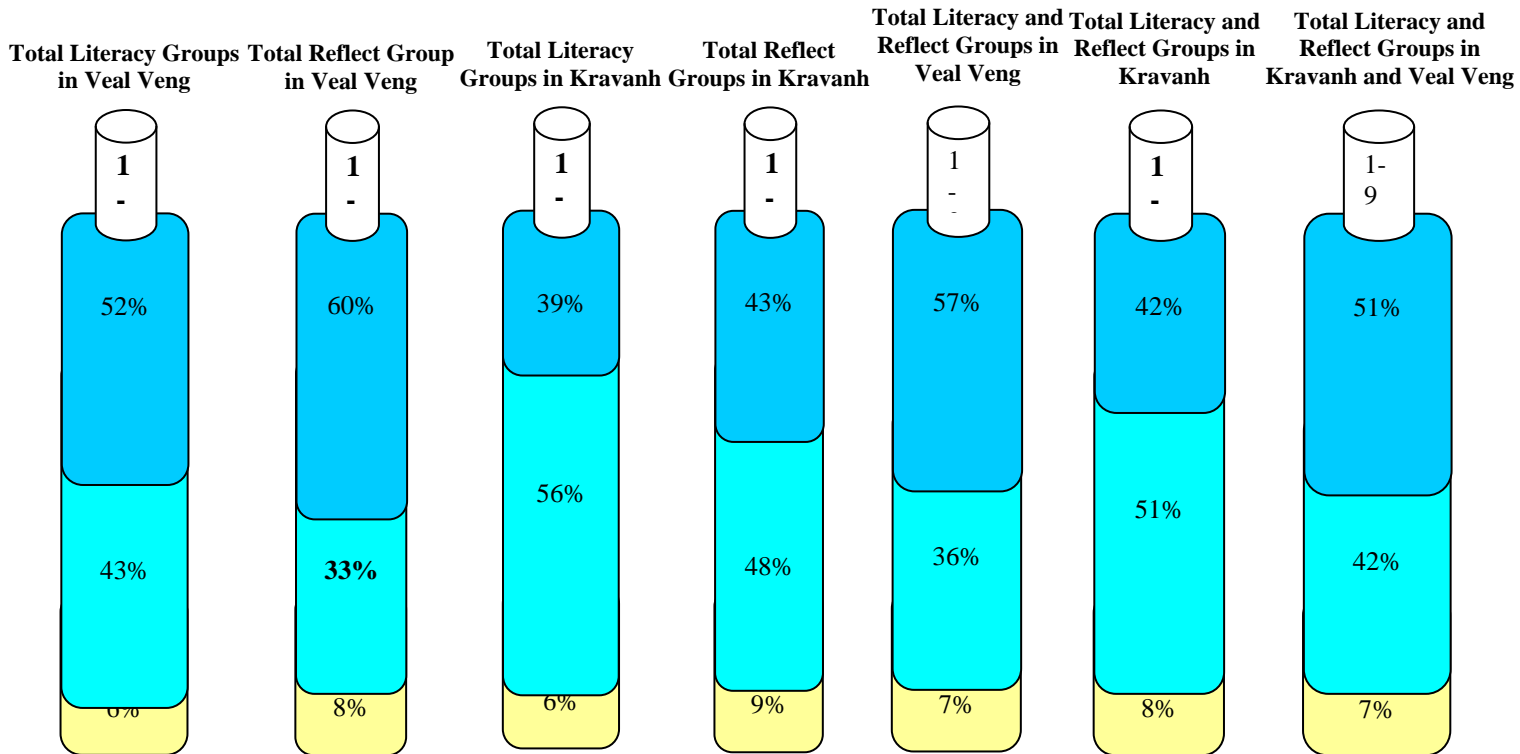
Appendix F. Sustained Literacy Skills Voting

Voting: (used ticks at first to record but then changed to ‘voting with your feet’ –participants ran to one of the three faces)

	Groups	Persons	Q1 Has the group helped you to read   			Q2 Has the group improved your health   			Q3 Has the group helped your confidence   			Comments	
RC	Stung Thmey	12		3	9		5	7		2	9	11 out of 12 voted for Q3	
RC	Chamka Chrey Tmong	8	1	5	1		3	4		4	3	7 out of 8 voted	
LG	Chamka Chrey Cheung	11	2	5	3		2	3	5		2	7	Not all participated
LG	Chue Tiel Chrum	12	3	3	5		3	3	4			11	Not all participated
RC	Pjeck Chrum	13			13				13			13	
RC	Sbov Reak	12			12				12			12	
RC	Prey Kanlang	23	1		22		13	10				23	Q1 (1 low –said could read before) Q2 said they need to practice more and know more
LG	Ta Des LG	8	1	6	1		1	7		3	5		
LG	O Srav LG				14		2	5	7		10	3	
RC	Krochma	12		4	8		4	8		1	6	5	
RC	Kol To Teng	13	2		11		13					13	Stated that were a solidarity group and all would succeed
LG	Khset Borei	15			15		15					15	
RC	San Tre	17	9		9		5	11		11	6		
LG	O Preal	9	3		6	1		10			5	5	
LG	Damnak Kanseng	23	1		3	3			7			7	
	TOTAL	186	21	70	92	13	87	82	13	72	96		
	Percentage	100%	11%	38%	50%	7%	48%	45%	7%	40%	53%		

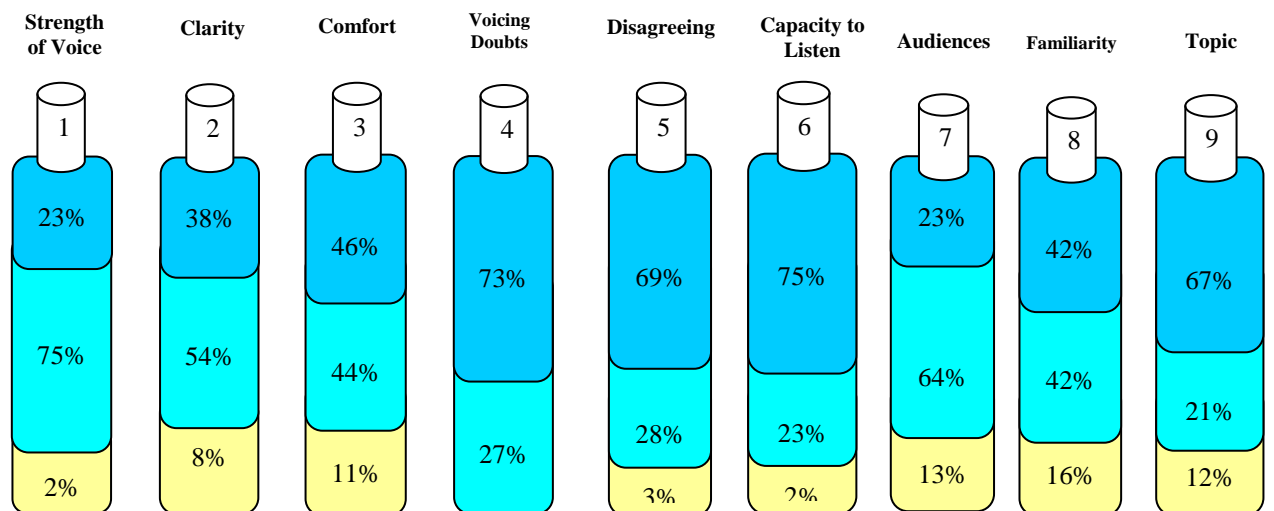
Appendix G. Oral Perceptions (Bottles Filled)

Oral Scale “Bottles Filled” Comparisons between Reflect and Literacy Groups and Veal Veng and Kravanh



All responses from both Literacy & Reflect Groups of District Kravanh & Veal Veng:

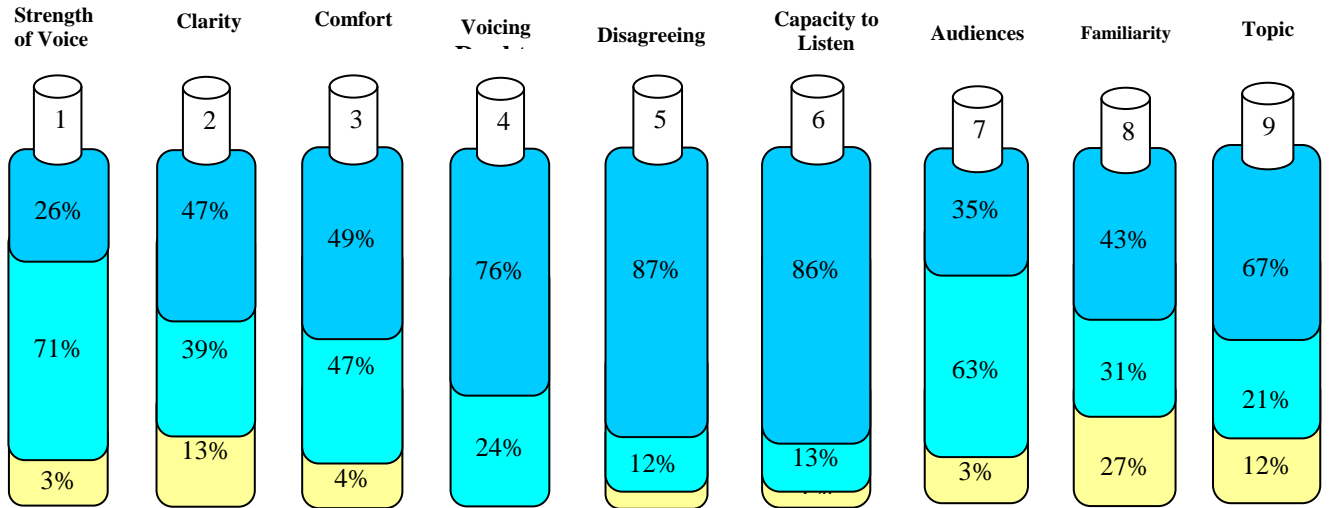
Class	B1	B2	B3	B4	B5	B6	B7	B8	B9	# Responses	% Total
Top	23%	38%	46%	73%	69%	75%	23%	41%	66%	598	51%
Middle	75%	54%	44%	27%	28%	23%	64%	42%	21%	497	42%
Bottom	2%	8%	11%	0%	3%	2%	13%	16%	12%	87	7%
										1182	100%



Both Literacy & Reflect Groups of Veal Veng District:

Class	B1	B2	B3	B4	B5	B6	B7	B8	B9
Top	26%	47%	49%	76%	87%	86%	35%	43%	67%
Middle	71%	39%	47%	24%	12%	13%	63%	31%	21%
Bottom	3%	13%	4%	0%	1%	1%	3%	27%	12%

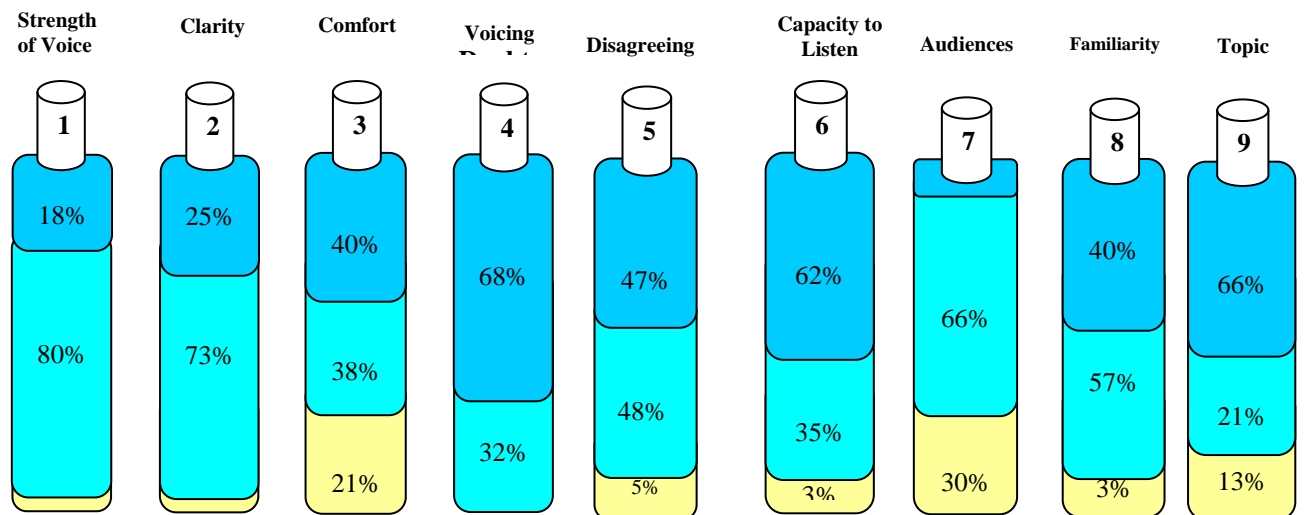
# Responses	% Total
390	57%
243	36%
48	7%
681	100%



Both Literacy & Reflect Groups of Kravanh District

Class	B1	B2	B3	B4	B5	B6	B7	B8	B9
Top	18%	25%	40%	68%	47%	62%	4%	40%	66%
Middle	80%	73%	38%	32%	48%	35%	66%	57%	21%
Bottom	2%	2%	21%	0%	5%	3%	30%	3%	13%

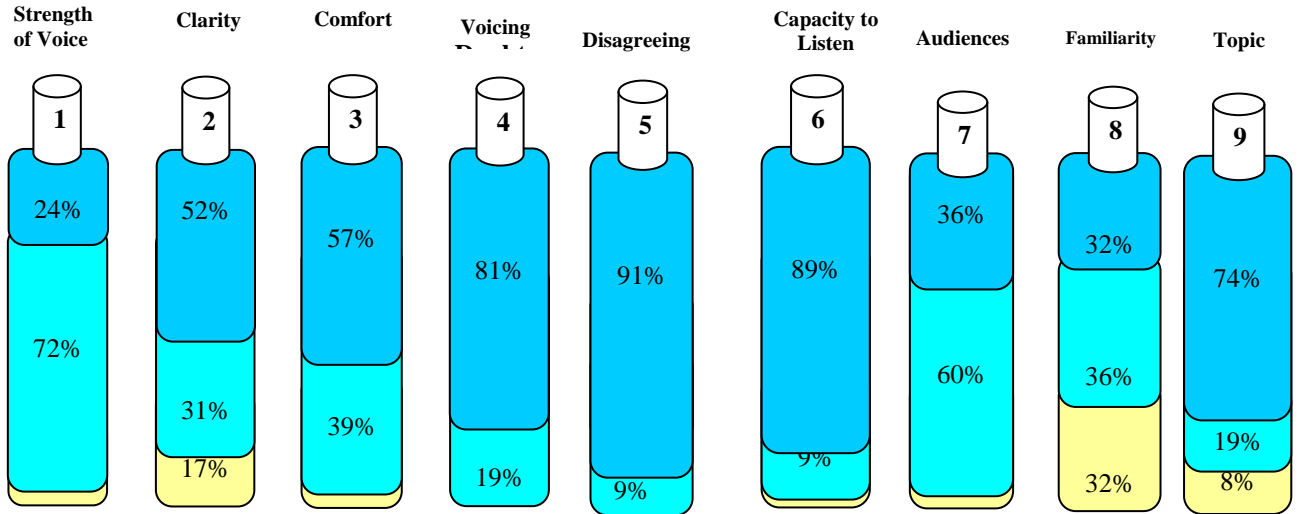
# Responses	% Total
208	42%
254	51%
39	8%
501	100%



Reflect Groups only of Veal Veng District

Class	B1	B2	B3	B4	B5	B6	B7	B8	B9
Top	24%	52%	57%	81%	91%	89%	36%	32%	74%
Middle	72%	31%	39%	19%	9%	9%	60%	36%	19%
Bottom	4%	17%	4%	0%	0%	2%	4%	32%	8%

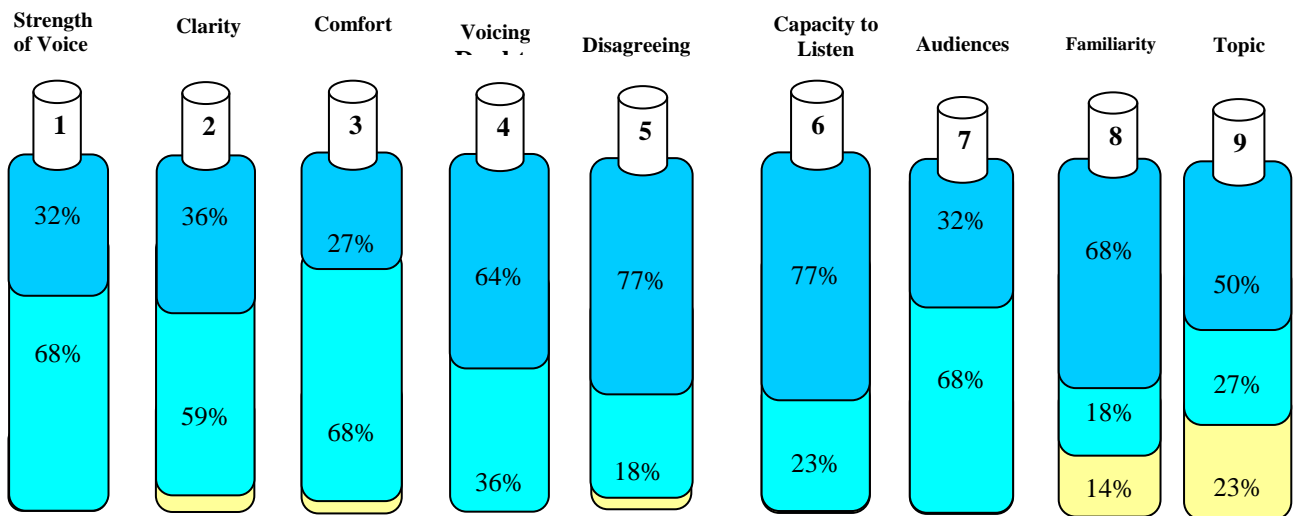
# Responses	% Total
288	60%
158	33%
37	8%
483	100%



Literacy Groups responses only of Veal Veng District

Class	B1	B2	B3	B4	B5	B6	B7	B8	B9
Top	32%	36%	27%	64%	77%	77%	32%	68%	50%
Middle	68%	59%	68%	36%	18%	23%	68%	18%	27%
Bottom	0%	5%	5%	0%	5%	0%	0%	14%	23%

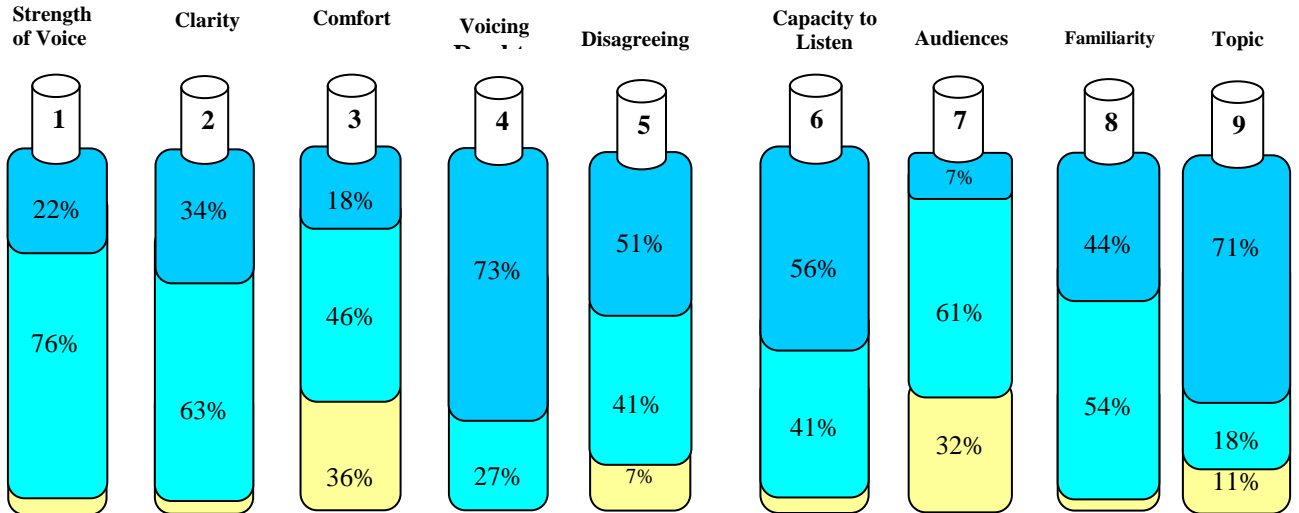
# Responses	% Total
102	52%
85	43%
11	6%
198	100%



Reflect Groups only of Kravanh District

Class	B1	B2	B3	B4	B5	B6	B7	B8	B9
Top	22%	34%	18%	73%	51%	56%	7%	44%	71%
Middle	76%	63%	46%	27%	41%	41%	61%	54%	18%
Bottom	2%	2%	36%	0%	7%	2%	32%	2%	11%

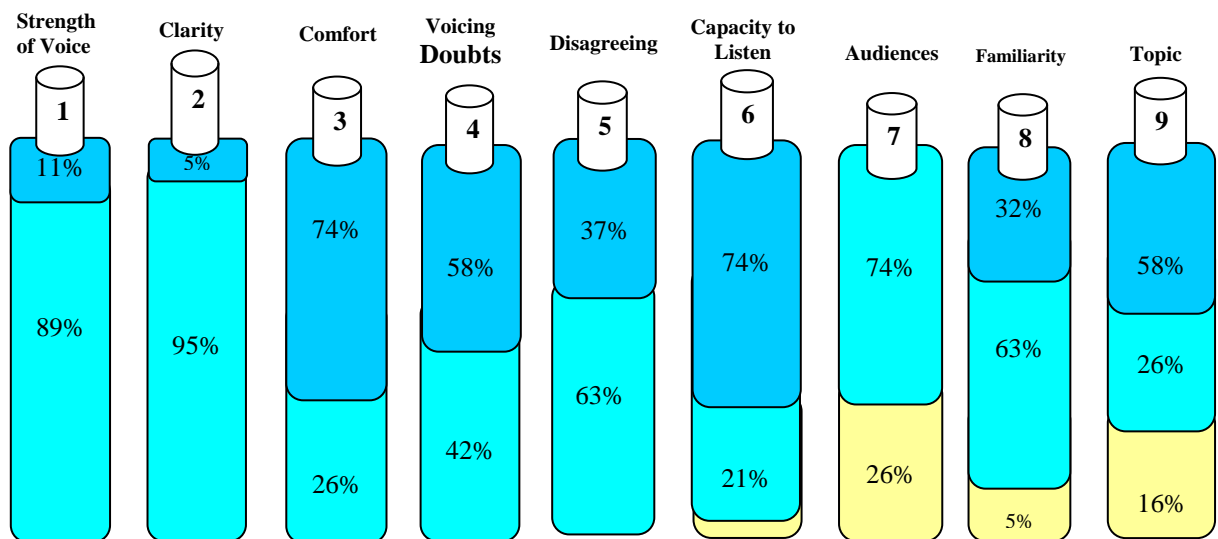
# Responses	% Total
142	43%
159	48%
29	9%
330	100%



Literacy Groups only of Kravanh

Class	B1	B2	B3	B4	B5	B6	B7	B8	B9
Top	11%	5%	74%	58%	37%	74%	0%	32%	58%
Middle	89%	95%	26%	42%	63%	21%	74%	63%	26%
Bottom	0%	0%	0%	0%	0%	5%	26%	5%	16%

# Responses	% Total
66	39%
95	56%
10	6%
171	100%

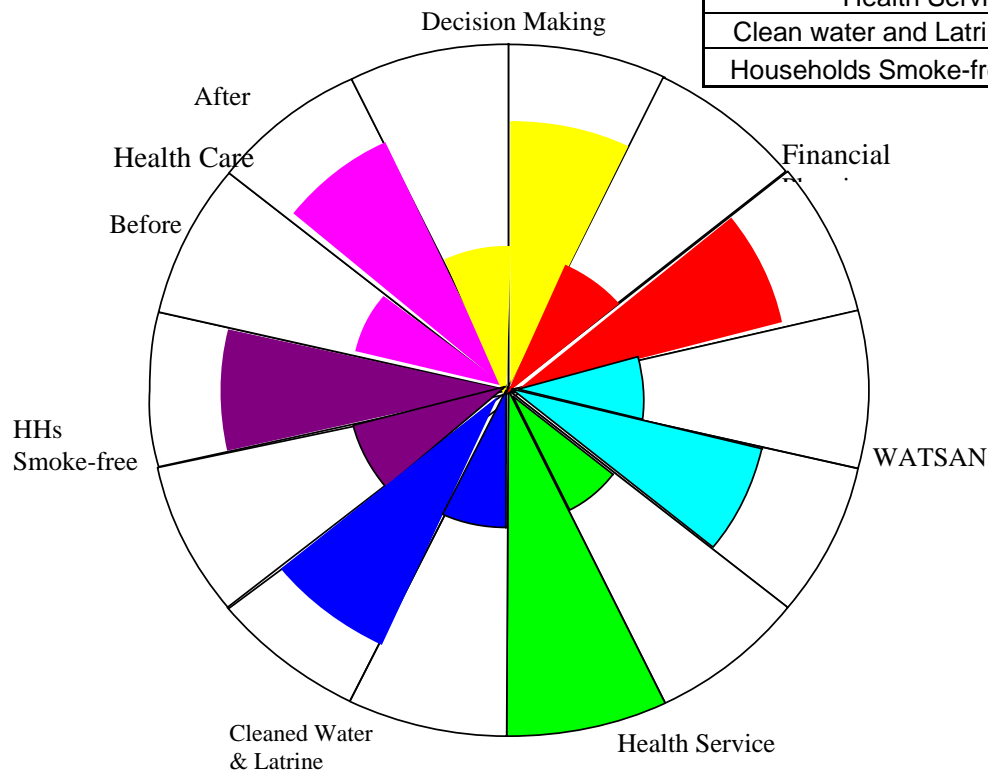


Appendix H. Pie Chart Before and After Empowerment & Lifestyle of Wellness Combined

Pie Chart of Literacy Circles in Veal Veng and Kravanh:

Average Color:

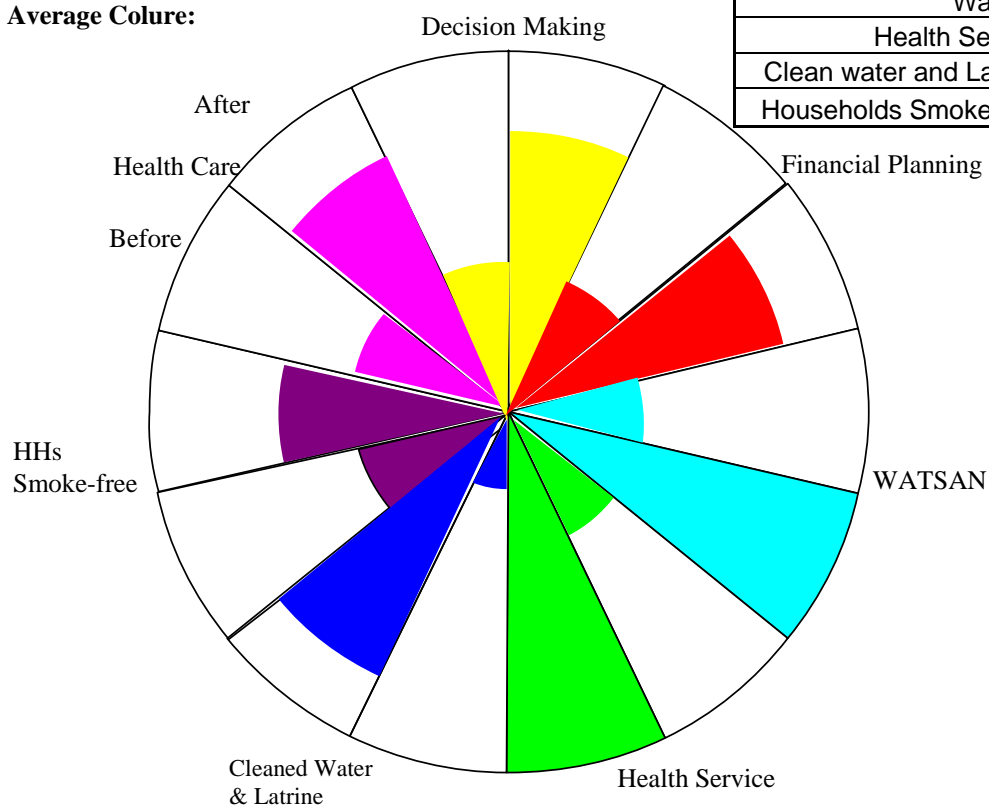
Health Care	2	4
Decision Making	2	4
Financial Planning	2	4
WatSan	2	4
Health Service	2	5
Clean water and Latrine	2	4
Households Smoke-free	2	4



Pie Chart of Reflect Circles in Veal Veng and Kravanh:

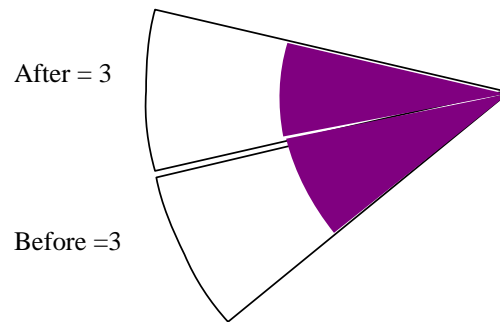
Average Coloure:

Health Care	2	4
Decision Making	2	4
Financial Planning	2	4
WatSan	2	5
Health Service	2	5
Clean water and Latrine	1	4
Households Smoke-free	2	3

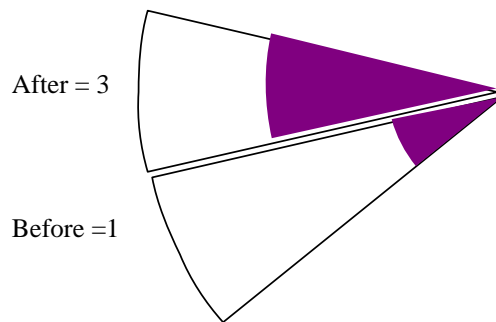


Variance in Question asked on Smoke Free Households:

1. Smoking Cigarettes in KV (Practices)



1. Knowledge on Harmfulness of Smoking Cigarettes in VV



Appendix I. Most Significant Change Voting

Voting for Literacy, Health and Empowerment Most Significant Change

Voting for Health Most Significant Change Stories

	Village	Person	Drinking Clean water/ boiled water	Dengue fever/ Malaria	Sanitation/ Cleaning House	General Hygiene/ Wat San	Go to Health Center
1	Stung Thmey*	12					
2	Chamka Chrey Cheung*	11					
3	Chamka Chrey Tbong*	8					
4	Cheu Tiel Chrum*	12					
5	Pegk Chrum*	13					
6	Sbov Reak*	12					
7	Prey Kanlang*	23					
8	Tades	8					
9	Kol To Teng	13	1			8	4
10	Krochma	12	7			5	
11	O Srav	14	2	3	9		
12	Khset Borei	15	10	1		1	
13	San Tre	17	7	3		7	
14	O Preal	9	3		6		
15	Damnak Kanseng	7			1	6	
Total		186	30	7	16	27	4
			36%	8%	19%	32%	5%

*These villages (mostly Veal Veng, did MSC stories with the Pie chart voting. See below for stores from before and after

MSC STORIES

Group	Q1	Q2	Q3	Q4	Q5	Q6	Q7	comments
Stung Thmey RC	2/5	2/5	2/5	1/5	1/5	1/3	1/2	1 story re-reduction in malaria
Chamka Chrey Tbong RC	3/5	3/4	2/4	1/5	2/5	1/3	1/2	
Chamka Chrey Cheung LC	2/5	2/4	1/5	1/5	1/5	1/5	1/4	Includes 2 stories (support family and wellbeing)
Cheu Tiel Chrum LC	1/5	2/5	1/5	1/5	1/5	1/5	1/5	Includes 1 story (support family-budget)
Pjek Chrum RC	1/5	2/5	1/5	1/5	1/5	1/5	1/3	Stories Q2 (decision making) Q4 (water) Q5 (latrine) Q7 (smoking)
Sbov Reak RC	1/5	1/5	1/5	1/5	1/5	1/5	1/5	Stories Q1 (using condoms) Q2 can now read info-don't need to do thumbprint Q4 clean water, boil, use filter, dig hole for stools Q6 (dig holes for stools) Q7 (smoking)
Prey Kanlang RC	1/5	3/5	1/5	1/5	1/5	1/5	1/3	3 stories (hygiene, decision making and empowerment)

MSC STORIES

STUNG THMEY RC

One example of health education discussion one women said she had malaria 5 times in one year. But now it's reduced she had only once in one year.

CHAMKA CHREY CHEUNG LC

1. Quarrelling with her husband and want a divorce and hygiene and when going to circle she learned about talking with her husband and about drinking clean water.
2. Woman has 8 children and they got sick often –didn't have time to do her work so income very low after attend Lit Class she understand birth spacing and she share with other women. Improved her health in the family and children don't get sick as much. Wants to know more about caring for her children.

CHEU TIEL CHRUM LC

1. Before attending the group they pass stool everywhere but after attending they use the latrine or if don't have one they dig holes in the ground. Reduced the transmitted disease. This knowledge got from support of NGOs.
2. Before did not keep the money and after that attend class she can manage the money and calculate and know how to make decisions to do something
3. Before when got sick they asked for Khmer traditional healer - like the young leaves (3 in one) and bark (boil up) and drink and eat..diarrhoea. And also the traditional reader to find out how why they are sick. now go to health centre and got understanding from the group which was supported by ADRA.
4. before her husband got sick a lot so they didn't have enough time for other things - looking after husband so her living situation was going down and after she understand how to sell goods and how take care of health of family so have enough time to sell and know how to calculate the money and is able to feed her husband who has handicap (no legs) and can't work and also sick. Her living standard was improved. Got understand from ADRA support.

PJEK CHRUM RC

1. Decision making – now she can make decisions e.g selling glue in emergency situation e.g sending child to health centre she doesn't have to ask husband. She also didn't allow children to go to school but now allow – she made decision understand importance of going school)
2. One women said she drank from the stream without boiling and now boil and use the filter share cost with ADRA
3. Latrine – in previous time they passed stool all time and now they use latrine or ground and also said neighbour had forest behind house and people would go there to make a toilet but the trees cut down and now they can't go there so had to make own holes/ latrines. Before she go to the field she prepares the holes for the children to go to the toilet
4. Smoking – they understand about effects but husbands still smoke

SBOV REAK RC

1. Woman talked of her husband who always got sick and he also smoked. She educated him after about the danger to his health and the children's. He has now stopped smoking for 4 months.
2. Woman talked about drinking unclean water but after attending RC she understood about boiling the water and her home is clean. The other women in the group said it was a 'model home.'
3. A woman talked of child care and how she now knows about the importance of her children washing their hands before eating.
4. A woman commented that before attending the RC everyone did stools anywhere. The family didn't have a latrine but now have one after support from ADRA

PREY KANLANG RC

1. When children urinate on the clothes she never wash her child clothes so she just dry up and after used it again – in that time her child itches and rash, scar and get sick more often because of irritation. After she attend RC she understand on how to take care like take children to have bath and dry with clean towel and assist her children to sleep enough so they don't get sick. She also didn't pay a lot of money on medicine
2. She did not dare to make the decision in the home- if she need to make a decision she needed a long time to think what and how she will do. Afraid that her husband would blame her or sometime her decision making was wrong. Had to think hard whether to make a decision. And after at the RC she got the knowledge on how to make decisions so she is happy and her decision making has improved. Learning from others in the group.
3. The young girl said before she was shy and she did not speak out other people especially with boys/men. After attending the group she reduced shyness and speaks out and make good communications with others and have enough confidence in group. An example she said that her mother asked her to go to PP she did not dare to go because she didn't know the way, the place, afraid of losing her way. Now she can go if her mother needs her to go because she can ask other people.

Appendix J. HIV and AIDS Stigma and Discrimination (Voting)

GROUP	Q1 If you know someone with HIV who sells food would you buy the food?	Q2 Would you let your children play with other children who are HIV +?	Q3 Would you send your child to school if the teacher had HIV?	Q4 Would you loan a person with HIV your cooking equipment?
Stung Thmey RC 12	Before no but now understand about transmission and that it doesn't transmit through food. Now want to help those with HIV and buy from them.	Before no but now understand through information from RC and ADRA support.	Before no but now yes	Before no but now we don't discriminate and would loan equipment and want to support people who have HIV.
Chamka Chrey Tbond RC 8	As above but now don't dislike people with HIV	Before were afraid of transmission but now don't discriminate and there are people with HIV in their community.	As above and now understand it's not transmitted through 'learning together.' They got info from, health centre. ADRA and other NGOs	As above
Chamka Chrey Cheung LC11	As above	As above and realise it's not transmitted through playing together. They got info from, health centre. ADRA, RACH and other NGOs	As above and that it's not transmitted through teaching.	As above
Cheu Tiel Chrum LC 10	As above	Before no but now learned that it's transmitted through sexual contact, blood and open skin.	Before no, now yes	Before no, now yes
Pjek Chrum RC 12	As above	Before no and now yes	Before no but now have knowledge from health centre, ADRA and RC. Understand transmitted not through cuddling but can do through kissing someone with open sores.	Before no now yes and understand importance of using condom
Sbov Reak RC 12	Understand now – also use condoms and be faithful to partner. Before don't dare to sit too close.	Understand now it's not transmitted through latrine or having meals but through intercourse. Info through radio and messages from NGOs	Before no but now yes – commented that before didn't dare speak to people with HIV	Understand now through health promotion also use condoms and be faithful to partner.
Prey Kanlang RC/LC mixed	Didn't know before and said the teacher/RF didn't tell them- got info from the health centre	No before but now understand	No before but now understand	Have people in the community who have aids.
Sbov ReakLC12(T2)	No/Yes	No/Yes	No/Yes	No/Yes
Damnak KanlangLG	No/yes	No/yes	No/yes	Yes 1 no 6/yes
Ta Des LC 8	No/Yes	No/Yes	No/Yes	No/Yes
O'Preal RC 10	Yes 2 No 8/ 10	No/yes	Yes / yes	Yes/yes
O Srav LC 12	No/yes	No/yes	3 yes (had to send but not happy)/yes	No/yes
Krouchma RC 12	1 yes (said, even though she didn't know facts)/ yes	7yes/yes	5yes/yes	4yes/yes
Kol to teng RC 13	No/yes	1yes/yes	Yes/yes	No/yes
Khset Borei 11	No/yes	no/yes	1yes/yes	No/yes
San Tre RC		Notes say that some still would not let their children play together.		

Appendix K. Population and Villages

Non-Formal Literacy									Post Literacy (Reflect)								
Dist rict	Commune		Village's name	Village teacher's name	Sex	Year 1 # stude nts	Year 2 # stude nts	Year 3 # stude nts	# of villag es Litera cy	Village's name	# of villages Reflect	RF's name	# of memb ers	# grou ps	Date Start ed	Still Oper ating	
VV	Anlong Reap/ Pro Moy	1	Chamka Chrey Cheung	Mrs. Heng On	F	27			1	Chamka Chrey Cheung	1	Nhek Chin	27	3	2004	still	
VV	Anlong Reap	2	Chamka Chrey Tbong	Ms. San Tola Ms. Pich Srey Neang Ms. Morm Chun						Chamka Chrey Tbong	1	Sim Mom	40	4	2004	still	
VV	Anlong Reap	3	Krang Rongieng I		F			20	1	Krang Rongieng I	1	Mrs. Sok Chan Ny	42	4	2008	still	
VV	Anlong Reap	4	Krang Rongieng II		F			20	1			Same above					
VV	Pro Moy	5	Pjek Chrum		F		23		1	Pjek Chrum	1	Morm Chhun	34	4	2004	still	
VV	Pro Moy	6	Stung Thmey							Stung Thmey	1	Bun Srey Pov	51	4	2004	still	
VV	Pro Moy	7	Cheu Tiel Chrum		Mr. Nou Teng	M	25			1	Cheu Tiel Chrum	1	Morm Sok Ry	40	4	2004	still
VV	Pro Moy	8	Pro Moy	Mr. Sar Choun	M	25			1	Pro Moy	1	Mrs. Loas Thy	40	4	2008	still	
VV	Pro Moy	9	O Deka	Mr. Long Ran	M	27			1								
VV	Pro Moy	10	Kan Dal	Mrs. Ut Vorn	F	Done	Not yet		1	Kan Dal	1	Mrs. Tep Thy	52	4	2009	still	
Subtotal Veal Veng		10							8		8		326	31			
KV	San Tre	11	San Tre	Non-Formal literacy in 2004						San Tre	1	Khim Sarith	43	4	2004	still	
KV	San Tre	12	Kol To Teng	Non-Formal literacy in 2004						Kol To Teng	1	Ou Chan Thol	40	4	2004	still	

KV	San Tre	13	Sre Popey	Non-Formal literacy in 2004						Sre Popey	1	Lam Moa	40	4		2004	still
KV	San Tre	14	Khset Borei 1	Mr. Penh Sokin	M	38				Khset Borei 1	1	Ouy Saroeung	52	4		2007	still
KV	San Tre	15	Khset Borei II	Mr. Hem Pouern	M	28	23			Khset Borei II	1	Poeuk Sokhoeurn	79	4		2007	still
KV	San Tre	16	Khset Borei	Mr. Kim Ekoy	M			20	1			Not yet	net yet				
KV	Phtas Rong	17	Damnak Kanseng	Mr. Prom Samon	F			29	1	Damnak Kanseng	1	Soeurn Kem	37	4		2007	still
KV	Phtas Rong	18	Prey Kanlang	Mrs. Yang Koly	F			25	1	Prey Kanlang	1	Kha Chreb	40	4		2007	still
KV	Phtas Rong	19	Prey Kanlang	Ms. Yan Koly	F			20		Prey Kanlang		Mrs. Kha Chreb	same			2007	still
KV	Leach	20	Pich Ban	Non-Formal literacy in 2004						Pich Ban		Van Phomara	withdr aw				
KV	Leach	21	Baktrakoun	Non-Formal literacy in 2004						Baktrakoun	1	Sao Rith	29	3		2004	still
KV	Leach	22	Boh Pouy	Non-Formal literacy in 2004						Boh Pouy	1	To Ley	32	4		2004	still
KV	Leach	23	Krochma	Non-Formal literacy in 2004						Krochma	1	Om Nhagn	37	4		2004	still
KV	Leach	24	Pen	Non-Formal literacy in 2004						Pen	1	Ee Phally	34	4		2004	still
KV	Leach	25	Sbov Reak	Non-Formal literacy in 2004						Sbov Reak	1	Tes Sovanny	42	4		2004	still
KV	Rokat	26	Mol	Mr. Bun Nguy		Done				Mol	1	Lim Lom Aung	32	4		2006	
KV	Rokat	27	Mol	Mr. Knee Knoeurn	M			20	1			Lim Lom Aung	same				
KV	Samroung	28	Ankrong	Mr. Chhut Poeurn	M	Done				Ankrong	1	Doung Sarom	24	3		2006	

KV	Samroung	29	Veal	Ches Koeurn/Sam Chantha(2 classes)		Done			1	Veal	1	Som Kean	41	4			2006			
KV	Samroung	30	Veal	Ms. Yun Srey Mach	F			20				Som Kean	same							
KV	Samroung	31	O Prearl	Ms. Nov Navy/Mrs. Tep SiVorn(2 classes)		Done				O Prearl	1	Tep SiVorn	28	3			2006	still		
KV	Samroung	32	Ro Veang	Mrs. Sem Sarom	M	25			1											
KV	Samroung	33	Ta Des	Mr. Ork Vong	M	25			1											
KV	Pro Ngil	34	Svay Pak	Mr. Sen Von	M	25				Svay Pak	1	Soy Sokhem	23	4			2006			
KV	Pro Ngil	35	Svay Pak	Tem Lep	M			23	1			Soy Sokhem	same							
KV	Pro Ngil	34	Svay Pak	Mr. Siem Chatna	F			20				"	"	"						
KV	Pro Ngil	34	Svay Pak	Mr. Soeun Hoeun	M			20				"	"	"						
KV	Pro Ngil	38	O Bak Tra	San Sao	M			26	1	O Bak Tra	1	Tep Sithean	32	3			2007			
KV	Pro Ngil	39	O Bak Tra	Mr. Cheap Ly	M			20				Mrs. Ieng Oeurn	38	4						
KV	Pro Ngil	40	O Bak Tra	Mr. San Chheap Ly	M			25				Mrs. Ieng Oeurn	same							
KV	Pro Ngil	41	O Srav	Mr. Heng Sopheak	M			20	1			Not yet								
KV	Pro Ngil	42	Sam Rong Yea	Ms. Kou Sarun	F	25			1	Sam Rong Yea	1	Ka Sochhear	40	4			2007			
KV	Pro Ngil	43	Sam Rong Yea		F			25												
KV	Pro Ngil	44	Pro Ngil	Ms. Heak Chan Tharn	F	25			1											
KV	Pro Ngil	45	Kam Peng	Ms. Chhang Sok Tin	F			20	1			No RF	Not yet							
Subtotal Kravanh									13		19		763	53						
Totals									295	219	200	21		27		1089	84			

Yellow Highlights mean villages selected

