

LIFE IS GOOD: HOPE VILLAGES Project in Hoa Binh Province Final Evaluation Report

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**Habitat For Humanity
International Vietnam**



Presented by
**Research and Training Centre
for Community Development**



Hanoi, 20-09-2022



REPORT OF THE FINAL EVALUATION

PROJECT “LIFE IS GOOD: HOPE VILLAGES”

**IN HOA BINH PROVINCE SUPPORTED BY THE HABITAT FOR
HUMANITY INTERNATIONAL IN VIET NAM**

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Hanoi, 20 September 2022

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
LIST FIGURES AND GRAPHS	5
I- INTRODUCTION	6
II- EVALUATION METHODOLOGY	8
1. Evaluation Objectives	8
2. Data Collection Methods	8
3. Data Management and Analysis	10
4. Data Collection Team	10
5. Evaluation Limitations	11
III- FINDINGS	12
1. Effectiveness	12
2. Positive and negative factors affecting the project implementation	17
3. Impacts	17
3. Relevance	21
4. Efficiency	22
5. Sustainability	23
6. Learning for Improvement	24
IV- CONCLUSIONS	25
V- RECOMMENDATIONS	26
APPENDIX	27

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This assessment was conducted by an independent research team from the Research and Training Centre for Community Development (RTCCD). The team has made every attempt to accurately reflect the facts and the views that have been provided to the assessment team. The team takes full responsibility for any errors of fact or omission, or for any inadvertent misrepresentation of material provided. For comment, please contact Tran Thi Thu Ha at hatran2004@gmail.com

EXECUTIVE SUMMARY

The Project “Life is Good: Hope Villages”, funded by LG through HFHI/ HFHV, was implemented in 2021 to reducing vulnerabilities due to inadequate housing and exposure to health and environmental risks for Muong Ethnic Minority in Quyet Thang Commune, Lac Son District, Hoa Binh Province. Objectives included improving housing, sanitation, and hygiene facilities; improving community’s and school children’s’ WASH practice and studying facilities; raising awareness in the community on healthy homes and healthy communities by promoting asbestos-free, zero indoor cooking and open defecation-free communities.

The consultant team of the RTCCD selected by HFHV through public bidding has conducted end-project evaluation during August 2022 with the objectives of assessing the results achieved of the above project under the criteria of effectiveness, efficiency, relevance, and sustainability, while also identifying the best practices, recommendations & tools for improving humanitarian assistance, and the possibility of scaling up and replication in the future. The methods of data collection are mixed with use of the available secondary data/information, qualitative and quantitative assessment. The key informants were communal leaders, Women Union leaders, heads of the villages, direct beneficiaries and their neighbors who are not beneficiaries of the project. The two latest groups are also the respondents of the quantitative survey.

The findings were that all three objectives of the project were successfully achieved as expected. There were 22 poor and near-poor households who benefited directly from the project. Among them, 4 households had newly built houses, 8 households had renovated houses and 10 households had newly built toilets. Five hundred and thirty-eight (538) school children had access to leaflets and participated in 3 contests on the topics introduced by HFHV. Three hundred and twenty (320) households, 10% out of a total of 3032 households in the commune, attended communication events organized by HKHV and communal Women Union on environmental sanitation and hygiene. About 91-95% of households who are the direct beneficiaries had attended the full two days of training with four topics offered by HFHV. The level of knowledge on topics learned among those people is very high, consisting of 86-100%.

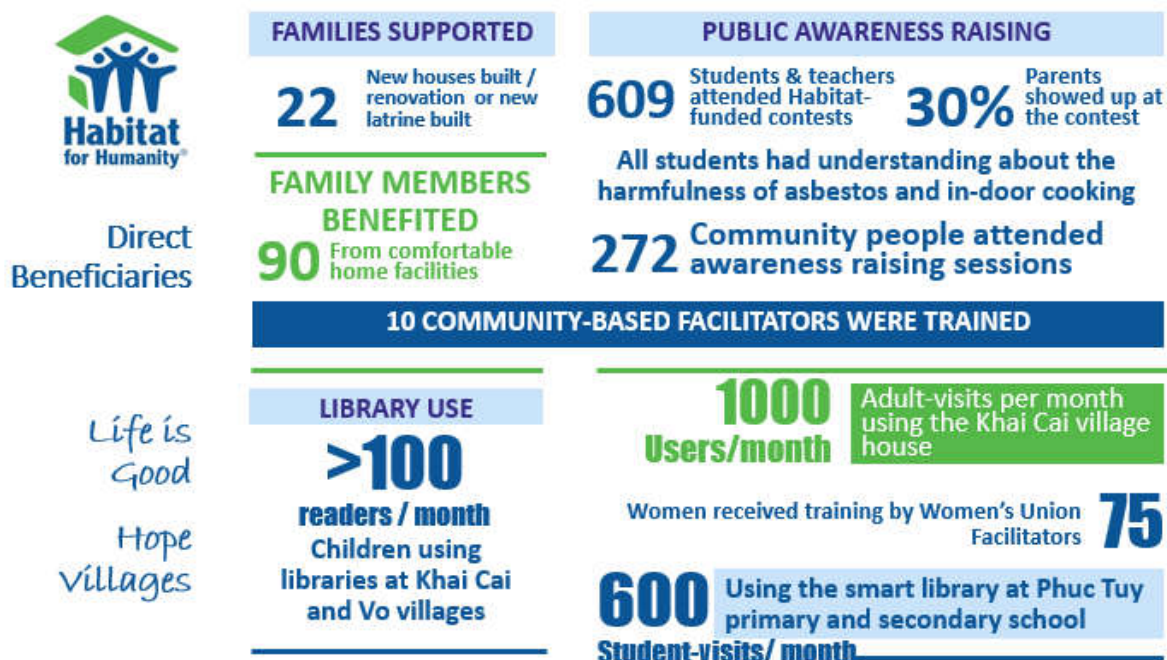
The implementation approach of the project implementation was very effective, with high efficiency that is proven by the local authorities. Evidence shows that although time for implementation was very short (8 months) and financial investment was very modest, the project stakeholders had achieved the set-up objectives. The contents of the project were relevant to the local needs and aligned with the local socio-economic development plan(e.g. improving housing and eliminating temporary houses, improving sanitation, hygiene and health of the population).

The HFHV’s approach of the support included part of low-interest loan and part of non-refundable, which had created motivation for benefited households to increase family incomes and helped the Women’s Union create revolving capital to continue to expand support to other households in the future. The way of mobilizing funds, using local workers and construction materials from locality for building houses by the families with the support from HFHV will be a reference model for other households in the commune to follow and to invest with their own money. These factors will facilitate sustainability of the project activities.

The lessons learned from the project implementation regarding BCC activities, in order to motivate change of behavior, it is necessary to increase communication coverage through communication training to all people in the commune as well as to deliver communication messages through different channels. Combined with creating good conditions for facilitating change of behaviors such as making alternative construction materials accessible and affordable for the people to replace fibro cement roofs, and providing hands-on guiding for sanitation and hygiene practices and making plans for households' financial savings. For the extremely poor households, the full-grant support approach should be adopted to help them in building new houses/toilets due to the fact that they do not have capacity to repay the loans. Because the process of approving the project by the District People's Committee and the Provincial Department of Planning and Investment has to go through many steps, HFHV and CPC needs to clarify the appropriate approval schedule to reduce project approval time and to avoid unnecessary paperwork.

RTCCD recommends that BCC continue their activities in the commune targeting behavior change in on environmental sanitation and hygiene. It is also recommended that additional support is provided for extremely poor households, using a full-grant approach to improve their housing and sanitation facilities. Further discussion is necessary in order to plan activities and address urgent needs identified by the community people, while mobilizing internal efforts of the community as well. Urgent needs that could be explored in the upcoming phase of the project are improving the road condition of the village, the irrigation system, and improving disposal system of domestic and livestock waste.

Summary of project achievement



ABBREVIATION

RTCCD	Research and Training Center for Community Development
LG	Life's Good
HFHV	Habitat for Humanity Vietnam
HFHI	Habitat for Humanity International
WASH	Water, sanitation and hygiene
BCC	Behavior change communication
CPC	Communal People Committee
INGOs	International Non-government Organizations
FGD	focus group discussion
IDI	in-depth interview
VND	Vietnam dong

LIST FIGURES AND GRAPHS

	Page
Diagram 1: Two phases of Habitat supports to Quyet Thang commune	7
Diagram 2: Process of preparation and competition on environmental hygiene by primary and secondary school	13
Table 1: Number of people attended in FGD and IDIs	9
Figure 1: Attendance of Two-day Training by Direct Beneficiaries	14
Figure 2: Training topics offered to people in Quyet Thang commune by the HFHV in April 2022	15
Figure 3: Level of knowledge among benefited households	16
Figure 4: Summary of project achievement	16
Figure 5: Percentage of respondents changes in Infrastructure of the House after Building/Renovating Houses among Benefited Households (N=39)	19
Figure 6: Changes in quality of houses owned by benefited households and not-benefited households	19
Figure 7: Types of latrines currently used by benefited vs. not benefited households	20
Figure 8: Change in health condition among benefited and no-benefited households, comparison with the last year	20

I- INTRODUCTION

Habitat for Humanity International is an INGOs working in more than 70 countries. Habitat envisions that safe and affordable housing provides a critical foundation for breaking the cycle of poverty and advocates for fair housing policies and provides training and access to resources to help more families improve their shelter since 1976.

In Viet Nam, Habitat for Humanity International (HFHI) began its work in 2001. Over the years, HFHV has been delivering a holistic approach to housing by supporting and empowering communities in Viet Nam to take ownership in improving their living conditions and eliminate poverty. The HFHI's approach is to engage many stakeholders to support families and community members to build strength, stability, and self-reliance by increasing the access to affordable, safe shelter through thematic areas: inclusive housing; safe, smart, and resilient communities; housing affordability; and government-people engagement.

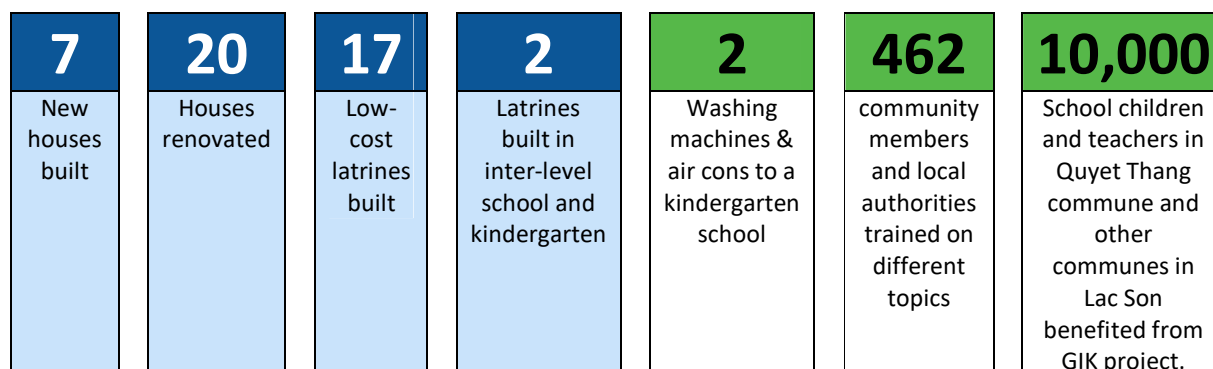
The Project “Life is Good: Hope Villages”, funded by LG through HFHI/ HFHV, was implemented by Habitat in 2021 to reduce vulnerabilities to inadequate housing and exposure to health and environmental risks for the Muong Ethnic Minority in Quyet Thang Commune, Lac Son District, Hoa Binh Province with **three objectives**:

- Promote access to safe and disaster-resilient housing, water, sanitation, and hygiene for people in the ethnic minority ;
- Promote the community's proper WASH practice and improve children's school education by providing better access to safe water, sanitation and studying facilities;
- Build up community capacity and awareness of healthy homes and healthy communities by promoting asbestos-free, zero indoor cooking and open defecation-free communities.

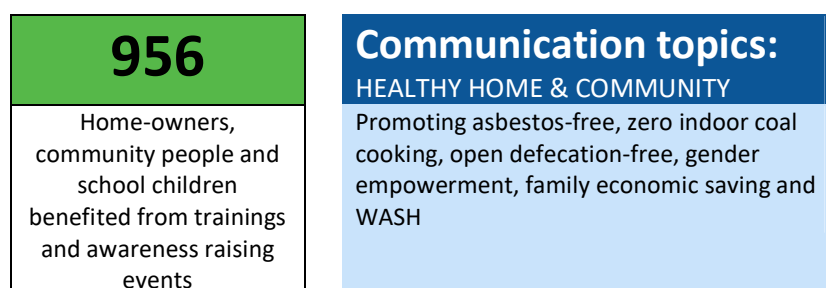
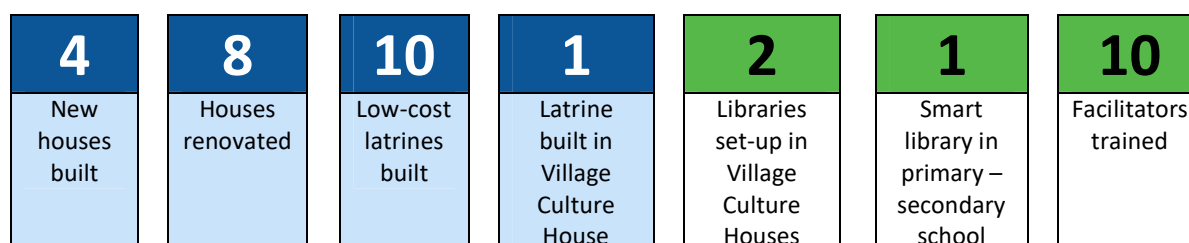
Two phases of intervention were offered to villagers in the commune. Phase 1 started from December 2020 to November 2021 and second phase started from November 2021 to August 2022. In phase 1, HFHV had identified the needs of the community in Quyet Thang commune by sending a set of questions designed by HFHV to the leaders of the Communal People Committee (CPC) to answer. It was revealed that, there was high proportion of the households who had unsafe houses and were without hygienic toilets, very high proportion of the households using fibro cement sheets containing asbestos for roofing their houses. The level of knowledge of the people in the commune about the harms of these materials was very low. There was also a report of high levels of environmental pollution by the domestic and livestock waste in the commune. The Project “Life is Good: Hope Villages “was designed to respond to these needs of the people in the Quyet Thang commune. Phase 1 focused on getting support to renovate houses, building new houses and new toilets to the 44 households and support to the inter-level school and kindergarten. In Phase 2, HFHV not only continued to support more households by improving housing and toilet conditions, but also raised awareness for school children, teachers and community people on healthy homes and healthy communities by promoting asbestos-free, zero indoor cooking and open defecation-free communities and proper WASH practices and set up libraries for the school and cultural house (see Diagram 1).

Diagram 1: Two phases of Habitat supports to Quyet Thang commune

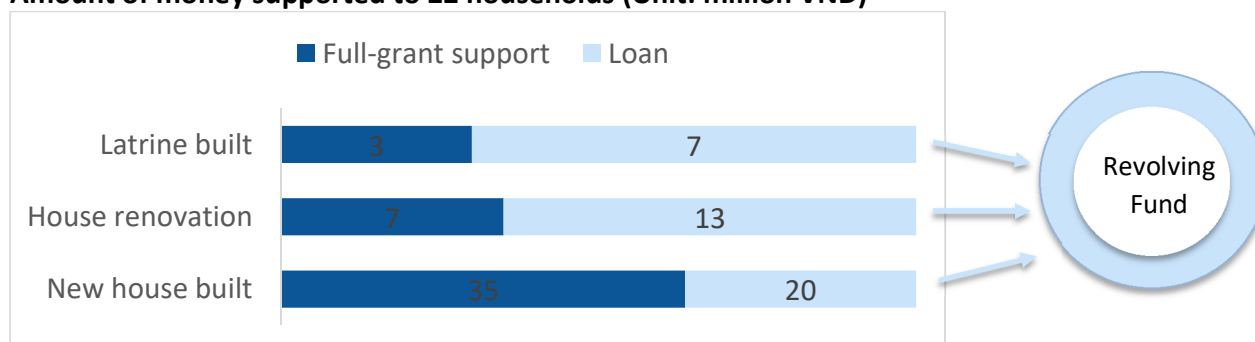
PHASE 1: December 2020 – November 2021



PHASE 2: November 2021 – August 2022



Amount of money supported to 22 households (Unit: million VND)



Loan rate: 0.65%/ year. Loan re-fund scheme: 5 years on monthly basis. The loans are expected to be revolved to support more households in need.

HFHV's staff worked closely with local partners, namely leaders of the CPC and Communal Women Union during the whole process of planning activities, assessment and selection of poor households who met criteria to be benefited from the project, counseling to the design and use of construction materials, appraisal and acceptance of the constructed facilities. Moreover, HFHV and communal leaders empowered homeowners to be involved in the process of decision-making on the best and cheapest ways to construct their houses.

II- EVALUATION METHODOLOGY

1. Evaluation Objectives

General objective of the final evaluation

To assess the results of the project "Life is Good: Hope Villages" funded by LG through HFHI in Quyet Thang commune, Lac Son district, Hoa Binh province.

Specific objectives

- To assess the outcomes and the impact of the project under the criteria of effectiveness, efficiency, relevance, and sustainability with the intervened communities;
- To identify the best practices, recommendations & tools for improving humanitarian assistance, the possibility of scaling up, and replication in the future.

2. Data Collection Methods

Component 1: Secondary Data	Component 2: Qualitative study	Component 3: Quantitative study
<ul style="list-style-type: none"> •Project related documents •Project proposal •Project reports •List of beneficiaries and criteria of selection •Project plan •Monitoring dataset 	<ul style="list-style-type: none"> •Effectiveness, Relevance, Efficiency, Sustainability, Best practices, Lessons learned and Improvement •Convenience, comfortability, safety, lighting, ventilation 	<ul style="list-style-type: none"> •Design: Cross-sectional quantitative study used convenient sampling to describe quantitative knowledge and behaviours of respondents •Assessment tool: A structured and short questionnaire which can be completed in 10 minutes by self-administered manner.

Instruments:

For the component 1, the list of the secondary data, related documents available from project managers and local partners was created and consists of:

- Socio-economic development plan from 2021-2022 of Quyet Thang commune
- Socio-demographic information of the population in Quyet Thang commune
- % of poor households and % of households with temporary houses
- Number of houses, toilets that were newly built, number of renovated houses, number of other facilities such as libraries, medical equipment supported by HFHV
- Number of beneficiaries (direct and indirect) of the project
- List of beneficiaries including names, residence and support received

For the component 2, a set of open questions for focus group discussion (FGD) and in-depth interview (IDI) for each targeted informant and according to objectives of the evaluation was developed (see Annex 1)

For the component 3, a questionnaire to collect quantitative data on level of knowledge and practices on environmental hygiene (asbestos roofing sheets, clean water, washing hands, type of fuels used and currently used toilets) among direct beneficiaries and their neighbors and change in living and health conditions among direct beneficiaries after building/renovating their houses or toilets (see Annex 2).

Respondents

- Leader of Communal People Committee
- Leader of Commune Women's Union
- Head of the villages
- Members of 22 supported households
- Neighbors of 22 supported households
- Those who use community Cultural House
- Students and teachers

Table 1: Number of people attended in FGD and IDIs

Methods of data collection	IDI	FGD		Total
Targeted groups	# of interviewed	# of groups	# of attended person	
School children	3	2	16	19
Community people	22	7	32	54
Local partners	5	0		5
Project manager of HFHV	1			1
Total	31	9	48	79

Note: mean of age of respondent: 45,4 [19-68]; School children from grades 2 to 8.

3. Data Management and Analysis

Component 1	Component 2	Component 3
<ul style="list-style-type: none">□ Progress and outputs vs. project log frame.□ Key achievement vs. proposed outputs/ outcome.	<ul style="list-style-type: none">• All interviews were recorded and transcribed into transcripts for analysis using NVivo software.• Conceptualization, data collection and writing of the report was done by the research team to ensure the technical level required for follow-up on open-ended questions.	<ul style="list-style-type: none">• After FGDs and IDIs, the study team distributed short questionnaire to respondents and asked them to fill-in the form by pens. 39 forms were collected.• Information was computerized using Excel and then will be calculated.

4. Data Collection Team

The final project evaluation was designed and conducted by the Research and Training Center for Community Development (RTCCD). RTCCD was selected by the HFHV as a consultant firm through public bidding to conduct end-project evaluation according to the terms of reference issued by the HFHV.

The RTCCD was established in May of 1996 as a local non-government organization. The Center has since become a think tank that conducts policy-oriented research on health and poverty and provides an independent voice for advocating participatory community development in Vietnam. Its key areas of focus include Mental Health, Maternal and Child Health (focusing on Early Childhood Development), Nutrition and Micronutrient Supplementation, Non-communicable diseases and One Health, Health System Reform, and Social Work. RTCCD is recognized with a strong profile in research and policy advocacy (www.rtccd.org.vn).

The final project evaluation was conducted by 3 members: 2 senior researchers and 1 research assistant

Dr. Hoang Thi Bang, MD. MSc - Maternal and Child Health Expert

She has more than 20 years of working experience in maternal newborn and child health, with skills in public health, management, and research. She has substantive knowledge in assessing quality of care services in hospital settings and quality improvement in management of healthcare as well as Monitoring & Evaluation in maternal newborn and child health.

Tran Thi Thu Ha, MPH. – Early Childhood Development Expert

Worked in the area of Maternal and Child Health and Nutrition since 1997 and then graduated from University of Melbourne Australia in 2003. She has 24 years of experience in research, focusing on maternal and child health, nutrition and micronutrient supplementation as well as 20 –years of experience working as a consultant in need assessments, mid-term review, baseline survey and project evaluation.

Dr. Truong Viet Dung, MD.

Graduated General Practitioner from Hanoi Medical University in 2022.

5. Evaluation Limitations

The project “Life is good: Hope villages” did not have a baseline assessment, however, the evaluation team did collect detailed information of 22 benefiting households to compare their living and health conditions before and after receiving support from HFHV from the community perspective.

Quantitative information from 39 respondents is only valid for rapid assessment of households being interviewed, not for generalizing the whole population.

The team collected data during the second week of August 2022. However, due to the flood in the Quyet Thang commune with an inaccessible road to the commune, the data collection process was interrupted and delayed for one week.

III- FINDINGS

1. Effectiveness

Objective 1 was achieved as designed

There were 22 households benefited directly from the project. Among them, 4 households had newly built houses, 8 households had houses renovated according to the proposed plan of each family and 10 households had newly built toilets.

All of these households belong to poor and near-poor groups.

Results of IDI showed that all families of these households were satisfied with the quality of construction and using new facilities regularly.

"I feel excited. Previously, living in the stilts house, I had to worry about wind and rain, leaking, and fear of falling over. Whenever a storm came, we had to run out of the house. Now that I have a new house, I feel happier. For my new house, I don't use an asbestos roof anymore, because it is toxic, affects breathing and can cause cancer" (Int_32, Female, 38 years old with newly built house)

"Going to the new home, I feel so good. Many people are happy that my family escaped from the tent" (Int_40, Female, farmer, 31 years old with newly built house).

"Before having a new house, the family lived in the leaky stilt house and it was about to fall anytime. When there were strong winds, the family had to evacuate to a neighbor's house. Now my family has a new house that is firm, clean and cool. I feel very excited" (Int_22, female, 50 years old with newly built house).

"It is so comfortable with the new toilet. We do not need to go to the neighbors to use their toilet anymore. There is no pollution, the toilet is right near the house, we are excited, especially the children. Neighbors came over to see the new toilet, and everyone said 'that is OK'. (Int_33, Female, farmer, 35 years old, new toilet built).



Old house of Mrs. Nam (7m shed)



Mrs. Nam is happy with her new house



The family is happy with the renovated house (roof repair and new windows made)



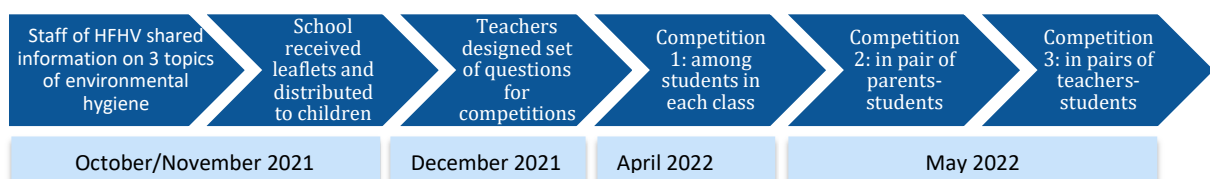
A new latrine built that made family happy

Objective 2 is successfully implemented for schools

Six hundred and nine (609) school children and teachers engaged in one master awareness raising events, in which 03 contests were conducted (competition 1: class-based competition; contest 2: parent-student pair competition; contest 3: competition in pairs of teachers - students). The number of parents participating in the competition was quite large, with up to about 30% of all parents participating. The process of preparation and competition on the topics of environmental hygiene conducted by Phuc Tuy Primary and Secondary School is illustrated in Diagram 2.

HFHV also supported to set up a smart library for an inter-level school Phuc Tuy. Computers, internet, tables and chairs, bookshelves and books were provided. School head teacher estimated that about 600 students visited the smart library a month to read books, stories and search information from the internet.

Diagram 2: Process of preparation and competition on environmental hygiene by primary and secondary school

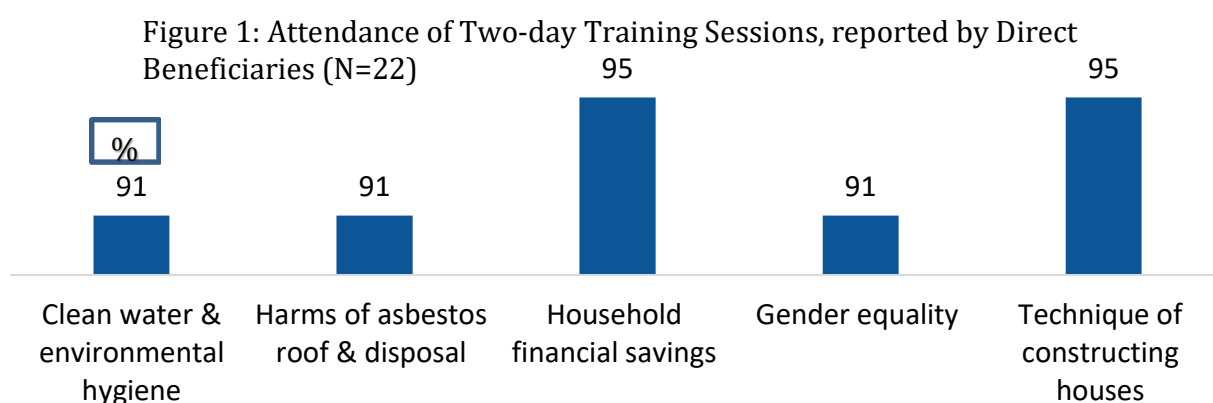


Results of IDI and FGD with the students of primary and secondary school Phuc Tuy showed that all students had knowledge about the harmful effects of asbestos roofs and the recommended disposal methods. Most students have knowledge of hand washing according to standard steps and the harms of wood stoves. However, students did not remember information about the improved kitchen and did not know the correct definition of clean water.

I have received leaflets from my teacher. I have read it. After reading it, I brought it home for my grandfather to see. He said to me “please try to read, understand, remember to answer all questions correctly and then you will receive gifts”. I thought, when I grow up and I will build a house, I won't use fibro cement roofs. I will not use a wood stove for cooking. Instead, I will use electricity and gas for cooking. After reading a leaflet, I know that Fibro cement roofs are harmful, which I didn't know before” (Int_21, Boy, 10 years old).

HFHV provided the school with leaflets on three topics. The school teachers prepared a set of questions and then organized 3 contests, including a contest in each class with teachers asking and students answering; a competition among pairs of parents and students; then teachers and students competed with performances on topics proposed by the HFHV. After the competitions, the knowledge of students and teachers had been increased, students are more active and confident” Inter_11, Principal of Phuc Tuy Primary and Secondary School,

Objective 3 has been successfully implemented with 609 school children and teachers and 272 community members were engaged in awareness raising sessions/ events and 75 people including 22 home-owners and local authorities were trained on basic constructions, healthy homes and WASH, and housing financial management.



The training materials were visualized by the pictures that made people understand and remember easily.

Figure 2: Training topics offered to people in Quyet Thang commune by the HFHV in April 2022



Use of clean water, environmental hygiene



Harms and disposal of asbestos roofs

TẬP HUẤN

NƯỚC SẠCH-VỆ SINH-MÔI TRƯỜNG LÒNG GHÉP BÌNH ĐẲNG GIỚI

Dự án: Cải thiện điều kiện sống và nơi ở cho người dân tộc Mường tại xã Quyết Thang, huyện Lạc Sơn, tỉnh Hòa Bình - Life's Good: Hope villages - Cuộc sống tươi đẹp: Ngôi làng hy vọng

Xã Quyết Thang, Huyện Lạc Sơn, Tỉnh Hòa Bình
Ngày 05 tháng 04 năm 2022

Gender equality

LẬP KẾ HOẠCH TIẾT KIỆM
Vi dụ về lập kế hoạch tiết kiệm

TT	Các mục tiêu	Số tiền	Thời gian cần dùng tiền	Số tiền cần tích lũy (VNĐ)
A Kế hoạch tiết kiệm ngắn hạn (2 năm)				
1	Đảm bảo chi tiêu gia đình	1.500.000	10 tháng sau	1.500.000
2	Tiền thưởng cho con	2.000.000	08 tháng sau	2.000.000
3	Chi tiêu trung cấp (lái)	4.000.000	12 tháng sau (lái)	4.000.000
4	Dự phòng rủi ro	1.200.000		1.200.000
B Kế hoạch tiết kiệm dài hạn (từ 1 đến 3 năm)				
	Số tiền cần	10.000.000	Cuối năm thứ 3	10.000.000
C Tổng số tiền cần tiết kiệm mỗi tháng cho cả 2 mục tiêu (ngắn hạn & dài hạn) (VNĐ)				
				1.500.000

Chỉ tiêu: Chỉ tiêu chi trả để tiết kiệm các khoản:

1	Quản lý chi tiêu 2 con	600.000
2	Đảm bảo chi tiêu 6 con	3.000.000
3	Không phải chi tiêu cho con	1.000.000
Tổng cộng		4.600.000

Làm thế nào để tiết kiệm hiệu quả

1. Đặt mục tiêu tiết kiệm rõ ràng và thời hạn cụ thể
2. Bắt đầu từ mục tiêu ngắn hạn
3. Kiểm soát tốt thu nhập & chi tiêu của gia đình (chi tiêu hợp lý)
4. Mời gọi các thành viên gia đình cùng tham gia tiết kiệm
5. Chủ động trích ít nhất 10% thu nhập để dành tiết kiệm trước khi chi tiêu
6. Tiết kiệm bất cứ khi nào có tiền và tiết kiệm nhiều nhất có thể

Household financial savings

"Participating in 2 days of training, I remembered most of the parts about the harmful effects of the fibro cement roof and how to destroy it. There was also learning about savings. If I make 100,000 VND per day, I should spend only 20,000 VND for food. For the remaining 80,000 VND, I have to put aside, to save money for paying school fees for my nephew or paying treatment care in case of illness' (Int_13. Male, retired, farmer, 60 years old).

Figure 3: Level of knowledge among benefited households

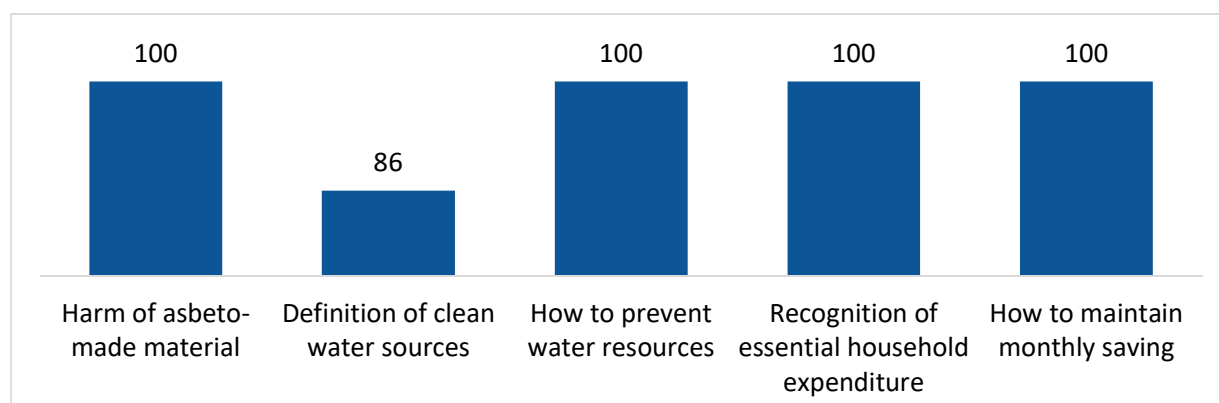


Figure 3 shows that the level of knowledge on topics learned from a training course offered by HFHV among benefited households is very high. Almost everyone knows about the harms of fibro cement roofing sheets, how to protect water sources, and how to save household finances. Regarding the definition of clean water, not all people could give the correct concept.

Figure 4: Summary of project achievement



By the end of the project, there were 17,461 people who were direct beneficiaries and 4,445 people who were indirect beneficiaries.

2. Positive and negative factors affecting the project implementation

2.1 Positive factors

- People responded well to the project activities and actively participated as required.
- The coordination between communal authorities and HFHV staff was very rigid, in all activities from assessment of the households, consulting, verification, acceptance of constructed facilities, and ensuring transparency in implementation.
- The choice of the Women's Union as the focal agency to manage project activities in the commune was the right choice as Women's Union leaders and members could mobilize the participation of the local authorities and community people, building a vibrant movement.
- The support of HFHV staff was very effective in both administrative and technical aspects, helping the school and the communal Women Union to prepare a good plan of activities.
- Communal People's Committees and agencies have had experience working with World Vision, an INGO before, so that they cooperated smoothly with HFHV staff from the beginning and understood the working style of the HFHV organization.
- Finance was disbursed on schedule.
- The construction team was local, helping to reduce construction labor costs and complete construction items quickly.

2.2 Negative factors

- Covid-19 in 2022 had slowed down the project implementation progress and caused financial shortage for households.
- The roads in the commune are mainly dirt roads, making transportation of the construction materials difficult and causing high transportation costs.
- Approval of project documents by the District People's Committee and the Provincial Department of Planning and Investment was time consuming (~4 months), and it delayed the project implementation.

3. Impacts

3.1 The immediate impacts

- Project activities contribute to fulfilling socio-economic development targets of ethnic minorities of the commune: removing temporary houses, increasing the rate of hygienic latrines.
- Twenty-two poor and near-poor households in the commune had the opportunity to improve their living conditions. This will contribute to the improvement of people's health.
- Teachers, students and a small number of parents and grandparents can improve their knowledge about safe building materials to replace toxic fibro-cement roofs, environmental sanitation and improved cooking stoves. Most of the interviewed households knew very clearly about the harmful effects of Fibro-cement roofs.
- Students are more dynamic and confident when participating in many competitions.

- The bond between school students, teachers and parents was strengthened in taking healthcare of the families and teaching students on environmental hygiene and protection through contest activities.
- The good news is that for the newly built houses, households in the commune do not use Fibro-cement roofs for the main house and use corrugated iron sheets or reinforced concrete for roof instead.

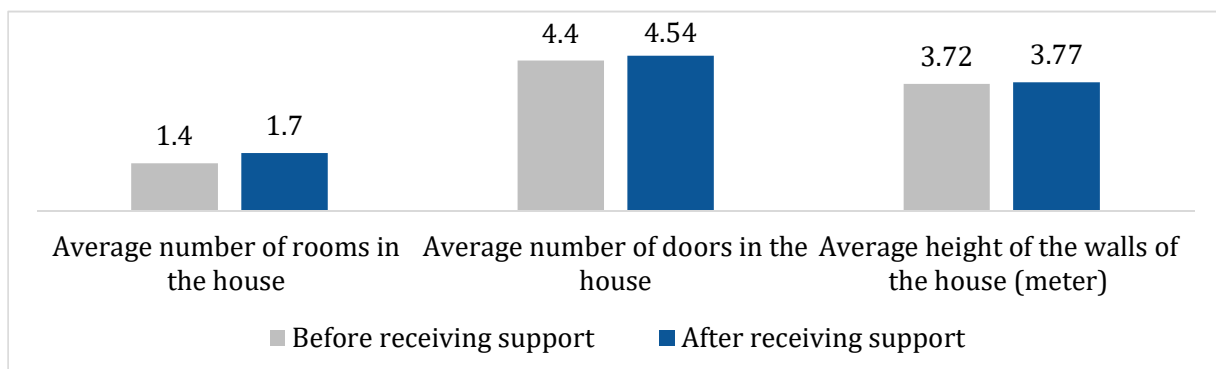
3.2 The long-term impacts

- A young generation of the commune has the right knowledge and attitude about the harmful effects of the Fibro Cement roof and the wood-burning stove. It will build good behaviors for environmental sanitation when the children grow up.
- People are motivated to build and repair houses and toilets using healthy materials, avoiding hazardous materials such as Fibro cement.
- The project's loan-supported approach has laid the foundation for the local authorities to continue to support many other poor households in the future. The return from the households plus additional contributions from the community people will be used to support the construction of new houses for the remaining 40 extremely poor households in the commune.
- The cultural house of Khai Cai village was upgraded with a newly built toilet and newly established library, supported by HFHV. Currently, it's not only a village cultural house, but also became a meeting center for the whole commune where community events and training courses happen, creating conditions for carrying capacity building activities for the people and the local authorities.

'Habitat's support is highly motivating. How can anyone give me 3 million? A million is also not given by anyone. On the other hand, Habitat gives 35 million for free and lends 20 million at low interest rate to be paid in 5 years to build a house. That's great, so I was trying to make a house. Otherwise, I will never know when I should build a house in my whole life' (Int 32, Female, farmer, 38 years old with newly built house).

"I am very grateful to the Habitat organization for helping me to build a new house for my family. In the past, my family lived in the fish-keeping tent of my parents in law. Now that I have a new home, I feel great." (Int _23 . female 30 years old, new house built)

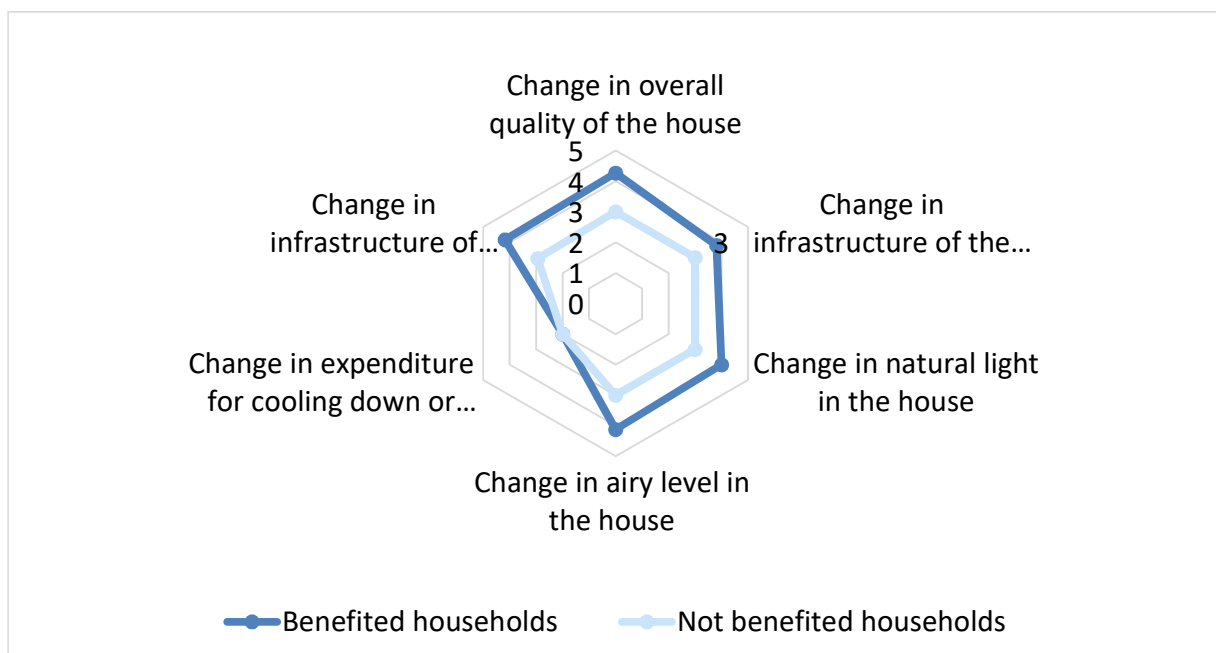
Figure 5: Percentage of respondents' changes in Infrastructure of the House after Building/Renovating Houses among Benefited Households (N=39)



Note: Number of room ranged from 1 – 5. Number of doors ranged from 1 – 6. Height of the house ranged by 1-5. All of these indicators were measured in a short questionnaire, filled by household representative.

Figure 5 showed that there is a slight change in the infrastructure of the newly built houses or renovated houses owned by direct beneficiaries compared with the infrastructure of their previous houses, including an increase in the number of rooms, doors, and height of the wall. However, this change is not significant. The recall memory of the house owners about their previous houses also affected this data due to the fact that many house owners did not remember exactly the infrastructure of their previous houses.

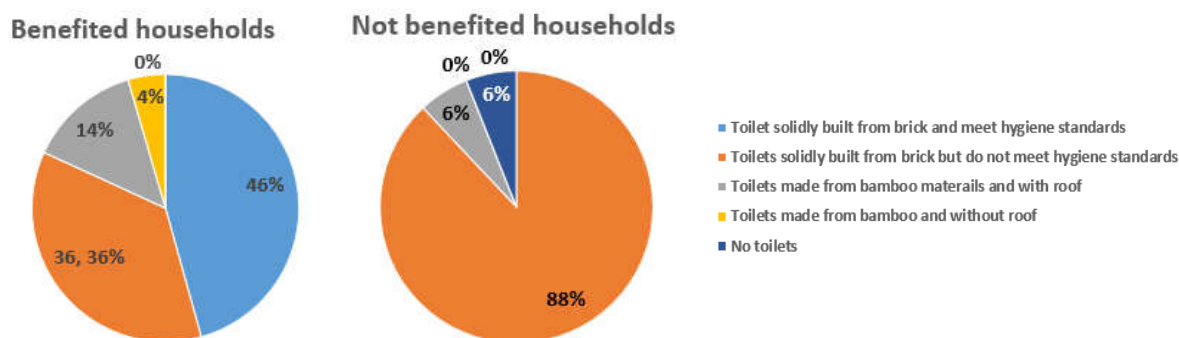
Figure 6: Changes in quality of houses owned by benefited households and not-benefited households



When comparing changes in quality of the current houses in the commune with the previous ones, mainly benefited households and not benefited households, it showed that all parameters of change in quality of the houses (i.e., change in overall quality, infrastructure, level of natural light, airy level and

infrastructure of toilets) among the first group reached 4 points of the measuring scale (e.g. “change better”). While the parameters among not benefited households reached 3 point (e.g. stayed unchanged). The expenditure consumed for paying cooling down or warming houses stayed unchanged for both groups. See figure 6.

Figure 7: Types of latrines currently used by benefited vs. not benefited households

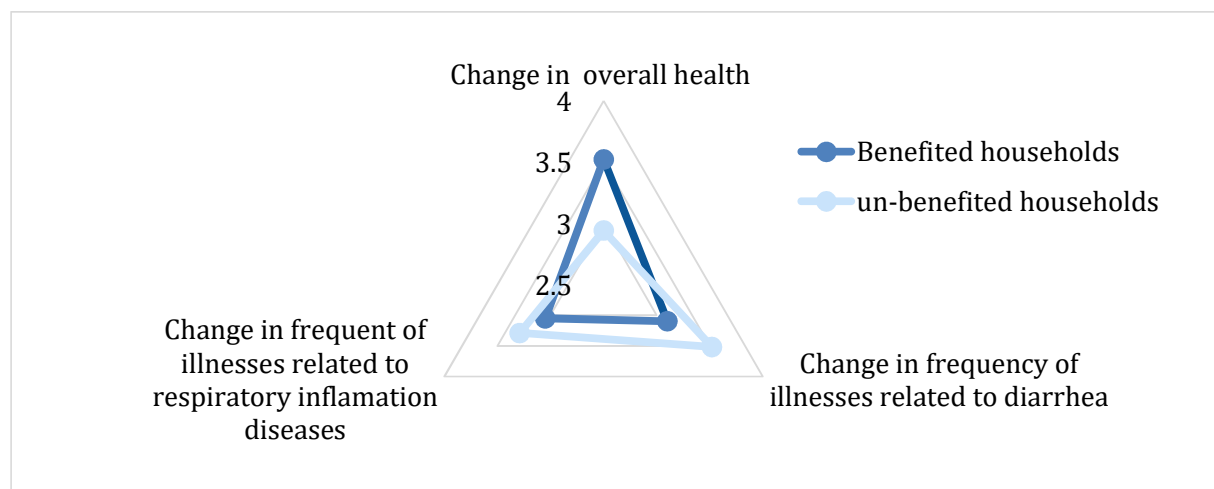


As it can be seen from figure 7, among 22 benefited households, there were only nearly half (46%) households with toilets that are solidly built from brick.

Please kindly be noticed that four households that were supported by Habitat to build a new house were required to build a toilet in the family compound. Households that were assisted by Habitat to repair their homes may not have toilets as the report for renovation focused on roof change and windows/doors made for good ventilation and lighting. All households supported by Habitat to build latrines have been tested and accepted because their newly-built latrines met Habitat's standards.

Looking at the two pie charts, we can see that even though most of HFHV-funded 22 families were poor and extremely poor, the proportion of families with built latrines was higher than that in non-beneficiaries households. However, there was still a high number of families without or with low-quality latrines in the commune.

Figure 8: Change in health condition among benefited and no-benefited households, comparison with the last year



Evaluation team used three variables to assess the change in health condition of the people after benefiting from the project including change in overall health, change in frequency of illnesses related to diarrhea and respiratory diseases. Figure 8 showed that the group of benefited households have better change in overall health (3.6 point), and had no change in acquiring respiratory diseases and very slightly increased number of diarrhea diseases (3.0 and 3.1) compared with that in the previous year while the group of un-benefited households has slightly worse health condition (2.94 point) and has increased number of diarrhea and respiratory diseases. (3.52 and 3.29 points) compared with that in the previous year. This information can be evidence that improving living shelters can lead to improving the health condition of the residents. However, the sample size in this evaluation is so small that the results cannot be generated for the whole studied population.

3. Relevance

People are empowered to decide on a construction plan suitable to their family's financial and living conditions. This is an approach that is very much supported by the people and the government.

"During the process of housing construction, households and staff of HFHV have agreed to adjust their finances to match the financial level that HFHV supports and the family's financial capability. HFHV staff consulted with people about using local materials and labor to reduce construction costs." Int_18, female, WU president.

The project activities are consistent with the commune's socio-economic development plan, helping to implement components 01, 04 and 05 out of the 11 contents of the commune's targets of the New Rural Development national program and support to achieve the goals 1, 2, 7 and 8 of the National Target Program for Socio-Economic Development for Ethnic Minority and Mountainous Areas in the 2021-2025 period.

The partial non-refundable support and partial loan approach is only suitable for families who can afford to repay the principal loan including interest. For extreme poor households, they could not be able to repay the loans of the project. According to the local authority leader, the commune has 50 extremely poor households, ten of them already received supports from the HFHV. The remaining 40 extremely poor households found it challenging to engage in the HFHV support this round and decided to wait for the next rounds of support.

"HFHV may consider supporting extreme poor households in building new houses at full costs without requiring them to pay interest if the Organization has further similar support in the coming period" (Int_17, Male, Vice-president) of the Communal People Committee.

The need for building new toilets and replacing fibro-cement roofs among households in the Quyet Thang commune is still very high: out of the interviewed 17 households that have not been

supported by HFHV, 15 households still use Fibro-cement roofs for the main houses. Among 10 households supported by HFHV to build new toilets, 9 households still use fibro cement for the main house. The commune local authorities currently have no statistics on the percentage of households still using Fibro-cement roofs out of a total of 1302 households. However, it is observed that the majority of households in the commune are still using this type of roof.

"My house still uses the Fibro cement roof because there is no money to replace it. When I have money, I will replace it" (Int_13. Male, retired, farmer, 60 years old).

"My grandfather stated that 'our house only has a chicken coop roofed by Fibro cement sheets, which only affects the health of the chicken. I only picked up eggs so my health was not affected. But I think the Fibro-cement roofed chicken coop still affects my health because I can breathe it in, when it breaks into dust" (Int_21, Boy, 10 years old)

4. Efficiency

Leaders of People's Committees, Women's Unions, beneficiaries and school teachers affirmed that the project activities are optimally implemented in terms of investment: "to invest the least amount of investment, it gives the results of highest efficiency".

"The costs of implementing construction activities of the HFHV's project, in my opinion, are very optimal. They cannot be further optimized, reducing more than 40% costs compared to the free market costs" (Leader of CPC).

People are satisfied with the quality of the work and the initial amount of support from the project is a motivation for people to invest in their family's construction needs.

"I see that HFHV staff have beautiful designs of the house and they calculated the wind direction carefully. I found it very reasonable. If I didn't understand anything, he explained it to me very well" (Int_40, Female, farmer, 31 years old, new house built)

Supported communication activities at schools are very cost-effective. The HFHV invested only 20 million VND but the knowledge coverage rate reached 538 students, 30 teachers and dozens of parents.

5. Sustainability

Loan activities are likely to be sustainable because the Women's Union has experience and strategies to collect the principal loans. With this approach, all 18 households visited and interviewed by the assessment team followed HFHV's installment process and have repaid the loan with interest on time.

Communication activities to the general public about the harmful effects of fibro-

cement roofs can be maintained. The Women's Union affirmed that it will continue to maintain communication activities to the people through the communal loudspeaker.

The way of mobilizing funds, using local workers and construction materials from locality for building houses by the families with the support from HFHV will be a reference model for other households in the commune to follow and to invest with their own money.

The **principal loans** collected are planned to revolve to serve more households in need of housing and water and sanitation facilities. The interest rate was very small (0.65% per year). Interest collected is to cover local administration costs.

The cultural house in Khai Cai village becomes a place for training and meetings of the whole commune to improve knowledge and capacity for local officials and community people. The newly built latrine made it comfortable and accessible for meeting users.



However, HFHV has not yet made a move, at the time of evaluating the project impact, to discuss with local authorities about sustainability issues after the ending of Phase 2. Currently, neither the local authorities nor the school managers have a plan to continue communication and education activities and encourage people to replace Fibro-cement roofs with other materials.

Currently, the local authorities and HFHV are jointly developing a Phase 3 of the project implementation plan. Hopefully, both sides will continue the successful activities of Phase 2 and will promote the maintenance of the activities by the local leaders and community people.

6. Learning for Improvement

Regarding behavior change communication (BCC) activities: it is necessary to conduct extensive training to all people in the commune on 4 topics and it should not be limited to families wishing to build and repair works. The communication messages could be delivered through many channels including village meetings, loudspeakers and posters hung in public places in the villages.

Regarding BCC activities at the school: it is necessary to encourage school managers to include these activities in the schools' main teaching program and the school's annual communication plan. Communication materials need to be developed and hung at school so that students can see and remember messages.

To motivate behavior change requires not only provision of the knowledge through propaganda to households but also creating conditions for making people's behavior happen.

- There should be more activities to introduce affordable and accessible alternative construction materials for people instead of fibro cement sheets. This may be difficult in the scope of this small project, but for future projects, it is necessary to refer to it in order to adjust activities geared towards changing people's behavior.
- There is a need to guide people to plan detailed budgets on how much money they need to replace Fibro-cement roofing sheets for households, and how long it will take to have enough savings, and in how many years that replacement can be achieved.

Regarding empowerment of households, currently, HFHV has made great efforts in empowering households in choosing items for HFHV support and in discussing construction/renovation options suitable to their home location. For this project, the housing areas were from 30 to 42 m² for a family of 1-3 members. However, some non-beneficiary households want to increase the construction area to build more rooms and recommend HFHV to have construction design blueprint for housing of 40-50-60 m². From HFHV perspective, we understood that if a family having enough money to build a big house, they could manage the finance by themselves and should not ask for financial support from HFHV as the HFHV fund should be saved for the poor and extremely poor families who could not afford big house. A house of 36-42 m might meet their expectation already.

Because the process of approving the project by the District People's Committee and the Provincial Department of Planning and Investment has to go through many steps (according to the content of Resolution 80), it delayed the startup of the project, so the HFHV and CPC needs to clarify the appropriate approval schedule to reduce project approval time and to avoid unnecessary paperwork.

IV- CONCLUSIONS

Conclusion 1:

The project stakeholders strictly followed the 3 objectives set-up of the project. The startup of the project implementation was delayed due to Covid-19 pandemic and time-consuming approval of the project, but then it was accelerated and still kept up with the planned schedule of the project. Activities were deployed optimally in terms of investment, supporting local authorities to achieve the goals set out in the local Socio-Economic Development plan.

Conclusion 2:

Communication activities have been carried out in the way of piloting the implementation approach, but have not yet reached the village's total population and has no full aspects for changing behavior. Therefore, the change in people's behavior on improving sanitation and replacing fibro-cement roofing sheets is still limited.

Conclusion 3:

The support from the project with part of low-interest loan and part of non-refundable had created motivation for benefited households to increase family incomes and helped the Women's Union create revolving capital to continue to expand support to other households in the future. However, this approach is not suitable for the extremely poor households in the commune because they cannot afford to pay the loan with interest.

Conclusion 4:

The close cooperation between the Commune People's Committee and HFHV in the entire process of assessment, appraisal, approval and acceptance is the factor leading to the success of the project.

Conclusion 5:

The need in building new toilets meeting hygiene and construction standards and in replacing fibro-cement roofs in the commune is very high. Therefore, mobilizing internal efforts of the local authorities and communal people to solve the above issues is very important. The plan of sustainability of the project should be discussed with the local authorities and embedded in the contents of the upcoming phase 3 of the project for implementation.

V- RECOMMENDATIONS

Recommendation 1:

Regarding BCC: Communication coverage should be expanded to people in villages through community meetings, small group meetings, loudspeakers, and posters posted in public places. Towards behavior change, there should be manual instructions for the households (for example, households' financial planning to gradually replace Fibro-cement roofs for each item in the family, how to destroy Fibro-cement roofs after replacing corrugated iron roofs, how to zone and clean animal lodging in the family campus and how to dispose domestic waste and cattle manure) and create a movement "Clean House, Clean Lane, Clean Village" with the leadership and participation of communal, village authorities and mass organizations and commitment of households.

Recommendation 2:

Concerning financial support to households to build/renovate houses, two approaches are proposed. The first approach is the currently used method (partial non-refundable support and low-interest loan for the rest) that is suitable for households with financial capacity to pay interest and capital. The second approach should be towards full non-refundable support for extreme poor households. To do the second approach, it is necessary to continue support from HFHV, and local authorities by mobilizing more financial sources from charities, community people and National Programs addressing housing for the population.

Recommendation 3:

To motivate community members to change their fibro-cement roofs on a large scale in the whole commune, communal authorities and HFHV projects staffs need to contact companies/corporations that provide corrugated iron sheet with a supported cheaper price than the free-market price to encourage people in the commune to replace Fibro roofs.

Recommendation 4:

There are expressed needs by respondents about the urgent issues of the community that requires support to address. Either HFHV in collaboration with other INGOs or HFHV connect with other funders or NGOs to support the commune.

- Constructing cement roads in some village that are too degraded (causing difficulties for ground transportation and affecting economic development),
- Constructing drainage systems on both sides of the road to prevent waterlogging and polluting roads by domestic and castle waste,
- Building system of irrigation ditches with cement paving to keep water in the drought season and prevent flooding in the rainy season,
- Building village cultural houses to some villages,
- Establishing of water filtration system for the commune's centralized water supply source,
- Managing well domestic and livestock waste to prevent environmental pollution,
- Improving play areas for children and the elderly people by providing exercise and playing equipment and decorating the playground,
- Implementing a sponsorship program for orphans and disadvantaged children.

APPENDIX

Table 2. Characteristics of respondents (N=39)

Respondents who directly get Habitat financial supports for housing building/repair	22	56%
Respondents who did not get the Habitat housing support	17	44%
Gender	Male: 14 (36%)	Female: 25 (64%)
Mean age	45.4	Range: 19-68
Mean number years living in this commune	41.5	Range: 5-68

Table 3. Type of benefits that 22 households received from the Habitat

	N	%
Number of households get new house built	4	18%
Number of households get house renovation	8	36%
Number of households get new latrine built	10	46%
Number of benefited households attended training courses		
a. Financial management	21	95%
b. Asbestos-made roof and harmfulness	20	91%
c. Clean water, hygiene, environmental health and gender empowerment	20	91%
d. Know-how of building and renovation of housing	21	95%

Table 4. Self-assessment of housing/latrine quality, comparison between last year and this year

MEAN SCORE (min 1 poorer – max 5 much better)	Direct beneficiaries (N=22)	Non-funded families (N=17)
Quality of house	4.27/5	3/5
Comforts of the housing functions	3.81/5	3/5
Natural light absorption	4/5	3/5
Air ventilation	4.12/5	3/5
Cost for electricity, lighting, cooking	2.04/3	2/3

Latrine is better than last year	4.18/5	2.94/5
Type of latrine available with cement built	18/22	15/17

Table 5. The difference of housing condition between last year and now, reported by 22 direct beneficiary families

N=22	Last year	Now
Mean of rooms	1.4	1.72
Mean of windows and doors	4.4	4.54
Mean of height of houses	3.72m	3.77m
Wall built by brick/firmed block (Yes)	11/22	13/22
Roof made by fibro/asbestos (Yes)	20/22	9/22

Table 6. Health Status and Health Knowledge

MEAN SCORE (min 1 poorer – max 5 much better)	Direct beneficiaries (N=22)	Non-funded families (N=17)
Family health (3= the same)	3.52/5	2.94/5
Diarrhea (3= the same)	3.1/5	3.52
Respiratory infection (3- the same)	3.05/5	3.29

Table 7. Respondents having CORRECT answers

	Direct beneficiaries (N=22)	Non-funded families (N=17)
Definition of clean water sources	19/22	15/17
Correct behaviors to protect water sources	22/22	17/17
Ways to increase savings	12/22	13/17
Identify vital expenditure to a family	22/22	17/17

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