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EVALUATION OF MICROFINANCE PILOT PROJECT FOR HIV AFFECTED FAMILIES



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ABBREVIATIONS

ADB	Asian Development Bank
AIMS-SEEP	Assessing the Impact of Micro enterprise Services-Small Enterprise Education and Promotion
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
CARD MRI	Center for Agriculture and Rural Development Mutually Reinforcing Institutions
CSO	Client Service Officers
CIPS	Cambodia Inter Censal Population Survey
FGD	Focus Group Discussion
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
IGA	Income Generation Activity
KHANA	Khmer HIV/AIDS NGO Alliance
KT	Kasekor Thmey
MF	Microfinance
MFI	Microfinance Institution
MIS	Management Information System
NGO	Non-Governmental Organization
OSS	Operational Self Sufficiency
OVC	Orphans and Vulnerable Children
PAR	Portfolio at Risk
PLHIV	People Living with HIV
SPSS	Statistical Package for the Social Sciences

GLOSSARY

Arrears or Defaults	Percentage of loan repayments by value past due date
Operational Self-Sufficiency	Measures how well an MFI can cover its costs through operating revenues. In addition to operating expenses, it is recommended that provision expenses be included in this calculation as they are a normal (and significant) cost of operating
Financial Self-Sufficiency	Measures how well an MFI can cover its costs, taking into account a number of adjustments to operating revenues and expenses such as financial expense and loan loss. The purpose of most of these adjustments is to model how well the MFI could cover its costs if its operations were unsubsidised and funding its expansion with commercial-cost liabilities.
Group Accountability	Risk management strategy which involves clients belonging to a group co-guaranteeing each other's loans
Intermediation	In microfinance terms, the processes, systems, etc. through which loans are made and funds managed between MFI and clients
Portfolio at Risk	The amount of the current loan portfolio that is regarded as at risk of becoming a bad debt, usually measured at month end
Portfolio Outstanding	The amount of money currently on loan to clients. This is a crucial determinant of interest earnings and thus operational income
Retention Management	The process of ensuring that clients stay in the loan programme
Solidarity Group Lending	When loans are made on the basis of a group of clients using a relational guarantee rather than collateral

Source: CGAP

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EXECUTIVE SUMMARY

In recent years Cambodia has seen a significant decrease in HIV prevalence, which has fallen from an estimated 2% of the adult population at its peak in 1998 to 0.9% of the adult population in 2006 (NCHADS, 2007). At the same time, implementation of the continuum of care for people living with HIV has enabled more people to access anti-retroviral therapy (ART) which can stabilise their health status. Against this background, there is an increasing need for the response to HIV and AIDS in Cambodia to focus on broader impact mitigation, including livelihoods opportunities for families affected by HIV.

As one of the leading local NGOs engaged in HIV prevention, care and support for the last decade, the Khmer HIV/AIDS NGO Alliance (KHANA) works with community-based implementing partners to provide affected families with a package of services including home-based care, psychosocial support, education support, access to support networks, child protection for orphans and vulnerable children and access to income generation activities. However, in the past KHANA has only been able to provide small-scale grants in the order of USD30 for IGAs which can have only a limited impact on the household economy.

This evaluation focuses on a project in which the microfinance provider VisionFund Cambodia partnered with KHANA and one of its implementing partners, Kasekor Thmey, to pilot a microfinance project for HIV and AIDS affected families in Tbuong Khmum District in Kampong Cham Province. After a year of implementation the pilot was evaluated in order to measure its impact, identify lessons learnt and challenges encountered, and identify best practices.

It should be noted at the outset that the pilot period of one year was too short to deliver what might properly be termed impacts of microfinance. However, the evaluation highlights some effects of access to microfinance on the families which took part and identifies recommendations for similar future programming in Cambodia.

In order to explore the particular characteristics and experiences of HIV and AIDS affected households as microfinance clients, the evaluation team carried out a survey in which 30 randomly selected HIV affected microfinance clients were compared with 30 non-HIV affected microfinance clients and 30 affected households who had not accessed microfinance.

The HIV affected households surveyed as part of the evaluation displayed characteristics which might suggest some additional risk as microfinance clients. Most had a low level of education, with a mean of 2 – 3 years of school completed. Dependency ratios were quite high and more than half of households had only one adult, usually a woman, working. The less quantifiable burdens of caring for sick relatives or orphans, being bereaved and facing stigma and discrimination might also be expected to be a factor in limiting income generation activities. However, during the period of the pilot, the 108 affected households who received loans from VisionFund Cambodia showed perfect repayment performance and only one respondent in the survey reported difficulties in making loan repayments. While, over the longer term, illness and its associated financial and opportunity costs might be expected to impact on the household economic status including loan repayment, it was also notable that even respondents whose income had fallen over the last 12 months only attributed this to illness in 3% of cases.

The average size of a loan taken by an individual borrower was USD180 for affected households and USD150 for others. Loans were used for running enterprises on a self-employed basis. The most common enterprises were growing crops, animal raising, petty trading and food vending. However, clients also reported having used a portion of their loans on more immediate household needs, such as buying food, responding to family emergencies and repaying loans.

More than half of respondents across all three groups reported an increase in income. Microfinance clients attributed this to a range of reasons such as starting up or expanding an enterprise, being able to buy inputs for an enterprise and selling their produce at higher prices. Households without microfinance, on the other hand, attributed increases in income to securing paid employment. Microfinance clients were also more likely to report that their savings had increased.

Microfinance clients reported larger profits from enterprises and were more likely to have been able to undertake a second enterprise as part of their livelihoods strategy. Profit was used primarily to buy food, and secondly, to pay for children's school expenses. Data on children's school attendance indicates the premium parents place on education, with a majority of respondents from all three groups sending their children to school. HIV affected households who had not accessed microfinance were more likely than those who had received loans to report that health-related expenses were a major expenditure.

In terms of food security, it appears that families who accessed microfinance were in a better situation. While 87% of HIV affected households accessing loans clients reported that their food consumption increased or stayed the same, over one third of those who did not access microfinance reported that their families had less to eat.

Families who accessed loans were more likely than those who did not to report that they have spent more than USD 50 on home improvement. This is a significant indicator, because it implies that people feel economically secure enough to make such an investment.

Adherence to anti-retroviral therapy was higher among people who accessed microfinance, with 100% reporting that they always took their medication. People on ART who had not accessed microfinance showed slightly lower adherence with two out of fifteen women reporting that they did not take their medication. One cited being busy as a reason while the other reported selling her medication to provide food for the family.

Despite the efforts spent on creating awareness of HIV and AIDS, 60% of people living with HIV surveyed reported that they had experienced discrimination in varying degrees, ranging from receiving looks of disgust from others to people refusing to buy their products. The experience and fear of stigma and discrimination limited the livelihoods choices of some respondents who reported not selecting some business opportunities because they were afraid other community members would not buy their products.

Respondents were satisfied with the friendliness and compassion of VisionFund Cambodia and KT staff, training and technical assistance provided by KT and the fast service and easier loan guarantees that VisionFund Cambodia provided. However, some clients expressed dissatisfaction with the interest rates of VisionFund Cambodia loans and the small size of the KHANA/KT grant.

While it is too early to identify the longer-term impact of the pilot on clients, the survey results showed evidence of increased income and savings among respondents accessing VisionFund Cambodia loans. Improvements in household welfare such as food security and housing conditions were reported.

There is a need to sustain the momentum of the positive effects of credit provision among HIV affected households and it is strongly recommended that the pilot continues in Tbuong Khmum, and that the pilot should be expanded to further communities where the lessons learned can be applied and built on in order to contribute to longer term sustainable livelihoods development with poor and HIV affected households.

1

INTRODUCTION

The Khmer HIV/AIDS NGO Alliance (KHANA) is the largest national, non-governmental organization to provide HIV prevention, care and treatment services in Cambodia. KHANA works in 17 of Cambodia's 24 provinces and municipalities and works through over 60 local NGO implementing partners. KHANA supports its partners to work on care, support and impact mitigation with PLHIV and orphans and vulnerable children as well as promoting HIV prevention with men who have sex with men, drug users, sex workers, entertainment workers, garment factory workers, married couples and young people.

Initially established in 1996 as a project of International HIV/AIDS Alliance, KHANA operated as an NGO from 1997 and was officially registered as a local NGO in 2000. Since then it has operated as a linking organisation of the International HIV/AIDS Alliance and is one of the most respected and recognised organisations focusing on HIV and AIDS in Cambodia today.

KHANA and VisionFund Cambodia work as partners in a pilot project to provide microfinance to people living with HIV (PLHIV) and poor families, including households with Orphans and Vulnerable Children (OVC) in Tbuong Khmum district, Kampong Cham province. The project goal is to establish a foundation for innovative and sustainable integrated financial services for HIV and AIDS affected households.

Using the results of the market research as a basis to develop a loan product (Annex 1) responsive to the specific needs of affected families, a one-year pilot of the project was launched in December 2006. VisionFund Cambodia was the microfinance institution partner of Kasekor Thmey (KT), the KHANA implementing partner already providing integrated care and prevention in the target communities.

There is anecdotal evidence that the pilot had a positive effect on affected families. But in order to investigate this further and learn from the pilot, KHANA and VisionFund Cambodia sought to evaluate the project. After one year of implementing the pilot, KHANA contracted the services of Philippine-based CARD MRI to conduct an evaluation of the pilot in order to measure its impact, identify lessons learnt and challenges encountered, and identify best practices to inform the future work of KHANA, VisionFund Cambodia and other relevant stakeholders.

2

METHODOLOGY

The process of evaluation began in March 2008 and was led by the consultant and coordinated by the KHANA research coordinator. In the first week research objectives were identified with KHANA and VisionFund Cambodia, data collection tools were reviewed to assess whether the goals, indicators and questions in the survey answered the research objectives, data collectors were trained to use the Main Impact Survey tool developed by the USAID AIMS/SEEP project. The tool was translated into Khmer by KHANA and pre-tested in Takeo among clients of VisionFund Cambodia and KHANA partners. The questionnaire was subsequently refined to reflect the experience of the pre-test. Annex 3 shows the training plan while Annexes 4a-c contains the Main Impact Survey Questionnaires.

The data collection team were selected from KHANA volunteers, CARD staff and researchers from the Royal University of Phnom Penh. The study team were accompanied by KT and VisionFund Cambodia staff during the fieldwork. The data collection team were coached and supervised by the research consultant and KHANA research coordinator.

During four days of field work in Tbuong Khmum District, Kampong Cham Province, a sample of 90 clients were interviewed. The sample consisted of 30 HIV affected households with microfinance (VisionFund Cambodia and KT clients); 30 HIV affected households without microfinance (KT clients) and 30 non-HIV affected microfinance clients (VisionFund Cambodia clients). Thirty samples were taken for each subgroup, because in parametric statistics, 30 is generally accepted as the minimum cell size for each strata or subgroup of a simple sample.¹

The interviews were carried out in respondents' homes or community meeting places. Data analysis of client interviews was done using SPSS software, and the Kruskal Wallis test for a few indicators.

Key informant interviews and focus group discussions (FGD) were also conducted with VisionFund Cambodia management and staff and KT Home Based Care Staff. The FGD Discussion Guides and List of Participants are provided (Annexes 5 and 6).

The Research Coordinator of KHANA developed the Terms of Reference (Annex 2) for the evaluation and coordinated the process of evaluation. He also provided technical comments on the questionnaires and helped in bringing more clarity to the final report.

A desk review of KHANA Technical Support Visit Reports and other relevant documents was also carried out.

CARD staff presented the preliminary findings to relevant KHANA and VisionFund Cambodia staff on April 7th.



¹ Candace Nelson (Ed). Learning from Clients: AIMS/SEEP Assessment Tools for Microfinance Practitioners. USAID, 2006.

3

RESULTS

A. Project Level

Kasekor Thmey works with 198 PLHIV and 163 OVC households in Tbuong Khmum operational district, Kampong Cham. Of these households only 108 or 31% were being served by VisionFund Cambodia with loans as of November 2007. This represents an achievement of 77% of the 140 HIV affected households set as a target for the pilot. For non-HIV affected households, VisionFund Cambodia was able to reach 407 households, which is 76% of its target for the pilot. Clients of both groups were able to record an excellent on-time repayment performance of 100%. There was a target of 45% Operational Self Sufficiency (OSS) for the pilot operations, but this is difficult to track since VisionFund Cambodia's MIS does not disaggregate income and expenses for the pilot from overall sub-branch operations. However, VisionFund Cambodia does report an OSS of 50% for Kampong Cham as a whole.

1. Challenges

Expanding the number of clients in the pilot was a significant challenge. The following were identified as constraints limiting membership expansion:

- Loans are released and repayments collected at the homes of HIV affected clients. As they are geographically dispersed, VisionFund Cambodia staff spend a lot of time travelling.
- Some potential clients are already a member of other MFIs, making them ineligible based on VisionFund Cambodia selection criteria.
- Some PLHIV are too ill or frail to engage in income generation activities
- Some HIV affected households lived on rubber plantations, where land is owned by a company. Village and commune leaders were unwilling to guarantee them because of the perception that this group are more mobile as they do not own land and could leave without repaying their loans. Local authorities and VisionFund Cambodia staff also believe that gambling is pervasive in rubber plantation communities and had previous negative experience with clients using loans for gambling.

2. Management Information System

The Research Team spent considerable time creating a list of samples from VisionFund Cambodia's master roll because its software does not disaggregate the names of non-HIV affected from HIV affected clients. Similarly, Operational Self Sufficiency of pilot operations could not be ascertained because the income and expenses of the pilot were not recorded separately from the whole Kampong Cham branch operations. As noted above, VisionFund Cambodia does, however, report 50% OSS for Kampong Cham.



3. Monitoring and Evaluation

The KHANA Technical Support Visit reports focus mainly on the operational accomplishments and challenges of the pilot. They do not capture details at the client level, including information on loan use, performance of clients' IGA or challenges they faced. More detailed reports or case studies could be useful in documenting lessons learned.

4. Human Resources

The sub-branch is composed of one sub-branch manager-trainee; the pioneer sub-branch manager (who moved to Phnom Penh Headquarters in April 2008); and three Client Service Officers (CSO), two of whom were assigned to the pilot. Because of slow recruitment the target staff productivity of 240 clients per CSO was not achieved.

5. SWOT Analysis of the Pilot Implementation

Strength

The pilot project was an opportunity for VisionFund Cambodia to demonstrate that it is not only a profit-led organization, enabling it to translate its social mission into action through provision of microfinance services to poor and marginalized clients. VisionFund Cambodia brought its microfinance services to clients by disbursing loans and collecting repayments at PLHIV and OVC's homes. It attempted to adhere to microfinance best practice principles by providing small loans to poor and HIV affected households, at an interest rate that will help VisionFund Cambodia attain sustainability. The flexibility of the loan in terms of amount, maturity, etc, with individual liability and lower interest rate, made it an attractive product. The commitment of VisionFund Cambodia staff to serve the poor and their positive and friendly attitude were well-appreciated by the clients. VisionFund Cambodia staff showed non-discrimination by buying the products of PLHIV and OVC clients. Cooperation with KT staff was strong and VisionFund Cambodia management considered that their staff felt confident in working with affected families.

Weaknesses

The stringent selection criteria of VisionFund Cambodia, based on capacity to pay back the loan and the need for a guarantor not living in the same household, resulted in exclusion of a number of HIV affected households from the project. The second condition was changed in the course of the pilot, however, according to sub-branch staff, about a quarter of HIV affected clients felt that once VisionFund Cambodia started recruiting non-HIV affected clients under the pilot, service to PLHIV was delayed, indicating the time constraints experienced by the CSOs with increasing membership. Based on cash flow analysis, some applications for loans were reduced or entirely rejected.



Opportunities

Studies of microfinance with PLHIV in high prevalence countries suggest that exit rates and other operating costs rise and incomes fall when clients become sick with AIDS. It could be argued that VisionFund Cambodia risks facing these issues by including HIV affected households in its program. However, VisionFund Cambodia's work in partnership with KHANA and KT under this pilot, demonstrates that serving HIV affected households with microfinance is viable, enabling it to pursue both its financial and social imperatives. KT staff report that their clients are already awaiting the continuation of the pilot so that they can access further loans, evidence that HIV affected households offer a new market niche for VisionFund Cambodia products.

Threats

In order to maximise the success of the partnership and the microfinance activities, it is essential for both partners to learn more about each other's work and perspectives. Both VisionFund Cambodia and KT staff acknowledged that their knowledge and experience of these new subjects was limited. KT staff needed more understanding of basic principles of microfinance, while VisionFund Cambodia staff recognised the need for particular skills and knowledge to work effectively with affected households.

The mobility of HIV affected families makes it difficult to retain them as microfinance clients, according to VisionFund Cambodia management and staff. They added that statistics on PLHIV's number or location cannot always be relied upon as they may need to hide their identity or move because of discrimination.

Despite education campaigns to create awareness on HIV and AIDS in their communities, PLHIV still suffer from stigma and discrimination. Among other negative impacts, this can directly affect their livelihood by limiting their business opportunities. In some cases, ill-health may also impede some PLHIV from engaging in labour-intensive income generation activities, reducing their ability to earn money for their families. This issue is particularly serious for those who have no land and depend solely on sale of their labour.



Box 1. Lessons Learned and Identified Strategies that Enhance the Participation of HIV and AIDS Affected Households into Productive Markets Mary Morgan 2005

Lessons from Micro Enterprise Development (MED) initiatives that have managed to stabilize or improve income levels in HIV and AIDS affected communities:

1. The provision of bundled financial and non-financial services to HIV and AIDS high-risk populations is effective in stabilizing income levels.
2. The trauma of losing a loved one who is the breadwinner to AIDS requires counselling for bereavement and also for HIV and AIDS prevention. Non-financial services that include counselling to the high-risk population before the provision of business management and marketing has proven to be successful to increase income levels for HIV and AIDS affected households.
3. When working with HIV and AIDS affected communities, it is important to work with the entire family unit. If someone is ill, the family still has a means to generate an income. If the caregiver cannot attend to the business, another family member is able to do so which reduces down time. Working with the entire family mitigates the risk of enterprise failure due to loss of productive time.
4. Nutrition is key for HIV and AIDS infected individuals. If HIV and AIDS affected family members participate in healthy eating programs, this reduces food costs and also provides skills and a means for the family to augment their income levels.
5. In agricultural production, labour saving devices like drip kits, ensure a higher yield while reducing labour which permits a care giver to attend to someone who is ill or orphans to participate in an income generating activity while also feeding themselves.
6. Linking NGOs who specialize in related issues with MED initiatives ensure higher success of the MED programs. It is important that the NGO with HIV and AIDS expertise should have some sort of comprehension of MED best practices and that the MED program staffs have knowledge of HIV and AIDS.
7. Linking legal services that assist with the preparation of wills with MED projects is one measure to protect the assets of female-headed households.

B. Client/Beneficiary Level

1. Overview of the Main Impact Survey

The Main Impact Survey developed by the USAID AIMS/SEEP project was the principal quantitative tool used in this evaluation. It consisted of 31 to 37 questions administered to the three groups of respondents. The study aimed to find out the effect of access to loans on poor and vulnerable households, so it was important to include a comparison between groups with and without microfinance. In addition, the study aimed to find out whether microfinance clients from affected households are different from other clients in terms of loan use, business skills and business risks. The conceptual framework of the AIMS/SEEP Impact Assessment Tools is shown as Annex 7.

2. Individual Demographic Information

Table 1: Demographic Profile of Respondents

	HIV Affected with Microfinance n=30	HIV Affected without Microfinance n=30	Non-Affected with Microfinance n=30
Male	23%	17%	3%
Female	77%	83%	97%
Married	44%	47%	90%
Separated/ divorced	3%	0%	3%
Widowed	50%	50%	7%
Single/never married	3%	3%	0%
Mean age (in years)	43	45	40
Mean years in school	3	2	3
Percentage who never attended school	20%	40%	27%

Gender: The majority of the respondents are women: 77% of HIV affected respondents with microfinance; 83% of HIV affected respondents without microfinance and 97% of non-HIV affected microfinance clients.

Marital Status: The majority of non-HIV affected (90%) respondents are married with only 3% having separated or divorced and 7% having been widowed. As might be expected, the situation of HIV and AIDS affected households is very different. Among both groups of HIV and AIDS affected respondents 50% are widowed. Thus, the number of female-headed households² is higher among affected households. Fifty six percent of HIV and AIDS affected households which accessed microfinance and 53% of those which did not are headed by a woman, compared with only 10% of other households surveyed.



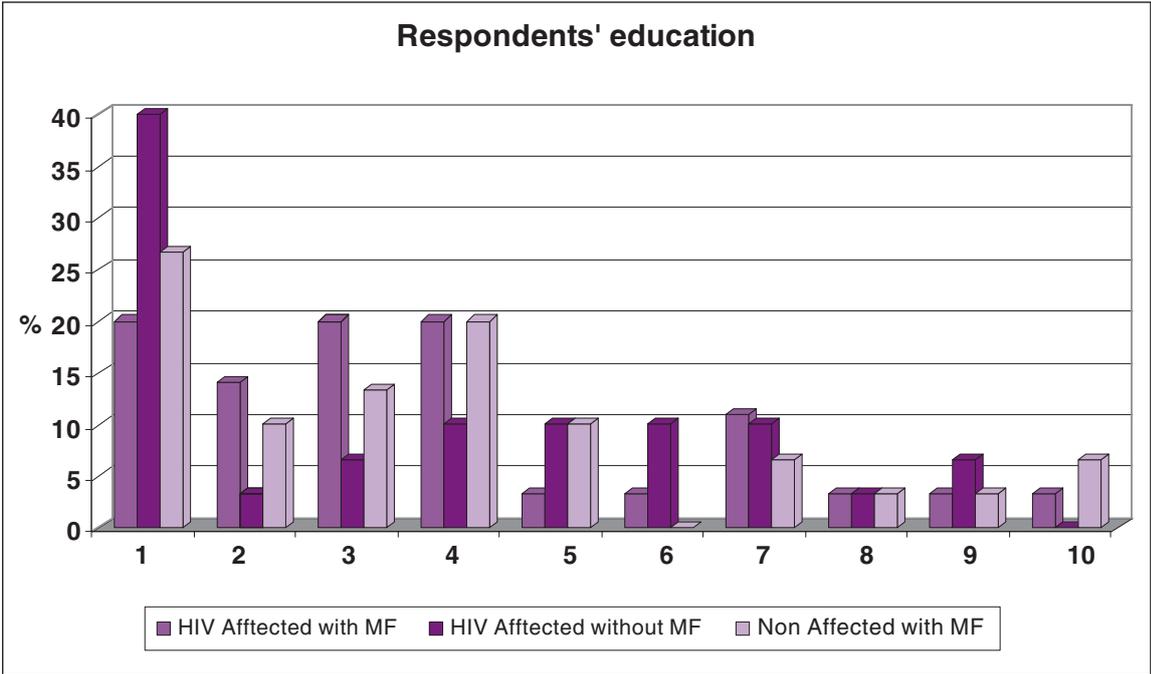
It has been observed that microfinance services targeting women often benefit the entire family, and specifically the children. In microfinance terms, women who have a partner to assist in their IGA and contribute to loan repayment, are expected to be more likely to be able to repay loans. Thus including married women in the target group for the project mitigates risk in VisionFund Cambodia’s portfolio.

Age: There is little variation between the mean ages of respondents in the three groups. On average, those from affected households that accessed microfinance were 43 while the average age of those who did not access microfinance was 45 and those who were not from affected households were on average slightly younger, at 40. When respondents are stratified according to age group, 57% of all those who accessed microfinance are in the younger 21–40 age group, compared to 50% of those who did not access microfinance.

It is positive that a majority of clients in the project start accessing services while they are in the 21 – 40 age group, which is the most economically productive period of their lives. This is an opportunity for clients to maximise their economic potential at a critical period in their lives and an opportunity for the microfinance provider to develop a long-term client base.

It is desirable to engage women in microfinance during their most productive years and VisionFund Cambodia could consider introducing age criteria when identifying new clients. However, it should be noted that this may not be practical when targeting microfinance specifically at people from affected households.

Figure 1: Education level of respondents





Educational Level of Respondents: Respondents in all three groups have a low level of education (Figure 1). Both groups that accessed microfinance had an average of three mean years in school while respondents from affected households that had not accessed microfinance had on average attended school for only two years. People who have completed six years of primary education are considered to have received basic education. According to these criteria, only a minority of respondents had received basic education. One in five microfinance clients had been to school for six years or more, compared to only one in ten of the respondents from affected families who did not access microfinance. Conversely, a significant proportion of respondents reported that they had never attended school. Twenty percent of respondents from affected families that accessed microfinance and 27% of other microfinance clients had received no education while among respondents from affected families that did not have microfinance, the proportion rose to 43%.

Box 2. Linkages between Microfinance and Effective Education, Margot Quaegebeur and Srivatsa Marthi 2005

For the individual, education creates choices and opportunities, reduces the burden of poverty, and builds empowerment. At a national level, education or human capital has the following consequences:

- Human capital is recognized as an important means for countries to increase labor productivity, which in turn can attract capital to expand economic growth
- Human capital can contribute to poverty reduction by substituting for physical capital in countries where physical capital, that is land and wealth, is unequally distributed
- The education level of adults is one of the most important determinants of poverty in many countries

Education, therefore, is a crucial element in poverty alleviation and economic growth on the macro level as well as on the household level.

Based on 2004 estimates, the national literacy rate for women in Cambodia was 67.4 percent, which was lower than that for men 82.1 percent (CIPS, 2004). Given the limited educational attainment of clients surveyed, it seems that VisionFund Cambodia /KT are reaching a large number of illiterate clients. This may have some implications in terms of cost and staff time, as it takes longer and is more costly to explain loan products and documents such as agreements to people who can not read. It would have further implications if VisionFund Cambodia were to introduce more advanced types of client training such as financial literacy as modules would need to be designed to suit the literacy level of its clients.



3. Household Demographic Information

Table 2: Household Demographic Characteristics

	HIV Affected with Microfinance n=30	HIV Affected without Microfinance n=30	Non-HIV Affected with Microfinance n=30
Mean number of adults (>18 years)	2	3	3
Mean number of children (<18 years)	2	2	2
Mean number in household	4	5	5
Dependency Ratio	2.5	2.0	2.1
Female-headed household	56%	53%	10%
Households with salaried worker	30%	23%	27%
Households without salaried worker	70%	77%	73%

Table 3: Household Dependency Ratios

Dependency Ratio	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	% Non-HIV Affected with Microfinance n=30
High (>3)	27	33	13
Moderate (2-2.9)	43	20	40
Low (<2)	30	47	47
Total	100	100	100

Dependency Ratio: Dependency ratio means the total number of people in the household divided by the number of household members who earn a regular income. Thus a dependency ratio of 3 means that each income earner is supporting three household members. For the purposes of this study, a dependency ratio of 3 or more was classified as high, while 2 – 2.9 was classified as moderate dependence and less than 2 was considered to be low dependency.



Affected households surveyed were more likely than other households to have a high dependency ratio. Thirty three percent (33%) of affected households that did not have microfinance and 27% of those who accessed microfinance had high dependency ratios compared to only 13% of other households with microfinance.

A lower dependency ratio is more desirable for risk mitigation in microfinance provision. Households with a lower dependency ratio have more adults earning an income and sharing the burden of income generation activities and loan repayment. They have a better chance of reinvesting earnings in their IGA or keeping savings. At the same time, however, a relatively high dependency ratio is an inherent challenge in providing microfinance to HIV affected households, given that they are likely to have a higher proportion of households headed by a single parent.

4. Client experience with the project

This section explores respondents' experience and history with the project, including duration of their involvement in the project, loan size and history and experience of repayment.

Table 4: Clients' Loan History under the Project

	HIV Affected Clients n=30	Non-HIV Affected Clients n=30
Average number of months in the project	8	9
Average number of project loans	1.2	1.3
Average amount of first loan, Riel (USD)		
• Group Borrower (6)**	383,000 (95)	612,000 (150)
• Individual Borrower (24)	724,000 (180)	
Average amount of current loan Riel (USD)		
• Group Borrower	483,000 (120)	798,000 (200)
• Individual Borrower	874,000 (218)	
Average Cumulative Value of all loans taken Riel (USD)		
• Group Borrower	650,000 (160)	958,000 (245)
• Individual Borrower	1,095,000 (275)	
Average amount of current savings	0	0
Number of clients reporting difficulty repaying their last loan	1	0

****Note:** Group borrowing works under the principle of joint accountability, meaning if one member of the group defaults, her co-members are obliged to contribute to her repayment.



Table 4 shows the loan history within the project of microfinance clients surveyed. It should be noted that the duration of involvement in the project was limited, with respondents having typically been clients of the project for 8 – 9 months.

There is no significant variation between affected and non-affected households in terms of the number of loans taken. Clients from affected households accessed an average of 1.2 loans compared to 1.3 for other clients. Six clients from affected households borrowed under group accountability while 24 were individual borrowers. The average value of group borrowers' initial loans was Riel 383,000 (USD 95), while current loans averaged Riel 483,000 (USD 120) and the cumulative value of their loans was Riel 650,000 (USD 160). On average individual borrowers took larger loans, with average initial loans of Riel 724,000 (USD 160), current loans of Riel 874,000 (USD 218) and average cumulative loans of Riel 1.1 million (USD 275). It is significant that only one respondent reported difficulty in repaying her loan.

Microfinance clients who were not from HIV and AIDS affected households borrowed less money on average. Their average initial loans were Riel 612,000 (USD 150), average current loans were Riel 798,000 (USD 200) and the average cumulative value of their loans is Riel 958,000 (USD 245).

For legal reasons VisionFund Cambodia is not able to offer savings services, so clients had not been able to save with the microfinance provider.

5. Loan Use

This section looks at how clients used their loans, identifying the relative popularity of different kinds of IGA as well as use of loan for household and other costs, considered un-productive loan use.

This study worked on the assumption that, being poor, microfinance clients engage in income generation activities (IGA) rather than micro enterprises. These multiple economic activities can be classified into four major categories: commerce, manufacturing, providing services to others and agriculture and fishing. Since household livelihood strategies often involve a combination of multiple income generation activities, loans are usually used to support a range of activities.

Table 5: Loan Use by Type of Income Generation Activity

TYPE OF IGA	% HIV Affected with Microfinance n=30	% Non-HIV Affected with Microfinance n=30
Commerce/trade/retail (includes petty trade, small stores, groceries, buying and selling; dry goods)	40	37
Manufacturing (includes food processing, textile production, crafts, leatherworks)	7	7
Service (includes hairdressing, restaurants, food stalls, cleaning)	10	7
Agriculture and Fisheries (includes crop production, animal raising, fishing/fish raising)	50	60
Not Applicable (Did not invest loan on IGA)	7	0



As the table above shows, the most popular income generation activities in which clients invested their latest loans were agriculture and fisheries. This was reported by 50% of respondents from HIV and AIDS affected households and 60% of other clients. Commerce, trade and retailing was the second most common category of income generation activities for clients to invest their loans in, with 40% of those from affected households and 37% of other clients using their loans in this way.

Table 6: Loan Use by Type of Non-productive Activity

Non-productive Activity	% HIV Affected with Microfinance Clients n=30	% Non-Affected with Microfinance Clients n=30
Buy food	58	55
Buy clothes or other household items	16	32
Give or loan money to spouse or someone else	11	5
Keep money for emergency	58	59
Keep money to repay a loan	47	36

Apart from investing in an IGA, respondents who had access to loans had used at least part of the loan for non-productive activities. These were often more immediate household needs, such as buying food (affected households with MF, 58%; non-affected, 55%). Buying clothes or other household items was more prevalent among non-affected (32%) than among affected households, suggesting that affected families may prioritize more important household needs.

The uncertainty of not having enough money when emergencies or repayment difficulties occur was dealt with by keeping a portion of their loans for emergencies (58% for affected households and 59% for others) and for loan repayment, with 47% of affected families and 36% of other microfinance clients reporting to have done so. When clients do not maximize the use of their borrowed capital for productive purposes, the risk may be greater and there is more likelihood of repayment difficulties.

6. Personal income and enterprise income

This section looks at one of the key questions for the evaluation, exploring whether clients' incomes and profits from their IGAs increased because of microfinance.



Table 7: Reported Change in Income Over the Last 12 Months

Status of Income Over the Last 12 Months	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	% Non-Affected with Microfinance n=30
Increased	63	60	57
Decreased	34	26	43
Not Applicable	3	7	0
Don't know	0	7	0
Total	100	100	100

A majority of respondents in all three groups reported that their income had increased over the preceding 12 months. Sixty three percent (63%) of those from affected families who had microfinance reported such an increase, compared to 60% of those from affected families without microfinance and 57% of microfinance clients from non-affected families.

Using the Kruskal Wallis test, a one-way analysis of variance by ranks, there is a significant difference in personal income among the three cohorts based on the asymptomatic significant value of 0.029 (at alpha = 0.05). This means that the change in income is dependent on accessing microfinance.

Table 8: Reasons for Increased Income

Reasons why income increased	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	% Non-HIV Affected with Microfinance n=30
Expanded existing enterprise	10	8	7
Undertook new enterprise	7	0	15
Able to buy inputs	3	0	3
Sold in new market	17	17	12
Got a job	13	42	29
Others, specify: increase in salary, pigs sold at higher price, sell livestock, more demand for her service, expanded (planted more)	17	33	7
Not Applicable (Income did not increase)	33	0	27
Total	100	100	100



Those respondents who reported increased income identified a variety of reasons for this improvement. It is notable that microfinance clients were three times more likely to identify expansion of their existing enterprise, undertaking a new enterprise or being able to invest in inputs as the reason for their improved income than respondents from affected households who did not have access to microfinance. Twenty percent of microfinance clients identified these reasons, irrespective of HIV status, compared to only 8% of the affected families without access to microfinance. Conversely, respondents from affected families who did not access microfinance were the most likely to identify getting a new job as the reason for an increase in income. Forty-two percent cited this reason, compared to only 13% of affected families with microfinance and 29% of other microfinance clients.

Table 9: Reasons for Decreased Income

Reasons why income decreased	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	% Non-HIV Affected with Microfinance n=30
Poor agricultural production	0	0	7
Sick	0	3	0
Poor sales	0	10	0
Unable to get inputs	3	3	0
Lost job	0	7	3
Others specify: price of commodities is so high such that they had less customers	3	7	3
Not Applicable	94	70	87
Total	100	100	100

Respondents who reported decreased income over the last year attributed this to a variety of reasons, including poor sales, loss of employment, increased prices and poor agricultural production. Households that did not access microfinance were more likely to report decreased income than those which did access it, with 30% reporting decreased income compared to only 6% of affected households accessing microfinance and 13% of other microfinance clients. There were no clearly discernible trends distinguishing the three groups in terms of reasons they cited for reduced income. However, it is notable that over the period surveyed, households affected by HIV did not report that illness was a significant factor in income reduction. Only 3% of those without microfinance and none of those with microfinance reported this as an issue.

VisionFund Cambodia loans have provided an opportunity for enterprising people from HIV affected families to fund small investments necessary to operate or start an income generating activity. Enterprise expansion is a key move that clients took to increase income, indicating enthusiasm for expanding their IGA. As businesses expand, there is likely to be demand for larger loans. VisionFund Cambodia should consider this challenge and plan ahead how to source refinancing to meet these future demands.



At the same time, clients whose income decreased may need more technical assistance to improve their production skills as well as business advice to improve their sales. They may also need advice on where to purchase cheap inputs.

7. Individual Level: Change in Personal Savings and Entrepreneurial Skills

This section focuses on the individual client level, seeking to identify whether clients were able to increase their savings in order to be better prepared for household emergencies. It also looks at the level of entrepreneurial skills developed by the project's clients.

Table 10: Personal Cash Savings for Emergencies, New Purchases or Investment

Personal cash savings for emergencies or new purchase/ investment	%HIV Affected with Microfinance n=30	% HIV Affected without Microfinance N=30	%Non-HIV Affected with Microfinance n=30
With savings	47	20	60
Without savings	53	80	40
Total	100	100	100

Both groups of microfinance clients were more likely than affected households without microfinance to report that they are able to keep some money for emergencies, new purchases or investment. While 60% of microfinance clients who were not from affected households reported savings, 47% of those from affected households did so. However, only 20% of affected households without microfinance reported that they had savings.

Table 11: Reported Change in Personal Cash Savings

Status of personal cash savings	%HIV Affected with Microfinance n=30	% HIV Affected without Microfinance N=30	%Non-HIV Affected with Microfinance n=30
Decreased	0	7	10
Stayed the same	14	0	17
Increased	33	13	33
Not Applicable	53	80	40
Total	100	100	100



A third of microfinance clients surveyed in both the HIV affected and non-HIV affected groups reported an increase in personal cash savings. This contrasted with only 13% of respondents from affected families that did not access microfinance. Respondents attributed the increased savings to family members securing employment, products sold at a higher price resulting to more profit and business expansion.

It appears that non HIV affected microfinance clients were able to keep more savings, given that their households were more likely to have multiple income earners and less likely to have a heavy burden of health costs compared to their HIV affected peers. However, it is significant that HIV affected respondents who had accessed microfinance were more likely than those who did not access microfinance to have savings. This suggests that, among this sample, microfinance did improve the savings situation of HIV affected households. It should also be noted that accumulation of financial assets contributes to the household's liquidity, in contrast to traditional investments such as livestock.

Entrepreneurial skill

Entrepreneurial behaviour is characterised by considering demand factors such as market demand and likely profit in setting up an enterprise. Pre-entrepreneurial behaviour, in contrast, tends to focus more on supply factors, focusing on products or services the individual knows how to provide.

In order to assess entrepreneurial skills as part of this research, respondents were asked what factors they consider when deciding to undertake an income generation activity.

Table 12: Factors Considered When Selecting an Income Generation Activity

Factors	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	% Non-HIV Affected with Microfinance n=30
Work I am familiar with/It is the season/Others are doing it	30	19	24
Working capital needed/ I have enough money	20	31	30
Able to do and still take care of my family and other responsibilities	20	3	2
Product or service in demand or seems profitable	20	19	26
Others: Convenience, involves light labour, age, marketplace and size, whether product will be saleable	7	17	7
Don't know	3	11	11
Total	100	100	100



Respondents in all three groups reported considering a range of factors in deciding to engage in an IGA. People from affected households accessing microfinance were the most likely to exhibit pre-entrepreneurial behaviour and focus more on supply factors in decision-making, with 70% reporting considering familiarity, season, availability of capital and balance of IGA work and family responsibilities. This compared to 53% of affected households without microfinance and 56% of other microfinance clients considering the same factors. Conversely, non HIV and AIDS affected microfinance clients were slightly more likely to exhibit the more entrepreneurial characteristic of considering demand and potential profit. Twenty-six percent of these respondents considered this factor, compared with 20% of affected families with micro-credit and 19% of those without. However, it should be noted that microfinance clients' behaviour can be expected to become more entrepreneurial with time, so that it may be too early to draw conclusions from the behaviour of these clients who have been involved in the project for a relatively short time.

Profit

Table 13: Median Monthly Profit from Enterprises

	HIV Affected with Microfinance n=30	HIV Affected without Microfinance n=30	Non-HIV Affected with Microfinance n=30
Reported Monthly Profit (Median Value) Enterprise 1	Riel 140,000 (USD 35)	Riel 190,000 (USD 48)	Riel 250,000 (USD 63)
Reported Monthly Profit (Median Value) Enterprise 2	7 respondents reporting Riel 125,000 (USD 31)		8 respondents reporting Riel 100,000 (USD 25)

There were some variations in the level of profits reported by different groups of respondents. The highest level of median monthly profit from first or main income generation activities, Riel 250,000 (USD 63), was reported by non HIV-affected microfinance clients, while affected households without microfinance reported monthly median profits of Riel 190,000 (USD 48) and those accessing microfinance reported median monthly profits of Riel 140,000 (USD 35). Seven of the affected households with microfinance and eight of the non-affected respondents reported that they were able to augment their income with a second IGA, from which they got median monthly profits of Riel 125,000 (USD 31) and Riel 100,000 (USD 25), respectively. None of the respondents who did not have microfinance had been able to undertake a second IGA.

Table 14: Priority Uses for Enterprise Profit

Use of Profit	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	% Non-HIV Affected with Microfinance n=30
Buy food	22	35	34
Pay school expenses	13	20	20
Pay health related cost	7	15	4
Reinvest in enterprise	5	7	14



Respondents were asked to describe how they used their profits and to rank items according to the amount of money spent. As Table 14 shows, all groups ranked buying food and paying school expenses as the top two items of expenditure. All respondents from HIV affected households had paying health-related costs as their third priority; however this was less of a burden for those who received microfinance than for those who did not. In contrast, respondents from non-affected households were in a position to use more of their profits to reinvest in their enterprise and had this item as their third priority.

Health and school related expenditures constitute a significant cost for both HIV-affected and other microfinance clients. There may be scope for VisionFund Cambodia to develop specific health and education loan products to address these needs, so that the capital from loans and profit from IGA can be used to stabilize and build clients' livelihoods.

8. Effects of loan

As the pilot has only been running for a year, it is too early to identify project impacts or long-lasting changes. However, there are some changes in clients' situation as a result of the project, which can be termed effects and these are explored in this section.

Children's Education: When clients increase their income as a result of accessing microfinance services, they are able to afford expenditures beyond basic subsistence, including sending their children to school. At the same time, improved household income reduced the necessity for children to contribute economically, making them more likely to stay in school. In this way, the benefits of microfinance can enhance children's educational opportunities, which in turn can contribute to a more economically secure future, (Quaeghebeur and Marthi, 2005).

Table15: Children's School Attendance

Children's School	HIV Affected with Microfinance n=30	HIV Affected without Microfinance n=30	Non-HIV Affected with Microfinance n=30
Mean number of school-aged children	2	2	1.6
Percentage currently attending school	83%	73%	67%
Percent never attended school	7%	13%	27%
Mean years in school	6	4	4



Respondents from HIV affected households accessing microfinance were the most likely of the three groups to report that their children were attending school (83%), had the smallest percentage of children who had never attended school (7%) and reported longer mean school attendance by their children than the other groups (six years). It is particularly notable that microfinance clients from non-affected families reported that only 67% of their children were currently attending school while 27% had never been to school. Since the research did not find significant differences between the three groups in the frequency with which children were reported to have helped in the household's IGA over the last month, this difference was not explained by children needing to work in the family's IGA. This is an issue that could merit further exploration.

Table 16: Reported Changes in Expenditure on Children's Education, School Year 2007-2008

Changes in expenditure	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	% Non-HIV Affected with Microfinance n=30
Decreased	30	30	40
Increased	53	53	27
Not applicable	17	17	33
Total	100	100	100

The reported changes in expenditure on children's education reinforce the finding above that more children from HIV affected families than those from non-affected families were in school. Similarly, respondents from affected households were more likely than those from non-affected households to report that their expenditure on children's education had increased in the 2007 – 2008 school year. Fifty-three percent of respondents in affected households reported increased expenditure on education, regardless of whether they had accessed microfinance, as opposed to 27% of respondents from non-affected households. Reasons for increased expenditure included increased costs of school supplies and snacks due to inflation and increased educational costs as children reached higher grades.

Thirty percent of respondents from affected households and forty percent of those from non-affected households reported decreased expenditure on children's education. The reason for such a reduction was children leaving school.

Studies in many countries have shown how increased income from micro enterprises, coupled with opportunities to save, allowed poor people to prepare a much brighter future for their children. These studies indicate that microfinance clients are more likely than non-clients to send their children to school and that, once enrolled, they have a greater likelihood of staying in school (See Box 3)



Box 3. MDG 2: Achieve Universal Primary Education CGAP Microfinance Gateway

In Bangladesh, literacy rates among the children of BRAC clients aged 11-14 at baseline 1992 and then 1995 increased from 12 to 27 percent in three years, compared to 14 percent among children of non-client households. See Chowdhury and Bhuiya (2001) Programmes Reduce Inequity in Health: Lessons from Bangladesh, "Poverty Inequity and Health", ed. D. Leon and G. Walt (Oxford: Oxford, University Press, 2001)

In Honduras, student drop-out rates were reduced as more parents gained the resources to send their children to school through participation in microfinance programs.

See [*Marcus R., Porter, B. and Harler, C. et al. \(1999\) "Money Matters: Understanding Microfinance". \(UK: Save the Children, 1999\)*](#)

An impact study of a microfinance program in Uganda showed that client households invested in more education than non-client households, for both their own children and non-household members such as AIDS orphans.

See [*Barnes, Gaile and Kimbombo \(2001\)*](#)

In Bangladesh, a World Bank study found that the children of Grameen Bank clients had higher levels of schooling than did non-clients, with statistically significant higher levels for girls.

See [*Khandker \(1998\)*](#)

Data from Zambuko Trust in Zimbabwe showed that the children (aged 6-21) of repeat borrowers were more likely to stay in school than those of non-MFI clients.

See [*Barnes \(2001\)*](#)

In India, the secondary school enrolment of the sons of SEWA Bank clients rose 15 percentage points to 70 percent between 1997 and 1999.

See [*Chen and Snodgrass \(2001\)*](#)

VisionFund Cambodia could consider offering specific loans for education costs, to mitigate the risk of clients' children dropping out of school due to financial pressure.

Food security: When household income rises one of the more immediate effects is on the food security of the family. The quality of food consumed can increase along with increasing economic freedom to make choices about the kinds of food that are purchased and consumed.



Table 17: Changes in Food Eaten in the Household over the Last 12 Months

Diet Description	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	% Non-HIV Affected with Microfinance n=30
Decreased	13	37	10
Stayed the same	37	37	47
Increased	50	26	43
Total	100	100	100

Microfinance clients were more likely to report that they had maintained or improved their diet and less likely to report deterioration in their diet over the last 12 months. Among HIV affected microfinance clients 50% reported improved diet, 37% reported diet had remained the same and only 13% reported deterioration. Among non-HIV affected microfinance clients the pattern was similar with 43% reporting improved diet, 47% reporting it had stayed the same and 10% reporting deterioration. For affected households without microfinance the situation was quite different with only 26% reporting improved diet, 37% reporting diet staying the same and as many as 37% reporting their diet had deteriorated. These results reflected that clients reported both using a proportion of their loans to buy food for the family and spending profit from their IGA on food.

Respondents from all three groups who reported improved diet cited the following improvements in both quantity and quality of food consumed:

- 51% were able to buy more animal and dairy products
- 27% were able to buy more condiments, vegetables and legumes
- 23% were able to eat three meals a day
- 20% were able to eat better during the hungry season

Respondents who saw their diets deteriorate reported less quantity and quality of food in 20% of cases and that they simply ate rice with salt in 13% of cases.

Housing Improvement: In other programs, another observed impact of microfinance services on clients who have remained in the program for at least two years is that the resulting increase in income also leads to incremental house improvement. While this pilot was only one year in duration, the survey looked at whether microfinance had made any impact on the quality of their housing by investigating how many respondents had been able to spend over \$50 on improving their house.



Table 18: Expenditure on House Improvement

House Improvement	% HIV Affected with Microfinance n=30		% HIV Affected without Microfinance n=30		% Non-HIV Affected with Microfinance n=30	
	Male	Female	Male	Female	Male	Female
Spent more than USD 50	0	27	0	13	0	37
Did not spend more than USD 50	23	50	17	70	3	60
Total	23	77	17	83	3	97

Given that the pilot had been running for only a year, it was not surprising that only 27% of microfinance clients from HIV affected families and 37% of non-HIV affected microfinance clients reported spending more than USD 50 on improving their home. The types of improvements they made ranged from repairing damaged roofs to installing electricity supply. Those who accessed microfinance appeared to be more likely than others to be able to make such improvements with only 13% of HIV affected families who did not access microfinance able to spend more than USD 50 on home improvements. It was notable that none of the male respondents reported such expenditure; all those who did were women.

Home improvement is a significant indicator since this kind of investment is usually not made unless there are substantial increases in the level of income generated by the household. House improvement requires a substantial amount of money and does not take priority for a poor household unless there is both an increased income and confidence that it will be maintained in the future.

Coping with crisis: Poor people cope with planned and unplanned events in a number of ways. Many significant life events necessitate poor people accessing substantial sums of money and their planned coping strategies in such eventualities are an indicator of household economic security. As part of the research, respondents were asked to identify sources of money they could tap in times of crisis.

Table 19. Preferred Sources of Money in Case of Crisis

Rank	HIV Affected with Microfinance n=30	HIV Affected without Microfinance n=30	Non-HIV Affected with Microfinance n=30
1	Neighbour contribution Savings at home	Grant from KHANA/KT Loan from neighbours	Approach village leaders Savings at home
2	Loan from neighbours	Loan from relatives	Sell livestock
3	Savings in KHANA/ VisionFund Cambodia	Others	Loan from neighbours
4	Approach village leaders	Loan from money lenders	Loan from relatives
5	Loan from money lenders	Sell other property: Land, motorcycle, gold	Loan from KHANA/ VisionFund Cambodia
6	Loan from relatives	Neighbour contribution	Money from spouse
7	Sell other property: Land, motorcycle, gold	Sell livestock	Neighbour contribution
8	Loan from KHANA/ VisionFund Cambodia	-	Sell other property: Land, motorcycle, gold
9	Sell livestock	-	Loan from money lenders



Respondents identified a range of strategies for their households in the event of a crisis. It was notable that both HIV affected and non-affected microfinance clients ranked their savings as a preferred source of cash in a crisis, together with mobilizing their social capital by seeking support and loans from neighbours and village leaders. This suggests that people who access microfinance are enabled to save money and have some resources of their own to draw on in the event of an emergency. This distinguishes them from HIV affected households without access to microfinance that identified their first recourse in the event of needing cash in an emergency as seeking a grant from Kasekor Thmey, as well as seeking loans from people around them.

Microfinance aims to reduce household insecurity so that client households will not have to resort to liquidating their assets when faced with a crisis. Respondents who had not accessed microfinance were slightly more likely to resort to selling their assets than those who had not. HIV affected respondents who did not access microfinance ranked selling assets fifth in order of preference, while HIV affected respondents with microfinance ranked it seventh and other microfinance clients ranked it eighth.

Microfinance providers (MFIs) can help poor households cope with crises by offering products and services that help the poor prepare for and protect themselves against losses. For instance, there is a scope for MFIs to develop a health savings account. Recent qualitative research on savings in Cambodia (ADB, 2007) described how the burden of medical costs when a household member becomes seriously ill can drastically reduce household income. Respondents who participated in focus group discussions reported that they save money in case of emergencies. It seems there is an unmet need for a savings facility for poor people that can help them in case of medical and other emergencies.

Another important coping strategy reported by respondents is investment in their social network, creating social capital which they can draw upon when it is their turn to need help. Seeking relief from family, friends, and neighbours is important for households affected by HIV and AIDS, underscoring the importance of eliminating stigma and discrimination.

9. Support to Orphans and Vulnerable Children and Adherence to Antiretroviral Therapy

KHANA, in partnership with Kasekor Thmey, provides psychosocial and medical support to households with OVC and PLHIV. Medicines are also provided to PLHIV households.



Table 20: Characteristics of Children Orphaned by AIDS

OVC (with and without Microfinance) N=57		PLHIV with Microfinance n=15	PLHIV without Microfinance N=15
Percent of orphaned children in the household			
• Male	40		
• Female	60		
Mean years orphaned	7		
Mean age (years)	12		
Percent received medical support, including medical care and/or medical care supplies, within the last 12 months	67		
Percent received school-related assistance, including school fees, within the last 12 months for children aged 5-17	21		
Percent received emotional/psychological support, including counselling from a trained counsellor and/or emotional/spiritual support or companionship within the last three months	53		
Percent received other social support, including socioeconomic support (e.g. clothing, extra food, financial support, shelter) and/or instrumental support (e.g. help with household work, training for caregivers, childcare, legal services) within the last three months	63		
Percent child's natural mother still alive	44		
Percent child's natural mother living in the household	37		
Percent child's natural father still alive	21		
Percent child's natural father living in the household	4		
Percent orphaned child attended school at any one time during this school year	53		
Percent receiving ART (of the 57 OVC, only 3 are HIV+)	5	73	87
Percent receiving ART medicines			
Monthly	67	55	15
Quarterly	33	18	62
Every 2 month	n/a	9	23
Twice a month	n/a	18	n/a
Percent taking ART regularly and consistently	100	100	85 Yes 15 No Reasons: Busy with farming Sell ARV to buy food
Percent taking medicine twice a day	100	100	100



During the last 12 months 67% of OVC have received medical support; 53% have received emotional and psychological support; and 63% have received other social support. Anti-retroviral therapy (ART) is provided to the small number of OVC who need it. It was reported that only 21% of households received school-related assistance, however it is not clear whether there was any causal relationship with the relatively low school attendance of this group, reported at 53%.

Among adults 73% in affected households with microfinance and 87% of those in affected households without microfinance were taking ART. Respondents were asked about adherence to ART. All those accessing microfinance were adhering to their anti-retroviral regime. However two women in the group who did not access microfinance reported not taking their medications. One cited the reason that she was too busy with agricultural work while the other had to sell her ART medications in order to buy food for her family.

10. Experiences of Stigma and Discrimination

While attitudinal research in Cambodia suggests that public attitudes to people living with HIV have become more positive, stigma and discrimination remain a significant issue (NAA, 2007). As part of this evaluation, respondents' experiences of stigma and discrimination were explored.

PLHIV without Microfinance

Twelve out of fifteen people surveyed reported experiencing stigma and discrimination, including:

- In the past she shared a well with her neighbours but now that they learned that she has HIV they never get water from it, they also built a fence and her children were teased by other children.
- Her relatives do not allow their children to play with her children.
- Her neighbours did not want to eat with her because they are afraid that might get infected.
- Neighbours do not want to share the well with her and she was ignored by her relatives.
- Neighbours talked about her and showed their disgust when they met her.
- Nobody wanted to buy goods or food from her so she decided to stop selling.
- She felt that people discriminate against her because they do not want to talk to her.
- A male respondent said people made him feel he is disgusting.

PLHIV with Microfinance

Six out of fifteen people surveyed reported experiencing stigma and discrimination, including:

- Two clients said they found it hard to sell vegetables and food because people stopped buying from them, knowing she is HIV+.
- Her neighbours looked down on her family, do not want to communicate with them and do not allow their children to play with her children.
- Three said that people talk about them behind their backs and do not want to talk to them
- One was deeply hurt when people said "You will die soon!"



Stigma and discrimination remain significant and damaging life experiences for PLHIV. As well as creating alienation, stress, loss of confidence and distress, the examples above illustrate that stigma and discrimination can severely limit PLHIV’s livelihoods options. For example, discrimination may discourage would-be entrepreneurs from engaging in otherwise viable IGAs. For example, food processing and preparation adds value to agricultural or fisheries products but some PLHIV are reluctant to initiate this IGA in case potential customers refuse to buy food from them. KHANA/KT could look at the experience of the Positive Partnership Program (PPP) in Thailand which is emerging as a promising model to contribute to the two distinct yet complementary goals of poverty alleviation through the provision of micro credit and reduction of stigma and discrimination against people living with HIV through the model of business partnerships between PLHIV and non-PLHIV microfinance clients.

11. Client Satisfaction

Client satisfaction with an institution’s products and services and how these are delivered is the key to client retention.

Table 21: Client Satisfaction with Features of the Project

Project Feature	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	%Non-HIV Affected with Microfinance n=30
Lower interest rate than other informal sources of credit (informal lenders)	37	-	-
Steady source of working capital	-	-	-
Group solidarity and/or group dynamics	3	-	-
Training or technical assistance	-	19	-
Other financial services, such as savings or insurance	7	3	-
Fast service, compared to banks or other sources	17	6	-
Easier guarantees than other loan alternatives	10	3	-



Project Feature	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	%Non-HIV Affected with Microfinance n=30
Others	26	69	100
<u>HIV Affected with Microfinance</u> Friendly/helpful/accommodating/good staff; Give gifts; Loan provision to poor/OVC Staff don't discriminate us; They provide loan even to people like us with HIV, not afraid that we will not be available to pay back the loan			
<u>HIV Affected without Microfinance</u> Food support/monthly donation; medicine and rice; help and care for them; loan without interest; helpful and friendly staff; grant has no interest rate; children's training and technical assistance monthly repayment			
<u>Non-HIV Affected with Microfinance</u> friendly, helpful, accommodating, staff; group leader very good; good relationship with staff, loan is amortized in small affordable amounts			

12. Client Dissatisfaction

Microfinance clients were also asked to identify aspects of the project that they were dissatisfied with. They identified a variety of issues, listed in table 22. There was no one issue that more than a small number of respondents were dissatisfied with, however interest rates were perceived as being too high by 10% of clients from HIV affected families and 13% of other clients. People who did not receive microfinance were asked about any aspects of other support from KHANA/KT that they were dissatisfied with and 13% felt that the grants of USD 30 made by KT for income generation activities were too low.



Table 22: Distribution of Respondents with Project Features They Dislike Most

	% HIV Affected with Microfinance n=30	% HIV Affected without Microfinance n=30	% Non-HIV Affected with Microfinance n=30
High interest rates or	10	3	13
Size of initial or subsequent loans too small	3	13	3
Loan cycle too long or too short	7	-	-
Problematic group dynamics (with leaders or at meetings)	-	-	7
Meeting frequency too often or meetings too long	-	-	-
Meeting place/office not convenient	-	-	3
Repayment policies (frequency, amount)	3	-	-
Guarantee policies	7	-	-
Others: specify	3 loan processing is too long (1 week), too many requirements	27 amount of loan is very high, do not provide money for her travel to undergo medication, food support not enough, irregular food distribution	10 group liability, group loan, I want to have USD 500 loan in balloon payment mode
Nothing	63	44	56
Don't know	3	13	13



13. Client Suggestions

Table 23: Client Suggestions for Improvement of the Project

HIV Affected with Microfinance n=30	HIV Affected without Microfinance n=30	Non-HIV Affected with Microfinance n=30
Continue providing and increase the food	Continue food support	
Flexible loan	Provide grant again to them; increase the amount	make it individual loan
Lower/maintain the interest rate/remove interest rate (make it 1%)	Support PLHIV and OVC forever and poor people	increase loan duration
Loan cycle should be 12 months instead of 10 months, continue giving loans to us and good service for PLHIV, make the loan term longer	Provide loan and lower the interest rate ; lower the initial loan size but with no interest	Maintain/lower/remove the interest rate
Remove guarantor; wants individual loan	regulate the date of food distribution	no guarantor
Shorten loan processing	provide school supplies for children's study	provision of 2-year loan
Should allow late payment	provide medicines on time	staff should be punctual
To help them forever	provide money for her travel to undergo medication	location of office should be nearer to her residence
VisionFund Cambodia should provide grant not loan	Want the KT staff to always visit them	

4 RECOMMENDATIONS

1. Pilot the project for another six months in a second area. With a greater concentration of HIV affected households for a more strategic and efficient intervention. There is a need to sustain the momentum of the positive effects of credit provision among HIV affected households. It is strongly recommended that the pilot continues in Tbuong Khmum, and that another pilot area be started in order to deepen the experience and apply the learning gained from the first pilot. Density of affected and infected households must be a major consideration in the choice of site, and care must be taken that some or all of the recommendations to improve outreach and staff knowledge and skills are in place before the second pilot is started. VisionFund Cambodia and KHANA should clarify a common definition of the target clients to avoid the current confusion in household classification. Mapping must be done first to ensure that there are enough prospective clients in the second area for microfinance to be provided efficiently.

2. Adequately prepare CSOs before assigning them to work on the pilot. The tension between sustainability and social responsibility causes a tension between the need to secure timely repayment and the need to be flexible and compassionate when clients face crises. Resolving this tension requires more skills than are usually expected of CSOs, who have previously focused mainly on the principles of microfinance. Previously held negative perceptions about the ability of PLHIV to meet financial obligations could lead to risk aversion on the part of the field staff to the detriment of HIV affected households. VisionFund Cambodia may consider strengthening the sensitization of staff who will deliver microfinance services to HIV affected clients. The focus should be on case studies from successful programs which have demonstrated that PLHIV are just as likely to make successful microfinance clients as others.

3. Gather Clients in one place at the same time for loan release and loan collection for efficiency. While delivering financial services to people at home was much appreciated, this was also time-consuming and prevented VisionFund Cambodia from reaching more prospective clients. VisionFund Cambodia may consider arranging a common repayment and loan release time and location for clients in future. These regular gatherings could also be an opportunity for the VisionFund Cambodia team to deliver other non-financial services such as business and financial management advice and for KT to provide health promotion or positive prevention activities. It would also be an entry point to develop social capital and solidarity between clients which can reinforce their confidence and motivation. This effect has been observed among clients of CARD Philippines and TYM in Vietnam, among others. Meetings would also be a forum to share the experiences of successful PLHIV and OVC clients, whose stories can inspire others who are still struggling to make microfinance work in their lives.

4. Continue the practice of allowing a family member with regular income and living with prospective client to serve as guarantor as a last option. Guarantors are necessary to manage the risk of non-payment, an essential component of sustainable microfinance operation. However, requiring that the guarantor NOT be a member living in the same household has severely limited the access of many PLHIV and OVC to VisionFund Cambodia loans at the beginning of the pilot. In reality, resources within households are fungible, and clients will use loan funds for a variety of purposes. The income that supports loan repayments may have nothing to do with the intended use of the loan, as evidenced by perfect repayment even for those households whose IGAs are long-gestating, such as pig raising or vegetable cultivation. The almost perfect repayment performance suggests that both groups (HIV affected and non-affected house-

holds) have other income streams that help them cope with repayments. The IGA is embedded in the household economy and represents only one of the household's production, consumption, and investment activities. Recognizing this reality, VisionFund Cambodia should continue accepting as guarantor a member of the household who earns an income as a last option when neighbours, relatives or village leaders refuse or are unable to act as guarantor to a prospective borrower.

5. Improve monitoring of pilot to distil learning. While KHANA Program Management Officers conducted regular monitoring every quarter and prepared Technical Support Visit reports, monitoring mechanisms were not working as effectively as expected. VisionFund Cambodia and KHANA may consider improving monitoring mechanisms to make the observations more substantial, with clear indicators and benchmarks and not merely focused on the financial performance. For this purpose, VisionFund Cambodia and KHANA should consider adapting a new format for monitoring forms. Those used by the Green Future Fund, a microfinance project of Counterpart International Vietnam and the Social Performance Management project of impact are attached and could possibly be adapted (Annexes 8a, b, c, d).

In addition, it would be useful to measure whether the project increased the integration of people living with HIV into the community and contributed to reducing stigma-induced isolation. UNAIDS has designed an instrument that contains a series of questions intended to gauge community members' knowledge about HIV transmission and attitudes towards PLHIV that may be administered at start and end of pilot to track changes in behaviour (Annex 8e).

It would also be helpful to carry out exit surveys in order to find out the reasons why clients are leaving.

6. Insert a field in the MIS for easy classification of pilot clients. In product development, it is important to ensure that the MFI's system can accommodate the information requirements of the new or improved product or service. Since the loan portfolio is most often the MFI's largest asset and, therefore, its main revenue-generating asset, ensuring accurate and timely reporting of the portfolio is crucial to the financial management of an MFI. Specifically, it is important to determine the following:

- a) What financial calculations and tracking reports does the system need to generate and deliver the product or service?
- b) Can the system produce the information presently?
- c) Does the system have to be modified to produce the information?

Currently the VisionFund Cambodia headquarters has to manually disaggregate information on the pilot clients from the branch report. If the pilot is rolled out, VisionFund Cambodia should consider inserting an additional field in its MIS to identify HIV affected clients.

7. Strengthen cross learning between KT and VisionFund Cambodia staff on best practices in microfinance and HIV and AIDS programs. Both VisionFund Cambodia and KT Teams are enthusiastic about their partnership, as it provides both their organizations an opportunity to better serve their clients. Anecdotal stories were told of the positive effects of loans on borrower households, especially of PLHIV's and OVCs' improved outlook. While the pilot undoubtedly has gone through its birth pangs, both agree that

implementation is “getting better than before”. However, a better understanding of microfinance principles must be provided to KT Team, who candidly admitted that “when it comes to microfinance, we know very little!” Similarly, VisionFund Cambodia management and staff need a deeper understanding of HIV and AIDS as they recognize that strong self-motivation and special skills are essential in working with HIV affected clients. Immersion, which would be more focused than a study tour, in successful microfinance projects involving non-HIV affected and HIV affected OVC clients for both teams is also strongly suggested. Possible projects to visit include Positive Partnerships Program in Thailand or Thaneakea Phum in Cambodia. There should be debriefing on learning to identify what aspects of the visited program can be adapted for the pilot.

8. Institutionalize regular monthly meeting between members of KT and VisionFund Cambodia pilot teams. Presently, members of the pilot team only meet accidentally in the villages, and deeper discussion of how pilot implementation can be strengthened is lacking. Clients’ concerns should always be the priority and how to resolve these must be mutually agreed by KT and VisionFund Cambodia in order to avoid giving conflicting signals to the clients. For instance, KT staff would want more leniency regarding on-time repayment when the affected household encounters a crisis while VisionFund Cambodia staff, bound by its policy of zero tolerance of late repayment, would want payment on the scheduled date. If these conflicting priorities are better understood by both parties it should be easier to resolve a course of action and communicate a clear message to clients. Meetings should take the form of ‘case conferences’ dealing with clients and families holistically from the perspective of both agencies. While the two agencies have different perspectives, this would enable them to negotiate a strategy for each problematic case together in order to provide complementary support but give a consistent message.

9. Provide Credit Plus. In order to help HIV affected households improve their situation, the mere provision of loans is not enough. Micro-enterprise services which incorporate both microfinance and business development services are crucial tools for economic empowerment and reducing vulnerability to poverty. The income and savings that micro-enterprise services aim to strengthen at the household level can play a significant role in mitigating the impact of HIV and AIDS.³

10. Draw from lessons of other micro enterprise and microfinance initiatives for HIV affected people and communicate these to fieldworkers. KHANA and VisionFund Cambodia management may also consider cascading the lessons from other micro enterprise development initiatives (Box 1) to field staff.

³ Jill Donahue. “Understanding Economic Strengthening in an HIV and AIDS Context”. Paper presented during the Town Hall Meeting on Economic Strengthening of Household and Community Safety Nets to Mitigate the Impacts of AIDS. November 21, 2000. Washington D.C.

11. Enhance culture of listening to clients to become more responsive to clients' needs and preferences.

By providing loans for livelihoods, VisionFund Cambodia has been giving opportunities for enterprising HIV affected household members to be self-employed, being able to fund small investments necessary to operate or start an income generating activity. This study has shown that access to microfinance brings about increases in income and savings, and improvement in diet and children's school attendance. These effects are more likely to become long lasting changes in the lives of clients if continued access to an integrated program of microfinance and health, as embodied by this pilot, is ensured. Client satisfaction with its products and how these are delivered are key to client retention. Hence the need to listen and heed clients' voices.

12. There is scope for the development of innovative products such as multipurpose loans, Educational loans and Health Savings Accounts. VisionFund Cambodia and KHANA may consider taking a more active advocacy role for the a regulatory environment that would allow collection of small savings from clients, even as small savings balances can provide a safety net for the poor to cope with expenses for medicines and health treatments and other emergencies.



5 CONCLUSION

While it is too early to identify the longer-term impact of the pilot on the clients, the survey results showed evidence of increased income and savings among respondents accessing VisionFund Cambodia loans. Improvements in household welfare such as food security and housing conditions were also reported. The caring attitude of both KT and VisionFund Cambodia staff are highly appreciated, bringing to the fore the need for intensive training (KT on microfinance basic principles; VisionFund Cambodia on HIV and AIDS) for new staff to be assigned to microfinance project targeting HIV affected households.

However, the movement out of poverty can be made faster if clients are able to profitably use higher loans. As it is, bottlenecks to such movement are: they are engaged in small projects that could not possibly generate sufficient income to meet the repayment of a large loan; limited sources of income for repayment, such as income only from farming, or a precarious family economic situation; some of the very common loan activities, such as fishing, are very seasonal; and limited commercial opportunities on account of the mostly rural inaccessible communities where the clients are residing, where markets are very undeveloped, demand is limited and transport costs are high. KHANA/ VisionFund Cambodia is encouraged to provide resources to look at the sub sector approach as this may facilitate the development of alternative sources of income to the target groups. As defined by Holtzman (2002), "sub sector is a vertically linked chain of production, marketing and transformation activities that move an agricultural commodity from the field to final distribution to consumers. Value is added as commodities move and is productively transformed across sub sector stages, which are each separate industries."

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ANNEX 1

The KHANA/VisionFund Cambodia Loan Product Prototype

PRODUCT ATTRIBUTES	
Loan use	Multiple Use <ul style="list-style-type: none"> • Agriculture • Small trading • Production • Service
Amount	From 1 USD to 250 USD
Eligibility criteria	<ul style="list-style-type: none"> • age 18 to 65 years • introduced by KHANA NGO Partner KT • Poor (based on poverty score) • With existing business or would like to start a new business • With family guarantor (if without, relatives or friends living within the area is allowed)
Collateral	None (group guarantee or family guarantor)
Price (interest rate)	2%
Loan term	Up to 12 months (flexible)
Repayment frequency	Monthly; Declining method; monthly payment of interest but capital payment could be monthly, every two months or quarterly depending on the ability/capacity of the client.
Savings	None (As per NBC policy, MFIs are not allowed to mobilize savings)
Loan processing time	<ol style="list-style-type: none"> 1. Collect name list from KHANA 2. Program Promotion (either for the group in the name list or could be with regular prospective clients) 3. Client Orientation on detailed VisionFund Cambodia products and policies Fill-up of Loan Application 4. Loan Assessment – <ol style="list-style-type: none"> a. CSO do home visit to check information about the client, its family, business, guarantor, the authorities and do poverty scoring. b. CSO endorse to Sub-branch manager to do the validation 5. Loan Approval by SPM and then loan release <ul style="list-style-type: none"> - Average processing period is 2-3 days - Loan release can be the same day as the SPM loan validation
Waiting time between loans	None
Resting period between loans	No time limit; as a client is only their client when it has loan ?
Monthly cluster meetings	For repayment collection with some agenda from CSO such as financial education, lecture on family, role, child rights, business concept, etc. CSO agenda only takes 10-20 minutes.
Pre-membership training	None, general orientation only
Client Training	None, only the lectures provided during monthly meeting
Study tours	<p>Monthly meeting between KT and VisionFund team:</p> <ul style="list-style-type: none"> • Orientation on how MF works with clients; • Open forum: problems and how to resolve • Sharing of targets and achievements • Quarterly visit of KHANA and VisionFund HO in the field
Incentive/award for outstanding clients	<p>Clients with positive impact (successful in business):</p> <ul style="list-style-type: none"> • scholarship for their children (USD100/year/child) thru competition bigger amount of succeeding loan

ANNEX 2

Terms of Reference for the evaluation of the pilot project

1. HIV/AIDS and Socio-economic Status

HIV/AIDS affects the socio-economic status and social welfare of individuals, families and communities. Households where one or more persons suffers from prolonged HIV and AIDS related illness experience a decline in income as a sick adult is unable to work, healthy adults become caregivers and there is an increase in household spending on medical care. Households handle economic stress in different ways depending on their initial resource bases. Strategies include increased use of income, forced liquidation of savings, reduction in food consumption, borrowing from formal and informal sources and cutting back on non essential expenses. In the last resort families are forced to sell household assets. Without appropriate economic and social development interventions, people and families can become destitute.

Improving the socio-economic status of PLHIV/OVC contributes to the NSPII which aims to alleviate the socio-economic and human impact of AIDS on individuals, families, community and society.

2. KHANA Background

Khmer HIV and AIDS NGO Alliance (KHANA) is one of Cambodia's leading non-governmental organizations (NGOs) working on HIV and AIDS. KHANA's mission focuses on contributing to the development, health and well being of communities through reducing vulnerability and mitigating the impact of HIV and AIDS by improving the coverage and quality of community response to HIV and AIDS; building the capacity of civil society; fostering policy dialogues and strengthening strategic alliances. KHANA began working in 1997 as the Cambodia country program of the International HIV and AIDS Alliance, which remains KHANA's main international counterpart. KHANA receives support from the Alliance and a range of donors including USAID, Global Fund and EC and in turn provides management, technical and financial support to local NGOs/CBO throughout Cambodia. As of September 2007, KHANA is supporting 63 NGOs/CBO and networks to implement 111 projects. KHANA supports the mobilization and capacity building of civil society to engage in prevention, care and support and advocacy and contributes to the broader national response.

3. Project Description

In 2006 Khana carried out due diligence studies and interviews/discussions with some Microfinance Institutions in order to identify a potential partner to pilot microfinance activities with HIV and AIDS affected families. VisionFund Cambodia, a prominent licensed MFI was selected as the partner for the first ever microfinance partnership project targeting affected families in Cambodia.

Following market research jointly conducted by staff of VisionFund Cambodia and KHANA in Tbuong Khmum district Kampong Cham province with HIV and AIDS affected families, loan products were designed for, and the one year pilot started in Dec 2006.

The project goal is:

To establish a foundation for innovative and sustainable integrated financial services for individuals and families with HIV and AIDS

This pilot built on KHANA's previous experience in providing small grants through partners for income-generation to affected families alongside home-based care services. Up to September 2007 KHANA had provided 2,224 such grants to PLHIV and OVC families. However, the grant size of approximately USD 30 limited the scale of enterprise they could undertake. This pilot project offers the opportunity to explore the viability and effectiveness of offering larger capital loans.

4. Assignment

Anecdotal evidence from site visits suggests that financial services provided under the pilot have had a positive impact on the situation of participating households. The purpose of this evaluation is to measure the impact of the pilot, to identify the lessons learnt and challenges, and to make recommendations about future roll-out of the intervention. As this is a pilot project, identifying best practices that could be more widely used by KHANA, VisionFund Cambodia or other agencies in Cambodia is one of the expected outcomes of the project.

4.1 Objectives

- To evaluate the current status of the pilot project of micro-credit of VisionFund Cambodia in terms of strengths, weaknesses, opportunities and threats
- To measure significant output, outcome and impacts of microfinance project on the families who have received loans
- To document lessons learnt and good practice programming in providing microfinance services to HIV and AIDS affected poor households members in Cambodia
- To assess and evaluate the business risk involved PLHIV and OVC clients in comparison to the risk averse clients that not PLHIV related
- To make appropriate recommendations to the VisionFund Cambodia and KHANA for future microfinance services to affected households, with particular reference to the poorest households.
- To make recommendations to VisionFund Cambodia about how to roll-out microfinance services for poor HIV and AIDS affected households to other operational areas.

4.2 Key tasks and responsibilities of consultant

In order to achieve the assigned objectives, the consultant will be based at KHANA's office and will work closely with Strategic Information Department particularly with the Research Coordinator to help to build their technical skills in relevant evaluation approaches and documentation of lessons learnt and good practices. The consultant is expected also to work with Research Coordinator to produce guidelines in documenting good practices in HIV and AIDS programming which include of practical approaches, methods and models.

4.3 Methodology and Timeline

It is expected that the preparation of tools, fieldwork, analysis and writing up will take approximately 21 days. The findings of the evaluation are expected to be available by early April.

4.4 Outputs

The findings of the evaluation should be presented in a report, which should include the following:

- Assessment of the impact of the pilot project on families, including:
 - Food security and nutrition (consumed food groups, protein, and oil)
 - OI and ARV treatment adherence
 - School attendance
 - Clients' relationships with other villagers including stigma discrimination
 - Business and household assets
 - Household savings
 - Household stability and self-reliance
- Lessons learned from the pilot project and identification of good practices for microfinance services for affected families
- Business risk assessment of target groups PLHIV/OVC versus non-PLHIV/OVC and provide proper recommendations for future projects
- Concrete recommendations to VisionFund Cambodia and KHANA for future microfinance services to affected households, with particular reference to the poorest households.

- Concrete recommendations to KHANA and VisionFund Cambodia about how to roll out microfinance services for poor HIV and AIDS affected households to other operational areas.

Date and duration of Consultancy

The following are the agreed of consultancy working days

No	Main Activities	Duration (day/s)	Expected date	Location
1.	Protocol and evaluation tools development	2	2-3 Mar	KHANA
2.	Organize training for data collectors	1	12 Mar	KHANA-Purple Room
3.	Pretest	1	13 Mar	Takeo
4.	Revise research tools	1	14 Mar	KHANA
5.	Supervision of the field works (data collection):	4	17-20 Mar	Kampong Cham
6.	Coding and supervision for data entry	3	22-24 Mar	KHANA
7.	Analyzing and writing report	5	26-30 Mar	KHANA
8.	First draft presentation	1	1 Apr	KHANA
9.	Final revision	2	2-3 Apr	
10.	Second Presentation at the National AIDS Conference	1		
	Total	21 days		

Expected Output from consultant

The Consultant under contract will produce a final evaluation report which will be submitted as a first draft and presented to the Khana Senior Management Team members for comments on 1st April, 2008. The final report will be submitted on or before April 7, 2008 and will make a second presentation during the National AIDS Conference.

ANNEX 3

Training Plan

Training Contents and Purpose

WHAT	WHAT FOR: Achievement- Based Objectives What participants will DO with the content
	By the end of the two days, participants will have...
Using the Survey Questionnaire	Identified examples of informational needs that can be met by surveys conducted with clients
Steps in Conducting a Survey	Proposed what might happen in any of the steps of conducting a survey that would contribute to inaccurate results and possible solutions. Assessed whether the goals, indicators and questions in the survey answers the research objectives.
Critical Role of the Interviewer	Contrasted how the tone set by interviewer can either encourage or undermine the quality and accuracy of clients' responses. Contrasted how the probing techniques used by the interviewer can either encourage or undermine the quality and accuracy of clients' responses.
Practicing the Survey (including field practical)	Interviewed fellow staff and clients using the survey. Provided feedback to others on good survey interview technique. Mastered how to conduct the Main Survey including how to 1) read the questions exactly as written, 2) probe 3) record and categorize responses and 4) check for completeness.
Sampling	Experienced the bias of non-random sampling. Practiced simple random selection of samples from sample population
Using a Focus Group Discussion	Identified examples of informational needs that can be met by FGD clients.

Training Schedule

DAY 1: March 12, 2008, Wednesday Introduction and Interview Techniques		
Time	Activity	Facilitator
8:00-8:30 am	Welcome Remarks	Sovannary
	Self-Introduction of Participants (Getting to Know)	Mharra
8:30-9:30 am	Session 1: Overview of Training Objectives & Schedule	Rose
	Session 2: Background on KHANA/VisionFund Cambodia Pilot Project	Sovannary and Vision-Fund Cambodia Staff
9:30-9:45 am	Break	
9:45-10:45 am	Session 3: Using a Survey Questionnaire – What is it and Steps in Conducting a Survey	Annie

DAY 1: March 12, 2008, Wednesday
Introduction and Interview Techniques

Time	Activity	Facilitator
10:45- 12:00 am	Session 4: Review of the Survey Questionnaire	CARD Team
12:00-2:00 pm	Lunch Break	
2:00-2:30 pm	Session 5: Interview Process and Critical Role of the Interviewer	Mharra
2:30-5:00 pm	Session 6: Practicing Survey (in classroom) Practicing the survey in pairs (interviewer, respondent) Demonstrating the survey in pairs (feedback from the group) Troubleshooting possible problems/concerns	CARD Team

DAY 2: March 13, 2008, Thursday: Survey Field Practical

Time	Activity	Facilitator
7:00-7:30 am	Travel to Site	CARD Team/KHANA
7:30-8:00 am	Meeting with Home Based Care People and VFC staff	
8:30-10:30 am	Practice Interview with Clients	CARD Team/KHANA
10:30-11:00 am	Travel Back to KHANA	
11:00-12:00 am	Session 7: Feedback Session on Field Practical	Mharra
12:00-2:00 pm	Lunch Break	
2:00-3:30pm	Session 8: Questionnaire Refinement	CARD Team/KHANA
3:30-3:45 pm	Break	
3:45-5:00 pm	Session 9: Practice Simple Random Sampling	Annie

DAY 3: March 14, 2008, Friday

8:00-12:00	Session 10: Making a Schedule and Plan for Data Collection Preparation of Individual Plan Distribution of Materials	CARD Team/KHANA
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ANNEX 4a

HIV Affected with microfinance

ក្រុមគ្រួសារអ្នករស់នៅជាមួយមេរោគអេដស៍ និង កុមារកំព្រា និងងាយរងគ្រោះ ដែលប្រើសេវាមីក្រូឥណទាន
SURVEY FOR HIV AFFECTED WITH MICROFINANCE

លេខសំគាល់ នៃការធ្វើអង្កេត Survey Identification Number

[_____]

ការសម្ភាសន៍ត្រូវបានត្រួតពិនិត្យដោយ Survey reviewed by : ទិន្នន័យត្រូវបានបញ្ចូលទៅក្នុងកុំព្យូទ័រដោយ Data entered on computer by :

ការធ្វើអង្កេតចម្រង Main Survey

ឈ្មោះអ្នកត្រូវបានសម្ភាសន៍ Respondent name:

ភូមិ Village:

ឈ្មោះអ្នកសម្ភាសន៍ Name of interviewer:

កាលបរិច្ឆេទនៃការសម្ភាសន៍ Date of interview :

(mm/dd/yy) ____/____/____

ព័ត៌មានអ្នកគេសម្ភាសន៍ : (បំពេញតាមកំណត់ត្រារបស់កម្មវិធី បើអាចទៅរួច រឺសួរផ្ទាល់) Client information only: (Complete from program records, when possible, or by asking client.)

អ្នកខ្ចីជាក្រុម Group borrower : [__]

អ្នកខ្ចីជាបុគ្គល Individual borrower : [__]

ចំនួនខែសរុបក្នុងកម្មវិធី Total months in program :

[_____]

ចំនួនប្រាក់សន្សំបច្ចុប្បន្នជាមួយកម្មវិធី Current savings amount (Riels) :

[_____]

ចំនួនដងដែលអតិថិជនបានខ្ចី No. of loans client has taken :

[_____]

តើការសងប្រាក់របស់អតិថិជនមានការយឺតយ៉ាវរឺទេ? (គូសរង្វង់)

Is client behind in repayments? (circle) :

យឺតយ៉ាវ / ទាន់ពេល

Y / N

ចំនួនប្រាក់កំរើលើកដំបូង Amount of 1st loan (Riels) :

[_____]

ចំនួនប្រាក់កំរើបច្ចុប្បន្ន Amount of current loan (Riels) :

[_____]

ចំនួនប្រាក់កំរើសរុបដែលអតិថិជនបានខ្ចី Cumulative value of all loans taken :

[_____]

ការណែនាំ និងការយល់ព្រម Introduction and Consent

ការសម្តែងការគួរសម ។

សូមជំរាបសួរ

ខ្ញុំឈ្មោះ _____ មកពីអង្គការខាណា។ យើងខ្ញុំ កំពុងធ្វើអង្កេតមួយ ដើម្បីចង់ដឹងពីប្រសិទ្ធភាព នៃសេវាដែលទាក់ទងនឹងហិរញ្ញវត្ថុ មិនហិរញ្ញវត្ថុ ដែលបានផ្តល់ដល់អតិថិជនទាំងឡាយ ។ អ្នកត្រូវបានគេជ្រើសរើសចេញពីបញ្ជីសមាជិក ក្នុងសាខានេះ ដើម្បីធ្វើការអង្កេតនេះ ។ ព័ត៌មានដែលអ្នកនឹងផ្តល់អោយ នឹងជួយដល់អង្គការខាណា/VFC ក្នុងការរៀបចំគំរោង ដើម្បីធ្វើអោយសេវាដែលកំពុងដំណើរការមានភាពប្រសើរឡើង ។ ការធ្វើអង្កេតនេះ នឹងត្រូវចំណាយពេលប្រហែលជា __៦០__ នាទី ដើម្បីបំពេញ ។ រាល់ព័ត៌មានដែលអ្នកផ្តល់អោយ នឹងត្រូវបានរក្សាជាការសម្ងាត់ ។

អ្នកដែលចូលរួមក្នុងការធ្វើអង្កេតនេះ មានលក្ខណៈជាការស្ម័គ្រចិត្ត ។ ទោះបីជាយ៉ាងណាក៏ដោយ ក៏យើងសង្ឃឹមថាអ្នកនឹងចូលរួមក្នុង ការធ្វើអង្កេតនេះ ព្រោះថាមតិយោបល់របស់អ្នកមានសារៈសំខាន់ណាស់ ។ តើអ្នកនឹងសុខចិត្តអោយគេធ្វើការសម្ភាសន៍ដែររឺទេ?

Greetings.
How do you do?

I am _____ from KHANA. We are conducting a survey because KHANA/VFC is interested to know the effects of the financial and non-financial services they provided to its clients. From the members in your branch, you were selected for this survey. The information you will give us will help KHANA/VFC to plan and improve its existing services. The survey will approximately take __60__ minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other people.

Participation in this survey is voluntary. However, we hope that you will participate in this survey because your views are important. Are you willing to be interviewed?

ផ្នែកបុគ្គល : ព័ត៌មានជាមូលដ្ឋាន Individual Level: Basic Information

1. តើអ្នកក្លាយជាសមាជិករបស់អង្គការខាណា/VFC អស់រយៈពេលប៉ុន្មានហើយ? (សូមរើសយកលេខរៀងណាមួយនៃចំណើយខាងក្រោម រួចបំពេញក្នុងចន្លោះនៅផ្នែកខាងចុង) How long have you been a member of KHANA/VFC? (Write number of information that matches client status.)

- ១. ប្រហែលជា ៦ខែ ២. ប្រហែលជា ១ឆ្នាំ
- 1 = About 6 months 2 = About 1 year

2. ភេទអ្នកឆ្លើយ Gender of respondent

- ១. ប្រុស ២. ស្រី
- 1 = Male 2 = Female

3. តើអ្នកមានអាយុប៉ុន្មាន? How old are you?

- បញ្ជាក់ចំនួនឆ្នាំ ៩៩ = មិនដឹង
- Specify number of years 99 = Don't know

4. តើបច្ចុប្បន្ននេះស្ថានភាពអាពាហ៍ពិពាហ៍អ្នកយ៉ាងដូចម្តេច? (អានចំណើយ ហើយជ្រើសរើសមួយនៅក្នុងចំណោមខាងក្រោម) Currently, are you ...? (Read answers. Enter only one among the choices.)

- ១. រៀបការហើយ ៣. មេម៉ាយ/ពោះម៉ាយ
- 1 = Married/free union 3 = Widowed
- ២. លែងលះ ៤. នៅលិវ៍
- 2 = Separated/divorced 4 = Single/never married

5. តើរយៈពេលប៉ុន្មានឆ្នាំដែលការសិក្សារបស់អ្នកបានបញ្ចប់? How many years of school have you completed?

បញ្ជាក់ចំនួនឆ្នាំ ៩៩ = មិនដឹង
Specify number of years 99 = Don't know

ថ្នាក់គ្រួសារ : ព័ត៌មានមូលដ្ឋាន Household Level: Basic Information

6. តើសមាជិក ដែលរស់នៅក្នុងផ្ទះអ្នកមានប៉ុន្មាននាក់? (គិតតាំងពីអ្នកដែលទទួលបានអាហារយ៉ាងតិចមួយពេលក្នុងមួយថ្ងៃ) How many persons in your household—those who live together and share the same food at least once in a day—are...

ចំនួន (នាក់) Number of persons³

ពេញវ័យ (អាយុយ៉ាងតិច ១៨ឆ្នាំ)
Adults—18 years of age or older

កុមារ (អាយុតិចជាង ១៨ឆ្នាំ)
Children—17 years of age or younger

7. តើមានសមាជិកប៉ុន្មាននាក់ក្នុងគ្រួសារនេះ ដែលកំពុងធ្វើការ? (ការងារទាំឡាយដែលអាចរកចំនូលបាន)
How many persons in your household are working—engaged in work that earns income or products?

ចំនួនសមាជិកសកម្ម
Number of economically active

7.1. តើមានសមាជិកប៉ុន្មាននាក់ក្នុងគ្រួសារនេះ ដែលមានមុខរបរ រកចំនូលបានទៀងទាត់?
How many persons in your household have a job that earns them a regular income?

ចំនួនអ្នកធ្វើការទទួលបានប្រាក់ខែ
Number of salaried workers

8. តើនរណាជាមេគ្រួសារ នៅក្នុងផ្ទះនេះ? (អ្នកដែលមានសិទ្ធិសំរេចចិត្តធំជាងគេ)
Who is the head of your household—the person who is the principal decision-maker?

១. ខ្លួនឯង
1 = Self

២. សាច់ញាតិជាបុរស (ប្តី ឪពុក បងប្រុស ប្អូនប្រុស ពូជីតា ឪពុកក្មេក បងប្រុសក្មេក ប្អូនប្រុសក្មេក)
2 = Male relative (husband, father, brother, uncle, grandfather, father-in-law, brother-in-law)

៣. សាច់ញាតិជានារី (ម្តាយ បងស្រី ប្អូនស្រី មីង ជីដូន ម្តាយក្មេក)
3 = Female relative (mother, sister, aunt, grandmother, mother-in-law)

កំរិតអប់រំរបស់កូន Education of Children

9. តើមានកុមារប៉ុន្មាននាក់ នៅក្នុងផ្ទះរបស់អ្នកដែលមានអាយុចូលរៀន? (ពីអាយុ ៥ឆ្នាំ ទៅដល់ ១៧ឆ្នាំ)
 How many children in your household are school-aged (5-17 years of age)?

ចំនួនកុមារដែលមានអាយុចូលរៀន(បើ 0 សូមបន្តទៅសំណួរទី៩.៣)
 Total number of school-aged children (if 0 go to #9.3)

9.1. តើមានប៉ុន្មាននាក់ ក្នុងចំណោមកុមារទាំងនោះ ដែលកំពុងរៀននៅសាលា?
 How many of these children currently attend school?

ចំនួនកុមារដែលកំពុងរៀន
 Total number in school

9.2. តើមានប៉ុន្មាននាក់ ក្នុងចំណោមកុមារទាំងនោះ ដែលមិនដែលចូលរៀននៅសាលា?
 How many of these children have never attended school?

ចំនួនកុមារដែលមិនដែលចូល
 រៀន Total number never in
 school

9.3. ក្នុងចំណោមកូនទាំងអស់ តើពួកគេរៀនខ្ពស់បំផុត បានថ្នាក់ទីប៉ុន្មាន?
 What is the highest grade level that any of your children has completed?

កំរិតខ្ពស់បំផុតដែលបានរៀន
 Highest grade in terms of
 number of years in school

**10. តើការចំណាយលើការរៀនសូត្ររបស់កុមារទាំងនោះក្នុងឆ្នាំនេះមានលក្ខណៈយ៉ាងណា បើប្រៀបធៀបជាមួយការចំណាយ
 ក្នុងឆ្នាំមុន? How does the amount your household spent on school and school expenses for this current school
 year compare to what you spent last school year? Did the amount... (Read answers and enter response.)**

- | | | | | | |
|--------------------------------|---------------------------------|-----------------------------------|----------------------------------|---------------------------------|-------------------------------------|
| ១. ថយចុះ
យ៉ាងខ្លាំង | ២. ថយចុះ
2 =Decreased | ៣. មិនមានការ
ប្រែប្រួល | ៤. កើនឡើង
4 =Increased | ៥. កើនឡើង
យ៉ាងខ្លាំង | ៩៩. មិនដឹង
99 =Don't know |
| 1 =Decreased
greatly | | 3 =Stayed
the ame | | 5 =Increased
greatly | |

10.1. បើថយចុះ រឺ កើនឡើង តើមកពីមូលហេតុអ្វី? If increase/decrease, why?

.....

.....

.....

*តារាងនេះ សំរាប់តែគ្រួសារកុមារកំព្រា និងងាយរងគ្រោះ

*This table is only for OVC Family (Question # 11 and 12)

11. ការគាំទ្រ សំរាប់កុមារកំព្រា និងងាយរងគ្រោះ Support for OVC					
ចំនួនកុមារកំព្រា និងងាយរងគ្រោះ OVC Number	កុមារទី ១ OVC 1	កុមារទី ២ OVC 2	កុមារទី ៣ OVC 3	កុមារទី ៤ OVC 4	កុមារទី ៥ OVC 5
11.1. អាយុ Age					
11.2. ភេទ Gender					
11.3. តើពួកគេបានក្លាយជាកុមារកំព្រាអស់រយៈពេលប៉ុន្មានខែហើយ? How long have they been an orphan (in months)					
ប្រសិនបើមានខាងក្រោមពិត សូមបំពេញក្នុងប្រអប់អោយបានសមរម្យ: Please ENTER CODE IN appropriate box: ១. ពិត 1=YES ០. មិនពិត 0=NO					
11.4. ត្រូវបានគ្រួសារនេះបានទទួលនូវការគាំទ្រផ្នែកសុខភាព ដែលរួមទាំងការថែទាំ និងការផ្គត់ផ្គង់ថ្នាំពេទ្យ រឺទេក្នុងរយៈពេល ១២ខែចុងក្រោយនេះ? Has this household received medical support, including medical care and/or medical care supplies, within the last 12 months?					
11.5. តើត្រូវបានគ្រួសារនេះបានទទួលនូវជំនួយដែលទាក់ទងនឹងការចូលរៀន ដែលរួមទាំងការចំណាយលើការចូលរៀន រឺទេក្នុងរយៈពេល ១២ខែចុងក្រោយនេះ? (សំរាប់តែកុមារអាយុពី ៥ឆ្នាំ ដល់១៧ឆ្នាំតែប៉ុណ្ណោះ) Has this household received school-related assistance, including school fees, within the last 12 months? (This question is to be asked only of children aged 5–17.)					
11.6. តើត្រូវបានគ្រួសារនេះបានទទួលនូវការគាំទ្រផ្នែកចិត្តសាស្ត្រ/ ផ្នែកអារម្មណ៍ ដែលរួមទាំងការប្រឹក្សាជាមួយទីប្រឹក្សាដែលបានចូលរៀនបំប៉នត្រឹមត្រូវ រឺទេក្នុងរយៈពេល ៣ខែចុងក្រោយនេះ? Has this household received emotional/psychological support, including counseling from a trained counselor and/or emotional/ spiritual support or companionship within the last three months?					

11.7. តើក្រុមគ្រួសារនេះបានទទួលនូវការគាំទ្រផ្នែកសង្គម ផ្សេងទៀតដែលរួមទាំងការគាំទ្រផ្នែកសេដ្ឋកិច្ចសង្គម (ដូចជាការគាំទ្រផ្នែកហិរញ្ញវត្ថុ អាហារសំប្លែកបំពាក់ និងជីវិត) និងការគាំទ្រផ្នែកសម្ភារៈ (ដូចជា ដើម្បីជួយដល់ការងារផ្ទះសំបែង ការបំពាក់បំប៉នដល់អ្នកថែរក្សា តំហែរក្សាកុមារ និងសេវាស្របច្បាប់ផ្សេងៗ) រឺទេក្នុងរយៈពេល៣ខែចុងក្រោយនេះ?
 Has this household received other social support, including socio-economic support (e.g. clothing, extra food, financial support, shelter) and/or instrumental support (e.g. help with household work, training for caregivers, childcare, legal services) within the last three months?

១២. កុមារកំព្រោះ: ការចូលសាលា Orphans: School Attendance

- 12.1. តើម្តាយបង្កើតរបស់កុមារនេះនៅរស់ដែររឺទេ? Is this child's natural mother still alive?
- 12.2. បើម្តាយរបស់កុមារនេះនៅរស់ តើគាត់រស់នៅក្នុងផ្ទះនេះ ដែររឺទេ? If yes, does she live in the household?
- 12.3. តើឪពុកបង្កើតរបស់កុមារនេះនៅរស់ដែររឺទេ? Is this child's natural father still alive?
- 12.4. បើឪពុករបស់កុមារនេះនៅរស់ តើគាត់រស់នៅក្នុងផ្ទះ នេះដែររឺទេ? If yes, does he live in the household?
- 12.5. តើកុមារនេះ បានចូលរៀនពេលណាមួយកំឡុងពេលឆ្នាំសិក្សានេះឬទេ?
 Did this child attend school at any one time during this school year?

ការប្រើប្រាស់ប្រាក់កម្ចី និងប្រាក់ចំណូលរបស់បុគ្គលម្នាក់ៗ Loan Use and Individual Income

13. តើអ្នកបានយកប្រាក់ដែលបានខ្ចីពី VFC/ អង្គការខាណា ទៅវិនិយោគក្នុងសកម្មភាពបង្កើនប្រាក់ចំណូលឬទេ?
 Did you invest any of the last loan you took from KHANA/VFC into an income-generating activity?

១. បាទ/ចា 0. ទេ ៩៩. មិនដឹង
 1=yes 0=No 99 = Don't know

13.1. តើអ្នកវិនិយោគប្រាក់កម្ចីទាំងនោះទៅលើផ្នែកអ្វី? (កុំអានចម្លើយអាចមានច្រើន)
 How did you invest the last loan you took from KHANA/VFC? (Do not read. Multiple answers possible.)

<p>១. ពាណិជ្ជកម្ម/ជំនួញ/ការលក់ដូរ (រួមទាំងការលក់រាយ រឺ មុខរបរកំប៉ុកកំប៉ុកផ្សេងៗ) 1 = Commerce/ trade / retail (includes petty trade)</p>	<p>២. ផលិតកម្ម (ដូចជាផ្នែក អាហារជាផ្នែកអាហារ វាយនភ័ណ្ឌ និង កម្មផ្សេងៗទៀត) 2 = Manufacturing (includes food processing, textile production, crafts, leather work)</p>	<p>៣. ដូចជា ការកាត់សក់ ភោជនីយដ្ឋាន តូបលក់ អាហារ និងសេវាសំអាតផ្សេងៗ) 3 = Service (includes hairdressing, restaurants, food stalls, cleaning services)</p>	<p>(ដូចជា អាហាររឺ ផលិតកម្មដំណាំ ផ្សេងៗ និងការ ចិញ្ចឹមសត្វ) 4 =Agriculture (includes food or other crop production, animal raising)</p>	<p>៥៨. អត់បានយក ទៅវិនិយោគលើ ការប្រកបរបរ បង្កើនប្រាក់ចំណូល ទេ 98 = Not applicable; did not invest the loan in an income-generating enterprise</p>
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13.2. តើអ្នកបានយកផ្នែកខ្លះនៃប្រាក់កម្ចីរបស់អ្នក ទៅចំណាយលើ ...? (អានផ្នែកនីមួយៗហើយបំពេញនៅក្នុងប្រអប់)
 Did you use any portion of your last loan to...? (Read each statement. Fill in appropriate box.)

13.2.1. ទិញអាហារ សំរាប់អ្នកផ្ទះ Buy food for your household

១. បាទ/ចា 0.ទេ ៩៩.មិនដឹង
 1=yes 0=No 99 = Don't know

13.2.2. ទិញសំលៀកបំពាក់ វិសម្ភារៈប្រើប្រាស់ ក្នុងផ្ទះផ្សេងៗ Buy clothes or other household items

១. បាទ/ចា 0.ទេ ៩៩.មិនដឹង
 1=yes 0=No 99 = Don't know

13.2.3. យកប្រាក់កម្ចី ទៅអោយប្រពន្ធ/ប្តី រឺយកទៅអោយគេខ្លីបន្ត Give or loan the money to your spouse or someone else

១. បាទ/ចា 0.ទេ ៩៩.មិនដឹង
 1=yes 0=No 99 = Don't know

13.2.4. ទុកប្រាក់កម្ចីនោះជាប់ខ្លួន ត្រៀមក្នុងករណីបន្ទាន់ផ្សេងៗ Keep money on hand in case of an emergency

១. បាទ/ចា 0.ទេ ៩៩.មិនដឹង
 1=yes 0=No 99 = Don't know

13.2.5. ទុកលុយសំរាប់បង់សងប្រាក់កម្ចី Keep money to repay a loan

១. បាទ/ចា 0.ទេ ៩៩.មិនដឹង
 1=yes 0=No 99 = Don't know

14. ក្នុងរយៈពេល ១២ខែចុងក្រោយនេះ តើប្រាក់ចំណូលសរុបរបស់ក្រុមគ្រួសារអ្នកមានលក្ខណៈយ៉ាងណា? អានចំលើយ ហើយកត់ត្រា
 Over the last 12 months, has your household's overall income...? (Read answers and enter response.)

១. ថយចុះយ៉ាងខ្លាំង ២.ថយចុះ ២. មិនមាន ៣. កើនឡើង ៣. កើនឡើង ៩៩.មិនដឹង
 1=Decrease greatly 2 =Decreased ការប្រែប្រួល 3 =Increase យ៉ាងខ្លាំង 99=Don't
 2 =Stay the same 3 =Increase know

14.1. (ប្រសិនបើមានការថយចុះទាំងអស់) តើហេតុអ្វីបានជាចំណូលរបស់អ្នកមានការថយចុះ? (កុំអាន ចំលើយអាចមានច្រើន)
 (If decreased at all) Why did your income decrease? (Do not read. Multiple answers possible)

១.អ្នក វិសមាជិករបស់គ្រួសារ ២.លក់មិន ៣. មិនអាច ៤.ផលិតកម្ម កសិកម្មមាន ៥. បាត់បង់ការងារ ៦.ផ្សេង(សូម ៩៩. មិនដឹង
 របស់អ្នក ឈឺ ដាច់ រកទិញបាន ភាពទន់ ខ្សោយ 5 =Lost job បញ្ជាក់_____) 99= Don't
 1 = I or house-hold 2 =Poor នូវវត្ថុធាតុ 4 =Agricul-tu- 6 =Others know
 member has been sick sales ដើម រាលpro-duction was (specify)
 3 =Unable poor
 to get
 inputs

14.2. (ប្រសិនបើមានការកើនឡើងទាំងអស់) តើហេតុអ្វីបានជាចំណូលរបស់អ្នកមានការកើនឡើង? (កុំអាន ចំលើយអាចមានច្រើន)
 (If increased at all) Why did your income increase? (Do not read. Multiple answers possible.)

១. ពង្រីកសហគ្រាសដែលមាន ២. បង្កើត ៣. អាចរក ៤. រកបានទី ផ្សារថ្មី ៥. មានការងារធ្វើ ៦.ផ្សេង(សូម ៩៩. មិនដឹង
 គ្រាប់ 1 =Expand-ed សហគ្រាស ទិញបាននូវ 4=Sold in new 5 =Got a job បញ្ជាក់_____) 99= Don't
 exist-ing enter-prise ថ្មី រត់ធាតុដើម 4=Sold in new 6 =Others know
 2 = Un- រត់ធាតុដើម 4=Sold in new 6 =Others know
 der-took នៅតំលៃ 4=Sold in new 6 =Others know
 new en- ថោក 4=Sold in new 6 =Others know
 terprise 3 =Able 4=Sold in new 6 =Others know
 to buy 4=Sold in new 6 =Others know
 inputs at 4=Sold in new 6 =Others know
 cheaper 4=Sold in new 6 =Others know
 price 4=Sold in new 6 =Others know

ផ្នែកសហគ្រាស : ប្រាក់ចំណូល កំលាំងពលកម្ម និងប្រាក់ចំណេញ (VFC) Enterprise Level: Income, Labor, and Profit (only for VFC)

15. ក្នុងរយៈពេល ៤សប្តាហ៍ចុងក្រោយនេះ តើអ្នកធ្វើការអោយគេដើម្បីរកកំរៃរឺទេ? In the last 4 weeks, did you work for anyone else for pay (in kind or in cash)?

១. បាទ/ចា 0.ទេ ៩៩.មិនដឹង
 1=yes 0=No 99 = Don't know

15.1. ក្នុងរយៈពេល ៤សប្តាហ៍ចុងក្រោយនេះ តើអ្នកបានចូលរួមក្នុងសហគ្រាស វិសកម្មភាពបង្កើនប្រាក់ចំណូលរបស់អ្នក ច្រើនជាងការងារ ផ្សេងៗទៀតទេ? (រួមទាំងការងារតាមរដូវ រឺការងារតាមផ្នែក) In the last 4 weeks, did you engage in your own enterprise or income-generating activity other than farming? (include seasonal or piece work)

១. បាទ/ចា
1=yes

០.ទេ
0=No

៩៩.មិនដឹង
99 = Don't know

16. ក្នុងរយៈពេល ៤សប្តាហ៍ចុងក្រោយនេះ តើសកម្មភាពណាមួយក្នុងសហគ្រាស ដែលជួយអោយអ្នករកប្រាក់ចំណូលបានច្រើនជាងគេ?
In the last 4 weeks, which of these enterprise activities earned you the most income?

សកម្មភាពទី១

Activity #1: _____

16.1. តើសកម្មភាពក្នុងសហគ្រាសនេះ ជា ...? អានចម្លើយដោយជ្រើសរើសចម្លើយមួយក្នុងចម្លើយទាំងអស់
Is this enterprise activity...? (Read answers and enter only one among the choices.)

- ១. សហគ្រាសផ្ទាល់ខ្លួន
1 = Primarily your own enterprise
- ២. សហគ្រាសជាលក្ខណៈគ្រួសារ
2 = Primarily a household enterprise
- ៣. មុខជំនួញមួយដែលមានភាពជាដៃគូជាមួយអ្នកដទៃ ក្រៅពីអ្នកផ្ទះ
3 = A business partnership with others not in your household

16.2. ប្រាក់ចំណេញ: សំរាប់សកម្មភាពចម្បងបង្កើនប្រាក់ចំណូល ប៉ុន្តែមុនពេលអ្នកបានចំណាយប្រាក់សន្សំរបស់អ្នក លើគ្រួសាររបស់អ្នក តើប្រាក់ចំណេញរបស់អ្នកមានចំនួនប៉ុន្មាន? Profit: For your main IGA, after covering your costs—but before you spent your earnings on your family—what was your profit? (Enter amount in the appropriate time period box.)

ជារៀងរាល់សប្តាហ៍ Weekly profit	ជារៀងរាល់ ២សប្តាហ៍ Profit per 2 weeks	ជារៀងរាល់ខែ Monthly profit	រយៈពេលផ្សេងទៀត (សូមបញ្ជាក់:.....)) Profit for other time period; pecify

17. ក្នុងរយៈពេល ៤សប្តាហ៍ចុងក្រោយនេះ តើសកម្មភាពណាមួយក្នុងសហគ្រាសដែលជួយអោយអ្នក រកប្រាក់ចំណូលបានច្រើនជាងគេទី២?
(សំគាល់: ប្រសិនបើគ្មានសកម្មភាពទី២ សូមបន្តទៅសំណួរទី ១៨) In the last 4 weeks, which enterprise activities earned you the second greatest amount of income? (NOTE: If there is no secondary activity, proceed to question 18.)

សកម្មភាពទី២

Activity #1: _____

17.1. តើសកម្មភាពក្នុងសហគ្រាសនេះ ជា ...? Is this enterprise activity...? (Read answers and enter only one.)

- ១. សហគ្រាសផ្ទាល់ខ្លួន
1 = Primarily your own enterprise
- ២. សហគ្រាសជាលក្ខណៈគ្រួសារ
2 = Primarily a household enterprise
- ៣. មុខជំនួញមួយដែលមានភាពជាដៃគូជាមួយអ្នកដទៃ ក្រៅពីអ្នកផ្ទះ
3 = A business partnership with others not in your household

17.2. ប្រាក់ចំណេញ: សំរាប់សកម្មភាពបន្ទាប់បន្សំបង្កើនប្រាក់ចំណូល ប៉ុន្តែមុនពេលអ្នកបានចំណាយប្រាក់សន្សំរបស់អ្នក លើគ្រួសាររបស់អ្នក តើប្រាក់ចំណេញរបស់អ្នកមានចំនួនប៉ុន្មាន? Profit: For your secondary IGA, after covering your enterprise costs—but before you spent your earnings on your family—what was your profit? (Enter amount in the appropriate time period box.)

ជារៀងរាល់សប្តាហ៍ Weekly profit	ជារៀងរាល់ ២សប្តាហ៍ Profit per 2 weeks	ជារៀងរាល់ខែ Monthly profit	រយៈពេលផ្សេងទៀត (សូមបញ្ជាក់:.....)) Profit for other time period; pecify

18. (ប្រសិនបើមានចម្លើយលើសំណួរទី ១៦.២ និងសំណួរទី ១៧.២) (អ្នកសម្ភាសន៍: សូមធ្វើការវាយតម្លៃលទ្ធភាពនៃអ្នកចូលរួមអោយយើង ចូលរួមសម្ភាសន៍ លើការប៉ាន់ស្មានរកប្រាក់ចំណេញ ប្រាក់ដើម និងប្រាក់សន្សំរបស់គាត់។ កត់ត្រាទុកការអង្កេតរបស់អ្នក ដែលជាអ្នក សម្ភាសន៍ ដូចនេះមិនចាំបាច់សួរទេ!) (If client answered #16b and 17b) (INTERVIEWER: Rate the client's ability to estimate his or her profit, costs, and earnings. RECORD YOUR OBSERVATIONS AS AN INTERVIEWER. DO NOT ASK!)

- ១. ពិបាកយ៉ាងខ្លាំង
1 = Great deal of difficulty
- ២. ពិបាកខ្លះៗ
2 = Some difficulty
- ៣. មិនមានការ លំបាកទេ
3 = No difficulty

19. (ប្រសិនបើមានចម្លើយលើសំណួរទី ១៥.១) ក្នុងរយៈពេល ៤សប្តាហ៍ចុងក្រោយនេះ តើមានកុមារប៉ុន្មាននាក់ ដែលបានជួយអ្នកក្នុង សកម្មភាពសហគ្រាសផ្សេងៗ? (If answered #15a) In the last 4 weeks, how many children helped you with either of these enterprise activities?

	ចំនួនកុមារ Number of children	ចំនួនកុមារដែលឈប់រៀន រឺមិនដែលចូលរៀនដោយសារមកជួយធ្វើ ការងារអោយអ្នក Number of children who missed school or never enrolled in school so that they could help you with this work
ក្រោមអាយុ១០ឆ្នាំ Under 10 years of age		
អាយុពី១០ឆ្នាំ ទៅដល់១៧ឆ្នាំ 10 to 17 years of age		

20. ក្នុងរយៈពេល ១២ខែចុងក្រោយនេះ តើអ្វីដែលបានប្រើប្រាស់ទៅជាចំណាយបំផុត ដែលអ្នកបានយកប្រាក់ចំណេញបានពីសកម្មភាព សហគ្រាសទៅចំណាយទៅលើវា? (សូមកុំអានចម្លើយខាងក្រោម តែស្ទាបស្ទង់) During the last 12 months, in what three principal ways did you use the profit from your enterprise activity? Tell me the one you used the biggest amount of money first. (Do not read answers.)

- ១. ទិញអាហារ
1 = Buy food
- ២. ទិញសំលៀកបំពាក់
2 = Buy clothing
- ៣. បង់ការចំណាយអោយ កូនរៀននៅសាលា
3 = Pay school expenses
- ៤. បង់លើការចំណាយទាក់ទង នឹងសុខភាព
4 = Pay health-related costs
- ៥. ទិញសម្ភារៈប្រើប្រាស់ ក្នុងផ្ទះ
5 = Buy items for the house
- ៦. បង្កើនបណ្តាក់ទុន ក្នុងសហគ្រាសរបស់អ្នក
6 = Reinvest in my enterprise
- ៧. សន្សំ
7 = Save
- ៨. ចិញ្ចឹមសត្វ
8 = Animal raising
- ៩. ផ្សេងទៀត
បញ្ជាក់:
.....)
9 = Others (specify)
- ៩៩. មិនដឹង
99 = Don't know
- ៩៨. អត់មាន សកម្មភាព សហគ្រាស
98 = Not applicable; has no enterprise activity

ថ្នាក់បុគ្គល : ប្រាក់សន្សំ និងទេពកោសល្យផ្នែកសហគ្រាស Individual Level: Savings and Enterprise Skills

21. តើបច្ចុប្បន្នអ្នកមានប្រាក់សន្សំជាសាច់ប្រាក់សុទ្ធផ្ទាល់ខ្លួន ដែលអ្នកបំរុងនឹងយកទៅប្រើក្នុងករណីបន្ទាន់ ដូចជាគំរោងធ្វើការទិញ រឺបណ្តាក់ទុនខ្នាតធំណាមួយដែរ រឺទេ? Do you currently have any personal cash savings that you keep in case of emergencies orbecause you plan to make a major purchase or investment?

- ១. មាន
1 = Yes
- ០. មិនមាន (សូមបន្តទៅសំណួរទី ២៣)
0 = No (go to #23)
- ៩៩. មិនដឹង
(សូមបន្តទៅ សំណួរទី ២៣)
99 = Don't know (go to #23)

22. ក្នុងរយៈពេល ១២ខែចុងក្រោយនេះ តើប្រាក់សន្សំជាសាច់ប្រាក់សុទ្ធ របស់អ្នកមានលក្ខណៈយ៉ាងណា? (ចូរអាននិងកត់ត្រាចម្លើយ)
During the last 12 months, has your personal cash savings...? (Read answers and enter response.)

- ១. ថយចុះយ៉ាងខ្លាំង
1 =Decrease greatly
- ២. ថយចុះ
2 =Decreased
- ២. មិនមាន ការប្រែប្រួល
2 =Stay the same
- ៤. កើនឡើង
4 =Increase
- ៥. កើនឡើង យ៉ាងខ្លាំង
5 =Increase
- ៩៩. មិនដឹង
99=Don't know

22.1. បើកើនឡើង រឺថយចុះតើហេតុអ្វី? if decrease/increase, Why?

23. ក្នុងកំឡុងពេលដែលអ្នកកំពុងធ្វើការសំរេចចិត្តលើការបង្កើតសហគ្រាសនេះឡើង តើកត្តាអ្វីខ្លះ ដែលអ្នកបានពិចារណាដល់? (សូម កុំអានចម្លើយមានច្រើន ដោយប្រើសំណួរស្ទាបស្ទង់ថា តើមានអ្វីទៀតទេ) When you are deciding to undertake an enterprise, what factors do you consider? (Do not read answers. Multiple answers possible. Probe by asking, "And anything else?")

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| <p>១. វាជាការងារដែលខ្ញុំ ធ្លាប់ធ្វើ/វាជារដូវដែលគេនិយមធ្វើវា</p> <p>1 = Work I am familiar with/It is the season/Others are doing it</p> <p>២. ផលិតផល រឺសេវាកំពុងមានទីផ្សារ រឺវាអាចរកប្រាក់ចំណេញបានច្រើន</p> <p>2 = Whether the product or service is in demand or whether it seems profitable</p> | <p>៣. ខ្ញុំមានដើមទុនគ្រប់គ្រាន់</p> <p>3 = How much working capital is needed/ Whether I have enough money</p> <p>៤. ខ្ញុំអាចធ្វើវាបាន ដើម្បីថែទាំខ្ញុំអាចថែរក្សា និងមានទំនួលខុសត្រូវក្នុងក្រុមគ្រួសារ របស់ខ្ញុំ</p> <p>4 = Whether I can do it and still take care of my family and other responsibilities</p> | <p>៥. ផ្សេងទៀតសូមបញ្ជាក់:.....</p> <p>.....</p> <p>.....)</p> <p>5 = Others (specify)</p> <p>៩៩. មិនដឹង</p> <p>99 = Don't know</p> |
|---|---|--|

កំរិតសុខុមាលភាពនៅក្នុងគ្រួសារ : ការកែលំអផ្ទះ Household Level Welfare: Housing Improvements

24. នៅក្នុងកំឡុងពេល ១២ខែមុនតើផ្ទះរបស់អ្នក មានបានជួសជុល កែលំអ រឺ ធ្វើការបន្ថែមអ្វីខ្លះដែលមានតម្លៃលើស ៥០\$ (២០០,០០០រៀល) រឺទេ ? During the last 12 months, were any repairs, improvements or additions made to your home that cost more than \$50/KHR 200,000?

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| <p>១. មាន</p> <p>1 = Yes</p> | <p>០. អត់ទេ(សូមបន្តទៅ សំណួរទី២៦)</p> <p>0 = No (go to #26)</p> | <p>៩៩. មិនដឹង</p> <p>99 = Don't know</p> |
|------------------------------|--|--|

25. ប្រសិនបើមាន តើមួយណានៅខាងក្រោមនេះដែលអ្នកបានធ្វើកាលពី ១២ខែមុន?
If YES, which of the following have you done in the last 12 months?

<p>ជួសជុលលំនៅ, កែលំអ. រឺ មានការបន្ថែម (សំរាប់អតិថិជន, ចូរអានតាមជួរនីមួយៗ) Housing Repairs, Improvements, or Additions (For clients, read across the row by item.)</p>	<p>ក. ចូរអានហើយបំពេញចូលប្រអប់អោយបានត្រឹមត្រូវ a. (Read and put if YES=1, if NO=0) ១.មាន ០. មិនមាន</p>	<p>ខ. តើពេលនោះ អ្នកជាសមាជិកនៃកម្មវិធីនេះ រឺ ទេ? (ចូរគូសសញ្ញាខ្មែង) b. Were you a member of the program when this was done? if YES=1, if NO=0 ១.មាន ០. មិនមាន</p>
<p>ក. ជួសជុល រឺ កែលំអផ្ទះ ដូចជា ជួសជុល ដំបូល, ឥដ្ឋ រឺ ជញ្ជាំង a. House repairs or improvements (for example, fixed or improved existing roof, floor, or walls)</p>		
<p>ខ. ពង្រីកផ្ទះដូចជា : ការសាងសង់បន្ទប់ថ្មី, បន្ទប់ដាក់សំភារៈ, ផ្ទៃរ. រឺ របង b. House expansion (for example, built new room, shed, attic, or fence)</p>		
<p>គ. កែលំអប្រព័ន្ធទឹក រឺ អនាម័យ ដូចជា: អណ្តូងថ្មី, ប្រព័ន្ធបង្ហូរទឹកស្អុយ រឺ អាងទឹកសំរាប់បង្ហូរទឹក-បង្កន់ និងឡាបូសំរាប់លុបមុខ c. Improved water or sanitation system (for example, new well, drainage/sewage system, or showers-latrines-wash basin)</p>		
<p>ឃ. ភ្លើង / អគ្គិសនី d. Lighting/electricity</p>		

កំរិតសុខុមាលភាពនៅក្នុងគ្រួសារ : អាហារ និងការសម្របទៅតាមស្ថានភាពលំបាក
Household Level Welfare: Diet and Coping with Difficult Times

26. ក្នុងអំឡុងពេល ១២ខែចុងក្រោយនេះ តើម្ហូបអាហាររបស់គ្រួសារអ្នក (ចូរអាន ហើយកត់ត្រាចំលើយ)
 During the last 12 months, has your household's diet (Read answers and indicate response.)

- | | | | |
|---|---|---|--|
| ១. អន់ជាងមុន
(សូមបន្តទៅ
សំណួរទី ២៦.១) | ២. មិនមានការប្រែ
ប្រួល (សូមបន្តទៅ
សំណួរទី ២៦.២) | ៣. ល្អជាងមុន(សូម
បន្ត ទៅសំណួរទី
២៦.២) | ៩៩. មិនដឹងទេ (សូមបន្ត
ទៅសំណួរទី ២៦.២)
99 = Don't know
(Go to #27) |
| 1 = Worsened (go
to #26a) | 2 = Stayed the same
(Go to #27) | 3 = Improved
(Go to #26b) | |

26.1. ប្រសិនបើ អន់ជាងមុន តើវាអន់របៀបណា? (If worsened) How has it worsened?

26.2. (ប្រសិនបើល្អជាងមុន) តើវាល្អរបៀបណា? (ចូរកុំអានចំលើយ ចំលើយអាចមានច្រើនយ៉ាងចូរសួររឿងផ្សេងទៀតថា "តើមានអ្វីផ្សេង
 ទៀតទេ?") (If improved) How has it improved? (Do not read answers. Multiple answers possible. Probe by asking, "And
 anything else?")

- | | | |
|--|---|---|
| ១. អាចទិញគ្រាប់ត្រីជាតិ
បានច្រើនជាងមុន ដូចជាពោត
និងអង្ករជាដើម
1 = Able to buy more
cereal staples—maize,
rice | ៣. អាចទិញផលិតផល ដែលធ្វើពីសាច់សត្វ/ ទឹកដោះ
គោ ដូចជាសាច់ ទឹកដោះគោ ប្រហុក និងស៊ុត
3 = Able to buy more animal/dairy
products—meat, milk, cheese, eggs | ៦. អាចរកអាហារបរិភោគបានប្រសើរ
ជាង មុនក្នុងរដូវខ្វះស្បៀង
6 = Able to eat better during the
hungry season |
| ២. អាចទិញគ្រឿងទេស និង
បន្លែបន្តាវ ដើម្បីយកមក
នឹងបាយ
2 = Able to buy more
condiments, vegetables,
legumes to eat with
staples | ៤. អាចទិញម្ហូបអាហារ សមរម្យដូចជាមី/គុយទាវ
4 = Able to buy more convenience foods
like noodles | ៧. អាចរកអាហារបរិភោគបាន ៣ ពេល
ក្នុង ១ ថ្ងៃ
7 = Able to eat three meals in
a day |
| | ៥. អាចទិញអាហារឆ្អិនបានច្រើនជាងមុន
5 = Able to buy more cooked foods | ៨. ចំលើយផ្សេងទៀត (សូមបញ្ជាក់:
.....)
8 = Others (specify)
៩៩. មិនដឹង
99 = Don't know |

27. ក្នុងអំឡុងពេល ១២ ខែចុងក្រោយនេះ តើធ្លាប់មានពេលណាមួយដែលតម្រូវអោយគ្រួសាររបស់អ្នកហូបតិចជាងមុន ឬហូបមិនសូវឆ្ងាញ់
 ដោយសារខ្វះខាតលុយកាក់ទិញម្ហូបឬទេ ? During the last 12 months, was there ever a time when it was necessary for your
 household to eat less or eat less well either because of a lack of food or a lack of money to buy food?

- | | | |
|----------------------|--|----------------------------------|
| ១. ធ្លាប់
1 = Yes | ០. មិនធ្លាប់មានទេ(សូមបន្តទៅសំណួរទី ២៨)
0 = No (go to #28) | ៩៩ . មិនដឹងទេ
99 = Don't know |
|----------------------|--|----------------------------------|

27.1. តើអំឡុងពេលនេះមានរយៈពេលយូរឬឆាប់ហើយ? How long did this period last?

- | | |
|---|--------------------------------|
| ចូរបញ្ជាក់ប្រាប់ចំនួនខែ
Specify number of months | ៩៩ . មិនដឹង
99 = Don't know |
|---|--------------------------------|

27.2. តើគ្រួសារអ្នកបានធ្វើអ្វីខ្លះ ដើម្បីយកលុយលើស្ថានភាពពិបាកបែបនេះ? (កុំអាន ចំលើយអាចមានច្រើន)
 What did your household do to get through this difficult situation? (Do not read answers. Multiple answers possible.)

- | | | |
|--|--|--|
| ១. ខ្ចីលុយកាក់ ឬម្ហូបអាហារពី
គ្រួសារមិត្តភក្តិ ដោយឥតគិតថ្លៃ
1 = Borrowed money or
food from family/friend at
no cost | ៣. លក់ទ្រព្យសម្បត្តិ ផ្ទាល់ខ្លួន
3 = Sold personal property | ៥ . សាមីខ្លួន ឬនរណា
ម្នាក់នៅក្នុងគ្រួសាររក
បានការងារធ្វើក្នុងស្រុក
5 = Self or someone else in
family got local employment |
| ២ . ខ្ចីលុយកាក់ ឬម្ហូបអាហារ
ដោយគិតថ្លៃការ
2 = Borrowed money or
food at cost | ៤. សាមីខ្លួន ឬនរណា ម្នាក់នៅក្នុងគ្រួសារបាន
ចាកចេញពីកន្លែងរស់នៅ ដើម្បីរកការងារធ្វើ
4 = Self or someone else in family left area
to seek employment | ៦ . ផ្សេងៗទៀត (ចូរបញ្ជាក់:.....
.....)
6 = Others (specify)
៩៩ . មិនដឹង
99 = Don't know |

28. ក្នុងអំឡុងពេល ១២ខែចុងក្រោយ តើធ្លាប់មានពេលណាមួយដែលអ្នកមិនមានលុយកាក់គ្រប់គ្រាន់ដើម្បីរៀបចំសហគ្រាសរបស់អ្នក
 ឬទេ ? During the last 12 months, was there ever a time when you did not have enough money to conduct your enterprise?

33.2. តើអ្នកអាចទ្រាំទ្រនឹងស្ថានភាពនេះបានយ៉ាងដូចម្តេច? How did you cope with this situation?

.....

34. តើប្រភពប្រាក់មកពីណា ដែលក្រុមគ្រួសាររបស់អ្នកអាចពឹងពាក់បាន ក្នុងករណីមានវិបត្តិហិរញ្ញវត្ថុ? (អ្នកសម្ភាសន៍: សូមធ្វើការរៀបចំជាមុននូវប័ណ្ណជាមួយនឹងជំរើសខាងក្រោម ហើយបង្ហាញដល់អ្នកដែលយើងសម្ភាសន៍តែជំរើសណា ដែលគាត់បានលើកឡើង ។ រួចសួរគាត់អោយដាក់តាមលំដាប់នៃជំរើសតាមអាទិភាពរបស់វា) What sources of money can a household like yours rely on in case of crisis? (INTERVIEWER: Prepare in advance meta cards with the options listed below and show respondents only those options they mentioned. Ask them to rank identified options)

	លំដាប់តាមអាទិភាព (១=ខ្ពស់ជាងគេ ២=..... ជាដើម) Rank (1- highest; etc...)
ប្រាក់សន្សំក្នុង KHANA/VisionFund Cambodia Savings in KHANA/VisionFund Cambodia	
ប្រាក់សន្សំនៅផ្ទះ Savings at home	
ប្រាក់កំចីពី KHANA/VisionFund Cambodia Loan from KHANA/VisionFund Cambodia	
ប្រាក់កំចីពី បងប្អូន សាច់ញាតិ Loan from relatives	
ប្រាក់កំចីពីអ្នកចងការប្រាក់ Loan from money lenders	
ប្រាក់បានមកពី ប្រពន្ធ/ប្តី Money from spouse	
លក់បសុសត្វដែលមាន (ដូចជា ជ្រូក មាន់ទា និងគោ ជាដើម) Sell livestock (pigs, chickens, cows, etc.)	
លក់ទ្រព្យសម្បត្តិផ្សេងៗ (សូមបញ្ជាក់:) Sell other property. Pls. specify _____	
ទៅរកមេភូមិអោយជួយ Approach Village Leaders	
ជំនួយពីអ្នកជិតខាង Neighbor contribution	
ផ្សេងទៀត (សូមបញ្ជាក់:) Others (Specify)	

35. ចូរប្រាប់រឿង ៣ យ៉ាងដែលអ្នកពេញចិត្តខ្លាំងបំផុតអំពី VisionFund Cambodia ។ (ចូរកុំអានចម្លើយ) Name three things you like most about VisionFund Cambodia. (Do not read answers.)

- ១ . អត្រាការប្រាក់ទាបជាងប្រភពឥណទានក្រៅ ផ្លូវការផ្សេងទៀត (អ្នកផ្តល់ប្រាក់កម្ចីក្រៅផ្លូវការ)
1 = Lower interest rate than other informal sources of credit (informal lenders)
- ២ . ប្រភពដើមទុនធ្វើមិនផ្លាស់ប្តូរ
2 = Steady source of working capital
- ៣.ការសាមគ្គីជាក្រុម និង /ឬកំលាំងជាក្រុម
3 = Group solidarity and/or group dynamics

- ៤ . ការបណ្តុះបណ្តាល ឬជំនួយបច្ចេកទេស
4 = Training or technical assistance
- ៥ . សេវាកម្មហិរញ្ញ ផ្សេងទៀតដូចជាការសន្សំ ឬការធានារ៉ាប់រង
5 = Other financial services, such as savings or insurance
- ៦ . ប្រសិទ្ធភាព បើប្រៀបធៀបទៅនឹងធនាគារ ឬប្រភពផ្សេងៗ ទៀត
6 = Fast service, compared to banks or other sources

- ៧ . ការធានាខុសត្រូវងាយស្រួលជាងជំរើស កម្ចីផ្សេងៗ
7 = Easier guarantees than other loan alternatives
- ៨. ផ្សេងៗ (ចូរបញ្ជាក់ :)
8 = Others (specify)
- ៩៩ . មិនដឹង
99 = Don't know

36. ចូរព្រាប់រឿង ៣ យ៉ាងដែលអ្នកពេញចិត្តតិចបំផុតអំពី VisionFund Cambodia ។ (ចូរកុំអានចម្លើយ)

Name three things you like least about VisionFund Cambodia. (Do not read answers.)

- | | | |
|---|---|---|
| <p>១ . អត្រាការប្រាក់ឬកម្រៃរំលែងសារខ្ពស់
1 = High interest rates or commission</p> <p>២ . ទំហំកម្ចីដំបូង ឬបន្តបន្ទាប់តិចពេក
2 = Size of initial or subsequent loans too small</p> <p>៣ . វដ្តកម្ចីវែងឬខ្លីពេក
3 = Loan cycle too long or too short</p> <p>៤ . កំលាំងជាក្រុមដែលនាំអោយមានបញ្ហា (ប្រធាន ឬនៅក្នុង កិច្ចប្រជុំ)
4 = Problematic group dynamics (with leaders or at meetings)</p> <p>៥ . ការប្រជុំញឹកញាប់ពេក ឬយូរពេក
5 = Meeting frequency too often or meetings too long</p> | <p>៦ . កន្លែង/ការិយាល័យប្រជុំមិនមានភាពងាយស្រួល
6 = Meeting place/office not convenient</p> <p>៧ . គោលនយោបាយ សងប្រាក់ (ភាពញឹកញាប់, ចំនួន)
7 = Repayment policies (frequency, amount)</p> <p>៨ . គោលនយោបាយ ធានាខុសត្រូវ
8 = Guarantee policies</p> <p>៩ . ចំណាយប្រតិបត្តិការសំរាប់អតិថិជន (ការចេញប្រាក់អោយយឺត ឬត្រូវចេញជាមូលប្បទានបំត្រ)
9 = Transaction costs for client (such as slow disbursement)</p> | <p>១០ . មិនចូលចិត្តចរិយា/អាកប្បកិរិយារបស់មន្ត្រីកម្ចី ឬបុគ្គលិកកម្មវិធីផ្សេងទៀត
10 = Dislike behavior/ attitude of loan officer or other program personnel</p> <p>១១ . កង្វះខាតកំឡុង ពេលអនុគ្រោះ
11 = Lack of grace period</p> <p>១២ . ប្រាក់សន្សំ ឬការ ធានារ៉ាប់រងដោយបង្ខំ
12 = Forced savings or insurance</p> <p>១៣ . ផ្សេងៗទៀត (ចូរបញ្ជាក់:
.....)</p> <p>13 = Others (specify)</p> <p>១៤ . គ្មានអ្វីទេ
14 = Nothing</p> <p>៩៩ . មិនដឹង
99 = Don't know</p> |
|---|---|---|

37. ប្រសិនបើអ្នកអាចផ្លាស់ប្តូរអ្វីមួយអំពី VisionFund Cambodia ដើម្បីធ្វើអោយល្អប្រសើរជាងមុនថែមទៀត តើអ្នកនឹងផ្លាស់ប្តូរអ្វី?
If you could change something about VisionFund Cambodia to make it even better, what would you change?

.....

.....

.....

ចុងបញ្ចប់នៃការសំភាសន៍
សំដែងនូវអំណរគុណសំរាប់ពេលវេលារបស់ពួកគាត់ ដែលបានចូលរួមសហការណ៍ជាមួយយើង
*****End of survey—express thanks for their time—answer any questions*****

ANNEX 4b

HIV Affected without microfinance

ក្រុមគ្រួសារអ្នកកំពុងរស់នៅជាមួយមេរោគអេដស៍ និងកុមារកំព្រា និងងាយរងគ្រោះដែលមិនមានសេវាថែទាំគ្រួសារ SURVEY FOR HIV AFFECTED WITHOUT MICROFINANCE

លេខសំគាល់ នៃការធ្វើអង្កេត Survey Identification Number

[_____]

ការសម្ភាសន៍ត្រូវបានត្រួតពិនិត្យដោយ Survey reviewed by : ទិន្នន័យត្រូវបានបញ្ចូលទៅក្នុងកុំព្យូទ័រដោយ Data entered on computer by :

ការធ្វើអង្កេតចម្រង Main Survey

ឈ្មោះអ្នកត្រូវបានសម្ភាសន៍ Respondent name:

ភូមិ Village: _____

ឈ្មោះអ្នកសម្ភាសន៍ Name of interviewer:

កាលបរិច្ឆេទនៃការសម្ភាសន៍ Date of interview :

(mm/dd/yy) ____/____/____/

ការណែនាំ និងការយល់ព្រម Introduction and Consent

ការសំដែងការគួរសម ។

សូមជំរាបសួរ

ខ្ញុំឈ្មោះ _____ ។ មកពីអង្គការខាណា ។ យើងខ្ញុំកំពុងធ្វើអង្កេតមួយ ដើម្បីចង់ដឹងពីប្រសិទ្ធភាពនៃសេវា ដែលទាក់ទងនឹងហិរញ្ញវត្ថុ មិនហិរញ្ញវត្ថុ ដែលបានផ្តល់ដល់អតិថិជនទាំងឡាយ ។ អ្នកត្រូវបានគេជ្រើសរើសចេញពីបញ្ជីសមាជិកក្នុងសាខានេះ ដើម្បីធ្វើការអង្កេតនេះ ។ ព័ត៌មានដែលអ្នកនឹងផ្តល់អោយនឹងជួយដល់ អង្គការខាណា ក្នុងការរៀបចំគម្រោង ដើម្បីធ្វើអោយសេវាដែលកំពុងដំណើរការមានភាពប្រសើរឡើង ។ ការធ្វើអង្កេតនេះ នឹងត្រូវចំណាយពេលប្រហែលជា ៦០ នាទី ដើម្បីបំពេញ ។ រាល់ព័ត៌មានដែលអ្នកផ្តល់អោយនឹងត្រូវបានរក្សាជាការសម្ងាត់ ។

អ្នកដែលចូលរួមក្នុងការធ្វើអង្កេតនេះ មានសក្តានុពលជាការស្ម័គ្រចិត្ត ។ ទោះបីជាយ៉ាងណាក៏ដោយ ក៏យើងសង្ឃឹមថា អ្នកនឹងចូលរួមក្នុងការធ្វើអង្កេតនេះ ព្រោះថាមតិយោបល់របស់អ្នកមានសារៈសំខាន់ណាស់ ។ តើអ្នកនឹងសុខចិត្តអោយគេធ្វើការសម្ភាសន៍ដែររឺទេ?

Greetings.

How do you do?

I am _____ from KHANA. We are conducting a survey because KHANA is interested to know the effects of the financial and non-financial services they provided to its clients. From the members in your branch, you were selected for this survey. The information you will give us will help KHANA to plan and improve its existing services. The survey will approximately take 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other people.

Participation in this survey is voluntary. However, we hope that you will participate in this survey because your views are important. Are you willing to be interviewed?

ថ្នាក់បុគ្គល : ព័ត៌មានជាមូលដ្ឋាន Individual Level: Basic Information

1. តើអ្នកក្លាយជាសមាជិករបស់ អង្គការខាណា អស់រយៈពេលប៉ុន្មានហើយ? (សូមរើសយកលេខរៀងណាមួយនៃចំណែកខាងក្រោមរួចបំពេញក្នុងចន្លោះនៅផ្នែកខាងចុង) How long have you been a member of KHANA? (Write number of information that matches client status.)

- | | | |
|---------------------------------------|--|-----|
| ១. ប្រហែលជា ៦ខែ
1 = About 6 months | ២. ប្រហែលជា ១ឆ្នាំ
2 = About 1 year | [] |
|---------------------------------------|--|-----|

2. ភេទអ្នកឆ្លើយ Gender of respondent

- | | | |
|----------------------|-----------------------|-----|
| ១. ប្រុស
1 = Male | ២. ស្រី
2 = Female | [] |
|----------------------|-----------------------|-----|

3. តើអ្នកមានអាយុប៉ុន្មាន? How old are you?

- | | | |
|--|--------------------------------|-----|
| បញ្ជាក់ចំនួនឆ្នាំ
Specify number of years | ៩៩ = មិនដឹង
99 = Don't know | [] |
|--|--------------------------------|-----|

4. តើបច្ចុប្បន្ននេះ ស្ថានភាពអាពាហ៍ពិពាហ៍អ្នកយ៉ាងដូចម្តេច? (អានចម្លើយ ហើយជ្រើសរើសមួយនៅក្នុងចំណោមខាងក្រោម)
Currently, are you ...? (Read answers. Enter only one among the choices.)

- | | | |
|--|--------------------------------------|-----|
| ១. រៀបការហើយ
1 = Married/free union | ៣. មេម៉ាយ/ពោះម៉ាយ
3 = Widowed | [] |
| ២. លែងលះ
2 = Separated/divorced | ៤. នៅឈឺវ
4 = Single/never married | [] |

5. តើរយៈពេលប៉ុន្មានឆ្នាំដែលការសិក្សារបស់អ្នកបានបញ្ចប់? How many years of school have you completed?

- | | | |
|--|--------------------------------|-----|
| បញ្ជាក់ចំនួនឆ្នាំ
Specify number of years | ៩៩ = មិនដឹង
99 = Don't know | [] |
|--|--------------------------------|-----|

ថ្នាក់គ្រួសារ : ព័ត៌មានមូលដ្ឋាន Household Level: Basic Information

6. តើសមាជិក ដែលរស់នៅក្នុងផ្ទះអ្នកមានប៉ុន្មាននាក់? (គិតតាំងពីអ្នកដែលទទួលបានអាហារយ៉ាងតិចមួយពេលក្នុងមួយថ្ងៃ)
How many persons in your household—those who live together and share the same food at least once in a day—are...

ចំនួន (នាក់) Number of persons :

ពេញវ័យ (អាយុយ៉ាងតិច ១៨ ឆ្នាំ)
Adults—18 years of age or older []

កុមារ (អាយុតិចជាង ១៨ឆ្នាំ)
Children—17 years of age or younger []

7. តើមានសមាជិកប៉ុន្មាននាក់ក្នុងគ្រួសារនេះដែលកំពុងធ្វើការ? (ការងារទាំឡាយដែលអាចរកប្រាក់ចំនូលបាន)
How many persons in your household are working—engaged in work that earns income or products?

ចំនួនសមាជិកសកម្ម []
Number of economically active

7.1. តើមានសមាជិកប៉ុន្មាននាក់ក្នុងគ្រួសារនេះ ដែលមានមុខរបររកចំនូលបានទៀងទាត់?
How many persons in your household have a job that earns them a regular income?

ចំនួនអ្នកធ្វើការទទួលបានប្រាក់ខែ []
Number of salaried workers

8. តើនរណាគេជាមេគ្រួសារនៅក្នុងផ្ទះនេះ? (អ្នកដែលមានសិទ្ធិសំរេចចិត្តធំជាងគេ) Who is the head of your household— the person who is the principal decision-maker?

- | | | | |
|--------------------------------|--|---|--------------|
| <p>១. ខ្លួនឯង
1 = Self</p> | <p>២. សាច់ញាតិជាបុរស
(ប្តី ឪពុក បងប្រុស ប្អូនប្រុស
ពូ ជីតា ឪពុកក្មេក
បងប្រុសក្មេក ប្អូនប្រុសក្មេក)
2 = Male relative
(husband, father, brother,
uncle, grandfather,
father-in-law, brother-in-law)</p> | <p>៣. សាច់ញាតិជានារី
(ម្តាយ បងស្រី ប្អូនស្រី មីង
ជីដូន ម្តាយក្មេក)
3 = Female relative
(mother, sister, aunt,
grandmother,
mother-in-law)</p> | <p>[___]</p> |
|--------------------------------|--|---|--------------|

កំរិតអប់រំរបស់កូន Education of Children

9. តើមានកុមារប៉ុន្មាននាក់នៅក្នុងផ្ទះរបស់អ្នកដែលមានអាយុចូលរៀន? (ពីអាយុ ៥ឆ្នាំ ទៅដល់ ១៧ឆ្នាំ) How many children in your household are school-aged (5-17 years of age) ?

ចំនួនកុមារដែលមានអាយុចូលរៀន (សូមបន្តទៅសំណួរទី៩.៣) [___]
Total number of school-aged children (if 0 go to #9.3)

9.1. តើមានប៉ុន្មាននាក់ ក្នុងចំនោមកុមារទាំងនោះដែលកំពុងរៀននៅសាលា? How many of these children currently attend school?

ចំនួនកុមារដែលកំពុងរៀន [___]
Total number in school

9.2. តើមានប៉ុន្មាននាក់ ក្នុងចំនោមកុមារទាំងនោះ ដែលមិនដែលចូលរៀននៅសាលា?
How many of these children have never attended school?

ចំនួនកុមារដែលមិនដែលចូលរៀន [___]
Total number never in school

9.3. ក្នុងចំនោមកូនទាំងអស់ តើពួកគេរៀនខ្ពស់បំផុត បានថ្នាក់ទីប៉ុន្មាន?
What is the highest grade level that any of your children has completed?

កំរិតខ្ពស់បំផុតដែលបានរៀន [___]
Highest grade in terms of number of years in school

10. តើការចំណាយលើការរៀនសូត្ររបស់កុមារទាំងនោះក្នុងឆ្នាំនេះ មានលក្ខណៈយ៉ាងណាបើប្រៀបធៀបជាមួយការចំណាយក្នុងឆ្នាំមុន?
How does the amount your household spent on school and school expenses for this current school year compare to what you spent last school year? Did the amount... (Read answers and enter response.)

- | | | | | | |
|---------------------------------|--|----------------------------------|--------------------------------------|--|--------------|
| <p>១. ថយចុះ
1 =Decrease</p> | <p>២. មិនមានការ
ប្រែប្រួល
2 =Stay the
same</p> | <p>៣. កើនឡើង
3 =Increase</p> | <p>៩៩. មិនដឹង
99 =Don't know</p> | <p>៩៨. គ្មានទិន្នន័យ
98=Not applicable</p> | <p>[___]</p> |
|---------------------------------|--|----------------------------------|--------------------------------------|--|--------------|

10.1. បើថយចុះ រឺ កើនឡើង តើមកពីមូលហេតុអ្វី? If increase/decrease, why?

*តារាងនេះ សំរាប់តែគ្រួសារកុមារកំព្រា និងងាយរងគ្រោះ (សំណួរ១១ និង ១២)

*This table is only for OVC Family (Question # 11 and 12:

១១. ការគាំទ្រសំរាប់កុមារកំព្រា និងងាយរងគ្រោះ Support for OVC					
ចំនួនកុមារកំព្រា និងងាយរងគ្រោះ OVC Number	កុមារទី ១ OVC 1	កុមារទី ២ OVC 2	កុមារទី ៣ OVC 3	កុមារទី ៤ OVC 4	កុមារទី ៥ OVC 5
11.1. អាយុ Age					
11.2. ភេទ Gender					
11.3. តើពួកគេបានក្លាយជាកុមារកំព្រាអស់រយៈពេលប៉ុន្មានខែហើយ? How long have they been an orphan (in months)					
ប្រសិនបើព័ត៌មានខាងក្រោមពិត សូមបំពេញក្នុងប្រអប់អោយបានសមរម្យ: Please ENTER CODE IN appropriate box: ១. ពិត 1=YES ០. មិនពិត 0=NO					
11.4. តើក្រុមគ្រួសារនេះបានទទួលនូវការគាំទ្រផ្នែកសុខភាព ដែលរួមទាំងការថែរក្សា និងការផ្គត់ផ្គង់ថ្នាំពេទ្យរឺទេ ក្នុងរយៈពេល ១២ ខែចុងក្រោយនេះ? Has this household received medical support, including medical care and/or medical care supplies, within the last 12 months?					
11.5. តើក្រុមគ្រួសារនេះបានទទួលនូវជំនួយដែលទាក់ទងនឹងការ ចូលរៀន ដែលរួមទាំងការចំណាយលើការចូលរៀនរឺទេ ក្នុងរយៈពេល ១២ ខែចុងក្រោយនេះ? (សំរាប់តែកុមារអាយុ ពី ៥ ឆ្នាំ ដល់ ១៧ ឆ្នាំតែប៉ុណ្ណោះ) Has this household received school-related assistance, including school fees, within the last 12 months? (This question is to be asked only of children aged 5–17.)					
11.6. តើក្រុមគ្រួសារនេះបានទទួលនូវការគាំទ្រផ្នែកចិត្តសាស្ត្រ/ ផ្នែកអារម្មណ៍ ដែលរួមទាំងការប្រឹក្សាជាមួយទីប្រឹក្សាដែលបានចូល រួមពាក់ព័ន្ធគ្រឹមត្រូវ រឺទេ ក្នុងរយៈពេល៣ខែចុងក្រោយនេះ? Has this household received motional/psychological support, including counseling from a trained counselor and/or emotional/spiritual support or companionship within the last three months?					
11.7. តើក្រុមគ្រួសារនេះបានទទួលនូវការគាំទ្រផ្នែកសង្គម ផ្សេងទៀត ដែលរួមទាំងការគាំទ្រផ្នែកសេដ្ឋកិច្ចសង្គម (ដូចជាការគាំទ្រផ្នែកហិរញ្ញវត្ថុ អាហារ សំលៀកបំពាក់ និងជំរក) និងការគាំទ្រផ្នែកសម្ភារៈ (ដូចជា ដើម្បីជួយដល់ការងារផ្ទះ សំបែង ការបំពាក់បំប៉នដល់អ្នកថែរក្សា តំហែរក្សាកុមារ និងសេវា ស្របច្បាប់ផ្សេងៗ) រឺទេ ក្នុងរយៈពេល ៣ ខែចុងក្រោយនេះ? Has this household received other social support, including socioeconomic support (e.g. clothing, extra food, financial support, shelter) and/or instrumental support (e.g. help with household work, training for caregivers, childcare, legal services) within the last three months?					
12. កុមារកំព្រា: ការចូលសាលា Orphans: School Attendance					
12.1. តើម្តាយបង្កើតរបស់កុមារនេះនៅរស់ដើររឺទេ? Is this child's natural mother still alive?					

12.2. បើម្តាយរបស់កុមារនេះនៅរស់ តើគាត់រស់នៅក្នុងផ្ទះនេះដែររឺទេ? If yes, does she live in the household?					
12.3. តើឪពុកបង្កើតរបស់កុមារនេះនៅរស់ដែររឺទេ? Is this child's natural father still alive?					
12.4. បើឪពុករបស់កុមារនេះនៅរស់ តើគាត់រស់នៅក្នុងផ្ទះនេះដែររឺទេ? If yes, does he live in the household?					
12.5. តើកុមារនេះបានចូលរៀនពេលណាមួយក៏ឡុងពេលឆ្នាំសិក្សានេះឬទេ? Did this child attend school at any one time during this school year?					

កំរិតអប់រំរបស់កូន Education of Children

13. ក្នុងរយៈពេល១២ខែចុងក្រោយនេះ តើប្រាក់ចំណូលសរុបរបស់ក្រុមគ្រួសារអ្នកមានលក្ខណៈយ៉ាងណា? អានចំលើយហើយកត់ត្រា

Over the last 12 months, has your household's overall income...? (Read answers and enter response.)

- | | | | | | | |
|--|--------------------------|---|--------------------------|--|------------------------------|------|
| ១. ថយចុះយ៉ាងខ្លាំង
1 =Decreased greatly | ២. ថយចុះ
2 =Decreased | ៣.មិនមានការប្រែប្រួល
3 =Stayed the ame | ៤.កើនឡើង
4 =Increased | ៥.កើនឡើងយ៉ាងខ្លាំង
5 =Increased greatly | ៩៩. មិនដឹង
99 =Don't know | [__] |
|--|--------------------------|---|--------------------------|--|------------------------------|------|

13.1. ក្នុងរយៈពេល ១២ ខែចុងក្រោយនេះ តើប្រាក់ចំណូលរបស់អ្នកមានលក្ខណៈយ៉ាងណា? អានចំលើយហើយកត់ត្រា

Over the last 12 months, has the income you earned...? (Read answers and enter response.)

- | | | | | | | |
|--|--------------------------|---|--------------------------|---|------------------------------|------|
| ១. ថយចុះយ៉ាងខ្លាំង
1 =Decreased greatly | ២. ថយចុះ
2 =Decreased | ៣.មិនមានការប្រែប្រួល
3 =Stayed the ame | ៤.កើនឡើង
4 =Increased | ៥. កើនឡើងយ៉ាងខ្លាំង
5 =Increased greatly | ៩៩. មិនដឹង
99 =Don't know | [__] |
|--|--------------------------|---|--------------------------|---|------------------------------|------|

13.2. (ប្រសិនបើមានការថយចុះទាំងអស់សំនួរ ១៣ និង ១៣.១) តើហេតុអ្វីបានជាចំណូលរបស់អ្នកថយចុះ? កុំអាន ចំលើយមានច្រើន

(If decreased at all) Why did your income decrease? (Do not read. Multiple answers possible..)

- | | | | | | | | |
|---|--------------------------------|---|--|--------------------------------|---|------------------------------|-------------------------------------|
| ១.អ្នករឺសមាជិករបស់គ្រួសាររបស់អ្នកឈឺ
1 = I or house-hold member has been sick | ២. លក់មិនដាច់
2 =Poor sales | ៣. មិនអាចរកទិញបាននូវវត្ថុធាតុដើម
3 =Unable to get inputs | ៤.ផលិតកម្មកសិកម្មមានភាពទន់ខ្សោយ
4 =Agricultural production was poor | ៥.បាត់បង់ការងារ
5 =Lost job | ៦. ផ្សេងទៀត (សូមបញ្ជាក់ _____)
6 =Others (specify) | ៩៩. មិនដឹង
99 =Don't know | [__] [__]
[__] [__]
[__] [__] |
|---|--------------------------------|---|--|--------------------------------|---|------------------------------|-------------------------------------|

13.3. (ប្រសិនបើមានការកើនឡើងទាំងអស់សំនួរ ១៣ និង ១៣.១) តើហេតុអ្វីបានជាចំណូលរបស់អ្នកកើនឡើង? កុំអាន ចំលើយមានច្រើន

(If increased at all) Why did your income increase? (Do not read. Multiple answers possible.)

- | | | | | | | | |
|---|--|---|---|----------------------------------|---|------------------------------|-------------------------------------|
| ១. ពង្រីកសហគ្រាសដែលមានស្រាប់
1 =Expanded existing enterprise | ២. បង្កើតសហគ្រាសថ្មី
2 =Under-took new enterprise | ៣. អាចរកទិញបាននូវវត្ថុធាតុដើមនៅតម្លៃថោក
3 =Able to buy inputs at cheaper price | ៤. រកបានទីផ្សារថ្មី
4 =Sold in new markets | ៥. មានការងារធ្វើ
5 =Got a job | ៦. ផ្សេងទៀត (សូមបញ្ជាក់ _____)
6 =Others (specify) | ៩៩. មិនដឹង
99 =Don't know | [__] [__]
[__] [__]
[__] [__] |
|---|--|---|---|----------------------------------|---|------------------------------|-------------------------------------|

ថ្នាក់សហគ្រាស : ប្រាក់ចំណូល កំលាំងពលកម្ម និងប្រាក់ចំណេញ Enterprise Level: Income, Labor, and Profit
(any source of funding)

14. ក្នុងរយៈពេល ៤ សប្តាហ៍ចុងក្រោយនេះ តើអ្នកធ្វើការងារអោយគេដើម្បីរកកំរើទេ?

In the last 4 weeks, did you work for anyone else for pay (in kind or in cash)?

- ១. បាទ/ចា ០. ទេ ៩៩. មិនដឹង
- 1=yes 0=No 99 = Don't know

14.1. ក្នុងរយៈពេល ៤សប្តាហ៍ចុងក្រោយនេះ តើអ្នកបានចូលរួមក្នុងសហគ្រាស វិសកម្មភាពបង្កើនប្រាក់ចំណូលរបស់អ្នកច្រើនជាងការងារស្រែចំការទេ? (រួមទាំងការងារតាមរដូវ វិ ការងារតាមផ្នែក) In the last 4 weeks, did you engage in your own enterprise or income-generating activity other than farming? (include seasonal or piece work)

- ១. បាទ/ចា ០. ទេ (សូមបន្តទៅ
- 1=yes សំនួរទី១៨)
- 0=No (go to #18) 99 = Don't know

15. ក្នុងរយៈពេល ៤សប្តាហ៍ចុងក្រោយនេះ តើសកម្មភាពណាមួយក្នុងសហគ្រាស ដែលជួយអោយអ្នករកប្រាក់ចំណូលបានច្រើនជាងគេ?

In the last 4 weeks, which of these enterprise activities earned you the most income?

សកម្មភាពទី១

Activity #1 _____

15.1. តើសកម្មភាពក្នុងសហគ្រាសនេះ ជា ...? Is this enterprise activity...? (Read answers and enter only one among the choices.)

- ១. សហគ្រាសផ្ទាល់ខ្លួន
- 1 = Primarily your own
- enterprise
- ២. សហគ្រាសជា
- លក្ខណៈគ្រួសារ
- 2 = Primarily a household
- enterprise
- ៣. មុខជំនួញមួយដែលមាន
- ភាពជាដៃគូជាមួយអ្នកដទៃ
- ក្រៅពីអ្នកផ្ទះ
- 3 = A business partnership
- with others not in your
- household

15.2. ប្រាក់ចំណេញ : សំរាប់សកម្មភាពចំបងបង្កើនប្រាក់ចំណូល ប៉ុន្តែមុនពេលអ្នកបានចំណាយប្រាក់របស់អ្នកលើគ្រួសាររបស់អ្នក តើប្រាក់ចំណេញរបស់អ្នកមានចំនួនប៉ុន្មាន? Profit: For your main IGA, after covering your costs—but before you spent your earnings on your family—what was your profit? (Enter amount in the appropriate time period box.)

ជារៀងរាល់សប្តាហ៍ Weekly profit	ជារៀងរាល់ ២សប្តាហ៍ Profit per 2 weeks	ជារៀងរាល់ខែ Monthly profit	រយៈពេលផ្សេងទៀត (សូមបញ្ជាក់:.....) Profit for other time period; pecify

16. ក្នុងរយៈពេល ៤សប្តាហ៍ចុងក្រោយនេះ តើសកម្មភាពណាមួយក្នុងសហគ្រាសដែលជួយអោយអ្នករកប្រាក់ចំណូលបានច្រើនជាងគេទី២? (សំគាល់: ប្រសិនបើគ្មានសកម្មភាពទី ២ សូមបន្តទៅសំនួរទី ១៧) In the last 4 weeks, which enterprise activities earned you the second greatest amount of income? (NOTE: If there is no secondary activity, proceed to question 17.)

សកម្មភាពទី ២

Activity #2 _____

16.1. តើសកម្មភាពក្នុងសហគ្រាសនេះ ជា ...? Is this enterprise activity...? (Read answers and enter only one among the choices.)

- ១. សហគ្រាសផ្ទាល់ខ្លួន
- 1 = Primarily your own
- enterprise
- ២. សហគ្រាសជា
- លក្ខណៈគ្រួសារ
- 2 = Primarily a household
- enterprise
- ៣. មុខជំនួញមួយដែលមាន
- ភាពជាដៃគូជាមួយអ្នកដទៃ
- ក្រៅពីអ្នកផ្ទះ
- 3 = A business partnership
- with others not in your
- household

ថ្នាក់បុគ្គល : ប្រាក់សន្សំ និងទេពកោសល្យផ្នែកសហគ្រាស Individual Level: Savings and Enterprise Skills

20. តើបច្ចុប្បន្នអ្នកមានប្រាក់សន្សំជាសាច់ប្រាក់សុទ្ធផ្ទាល់ខ្លួន ដែលអ្នកបំរុងនឹងយកទៅប្រើក្នុងករណីបន្ទាន់ ដូចជាគំរោងធ្វើការទិញ វិ បណ្តាក់ ទុនខ្នាតធំណាមួយដែររឺទេ? Do you currently have any personal cash savings that you keep in case of emergencies or because you plan to make a major purchase or investment?

- ១. មាន ០. ទេ (សូមបន្តទៅ ៩៩.មិនដឹង (សូមបន្តទៅ [___]
- 1=yes សំនួរទី ២២) សំនួរទី ២២)
- 0 = No (go to #22) 99 = Don't know
- (go to #22)

21. ក្នុងរយៈពេល ១២ ខែចុងក្រោយនេះ តើប្រាក់សន្សំជាសាច់ប្រាក់សុទ្ធរបស់អ្នកមានលក្ខណៈយ៉ាងណា? ចូរអានចម្លើយ During the last 12 months, has your personal cash savings...? (Read answers and enter response.)

- ១. ថយចុះ ២. ថយចុះ ៣. មិនមានការ ៤. កើនឡើង ៥. កើនឡើង ៩៩. មិនដឹង [___]
- យ៉ាងខ្លាំង 2 =Decreased ប្រែប្រួល 4 =Increased យ៉ាងខ្លាំង 99 =Don't know
- 1 =Decreased 3 =Stayed 5 =Increased
- greatly the ame greatly

21.1. បើកើនឡើង រឺ ថយចុះតើហេតុអ្វី? if decrease/increase, Why?

22. ក្នុងកំឡុងពេលដែលអ្នកកំពុងធ្វើការសំរេចចិត្តលើការបង្កើតសហគ្រាសនេះឡើង តើកត្តាអ្វីខ្លះដែលអ្នកពិចារណាដល់? (សូមកុំអាន ចម្លើយវាអាចមានចម្លើយច្រើន) When you are deciding to undertake an enterprise, what factors do you consider? (Do not read answers. Multiple answers possible. Probe by asking, "And anything else?")

- ១. វាជាការងារដែលខ្ញុំ ៣. ខ្ញុំមានដើមទុនគ្រប់គ្រាន់ ៥. ផ្សេងទៀត [___][___]
- ធ្លាប់ធ្វើ/ វាជារដូវដែលគេ 3 = How much working (សូមបញ្ជាក់: [___][___]
- និយមធ្វើវា capital is needed/ Whether [___]
- 1 = Work I am familiar I have enough money)
- with/It is the season/Others 4. ខ្ញុំអាចធ្វើវាបាន ដើម្បី 5 = Others (specify)
- are doing it ថា ខ្ញុំអាចថែរក្សា ៩៩. មិនដឹង
- ២. ផលិតផល រឺ សេវាកំពុង និងមានទំនួលខុសត្រូវក្នុង 99 = Don't know
- មានទីផ្សារ រឺ វាអាចរកប្រាក់ ក្រុមគ្រួសាររបស់ខ្ញុំ
- ចំណេញបានច្រើន 4 = Whether I can do
- 2 = Whether the product or it and still take care
- service is in demand or of my family and other
- whether it seems profitable responsibilities

កំរិតសុខុមាលភាពនៅក្នុងគ្រួសារ : ការកែលំអផ្ទះ Household Level Welfare: Housing Improvements

23. នៅក្នុងអំឡុងពេល ១២ ខែមុន តើផ្ទះរបស់អ្នកមានបានជួសជុលកែលំអ រឺ ធ្វើការបន្ថែមអ្វីខ្លះដែលមានតម្លៃលើស ៥០\$ (២០០,០០០) រៀល រឺទេ ? During the last 12 months, were any repairs, improvements or additions made to your home that cost more than \$50/KHR200,000?

- ១. មាន ០. អត់ទេ (រំលងទៅ ៩៩.មិនដឹង [___]
- 1=yes សំនួរទី ២៥) 99 = Don't know
- 0 = No (go to #25)

24. ប្រសិនបើមាន តើមួយណានៅខាងក្រោមនេះដែលអ្នកបានធ្វើកាលពី ១២ ខែមុន? If YES, which of the following have you done in the last 12 months?

<p>ជួសជុលលំនៅ, កែលំអ, រឺ មានការបន្ថែម (សំរាប់អតិថិជន, ចូរអានតាមជួរនីមួយៗ) Housing Repairs, Improvements, or Additions (For clients, read across the row by item.)</p>	<p>ក. ចូរអានហើយបំពេញចូល ប្រអប់អោយបានត្រឹមត្រូវ a. (Read and put if YES=1, if NO=0)</p>	<p>ខ. តើពេលនោះអ្នកជាសមាជិក នៃកម្មវិធីនេះរឺទេ? (ចូរគូស សញ្ញាខ្មែង) b. Were you a member of the program when this was done? if YES=1, if NO=0</p>
	<p>១.មាន 0. មិនមាន</p>	<p>១.មាន 0. មិនមាន</p>
<p>ក. ជួសជុល រឺ កែលំអផ្ទះ ដូចជា ជួសជុល ដំបូល ឥដ្ឋ រឺ ជញ្ជាំង a. House repairs or improvements (for example, fixed or improved existing roof, floor, or walls)</p>		
<p>ខ. ពង្រីកផ្ទះដូចជា: ការសាងសង់បន្ទប់ថ្មី, បន្ទប់ដាក់សំភារៈ, ធ្នើរ, រឺ របង b. House expansion (for example, built new room, shed, attic, or fence)</p>		
<p>គ. កែលំអប្រព័ន្ធទឹក រឺ អនាម័យដូចជា: អណ្តូងថ្មី, ប្រព័ន្ធបង្ហូរទឹក ស្អុយ រឺ អាងទឹកសំរាប់ងូតទឹក-បង្គន់ និងឡាប៊ូសំរាប់លុបមុខ c. Improved water or sanitation system (for example, new well, drainage/sewage system, or showers-latrines-wash basin)</p>		
<p>ឃ. ភ្លើង/អគ្គីសនី d. Lighting/electricity</p>		

កំរិតសុខុមាលភាពនៅក្នុងគ្រួសារ : អាហារ និងការសំរបទៅតាមស្ថានភាពលំបាក Household Level Welfare : Diet and Coping with Difficult Times

25. ក្នុងអំឡុងពេល ១២ ខែចុងក្រោយនេះ តើម្ហូបអាហាររបស់គ្រួសារអ្នក (ចូរអាន ហើយកត់ត្រាចម្លើយ) During the last 12 months, has your household's diet (Read answers and indicate response.)

- | | | | |
|---|--|---|--|
| <p>១. អន់ជាងមុន
(សូមបន្តទៅ សំនួរទី ២៥.១)
1 = Worsened
(Go to #25.1)</p> | <p>២. មិនមានការ ប្រែប្រួល (សូមបន្ត ទៅសំនួរទី ២៦)
2 = Stayed the same
(Go to #26)</p> | <p>៣. ល្អជាងមុន
(សូមបន្តទៅសំនួរ ទី ២៥.២)
3 = Improved
(Go to #25.2)</p> | <p>៩៩. មិនដឹងទេ [____]
(សូមបន្តទៅសំនួរទី ២៦)
99 = Don't know
(Go to #26)</p> |
|---|--|---|--|

25.1. ប្រសិនបើអន់ជាងមុន តើវាអន់របៀបណា? (If worsened) How has it worsened?

25.2. (ប្រសិនបើល្អជាងមុន) តើវាល្អប្រែប្រួលណា? (កុំអានចម្លើយ ចម្លើយអាចមានច្រើនយ៉ាង ចូរសួរបន្ថែមទៀតថា "តើមានអ្វីផ្សេងទៀតទេ?") (If improved) How has it improved? (Do not read answers. Multiple answers possible. Probe by asking, "And anything else?")

១. អាចទិញគ្រាប់បូកជាតិ បានច្រើនជាងមុន ដូចជា ពោត និងអង្ករជាដើម
1 = Able to buy more cereal staples—maize, rice

២. អាចទិញគ្រឿងទេស និងបន្លែបង្ការ ដើម្បីញ៉ាំ ជាមួយនិងបាយ
2 = Able to buy more condiments, vegetables, legumes to eat with staples

៣. អាចទិញផលិតផល ដែលធ្វើពីសាច់សត្វ/ ទឹកដោះគោ ដូចជាសាច់ ទឹកដោះគោ ប្រហុក និងស៊ីត
3 = Able to buy more animal/dairy products— meat, milk, cheese, eggs

៤. អាចទិញម្ហូបអាហារ សមរម្យ ដូចជាមី/កុយទាវ
4 = Able to buy more convenience foods like noodles

៥. អាចទិញអាហារឆ្អិន បានច្រើនជាងមុន
5 = Able to buy more cooked foods

៦. អាចរកអាហារបរិភោគ បានប្រសើរជាងមុនក្នុង រដូវខ្វះស្បៀង
6 = Able to eat better during the hungry season

៧. អាចរកអាហារបរិភោគបាន ៣ ពេល ក្នុង ១ ថ្ងៃ
7 = Able to eat three meals in a day

៨. ចម្លើយផ្សេងទៀត (សូមបញ្ជាក់:)
8 = Others (specify)

៩៩. មិនដឹង
99 = Don't know

26. ក្នុងអំឡុងពេល ១២ ខែចុងក្រោយនេះ តើធ្លាប់មានពេលណាមួយដែលតម្រូវអោយគ្រួសាររបស់អ្នកហូបតិចជាងមុន ឬ ហូបមិនសូវ ឆ្ងាញ់ ដោយសារខ្វះខាតលុយកាក់ទិញម្ហូបឬទេ? During the last 12 months, was there ever a time when it was necessary for your household to eat less or eat less well either because of a lack of food or a lack of money to buy food?

១. ធ្លាប់
1=yes

០. មិនធ្លាប់មានទេ (សូមបន្តទៅសំណួរទី ២៧)
0 = No (go to #27)

៩៩. មិនដឹងទេ
99 = Don't know

26.1. តើអំឡុងពេលនេះ មានរយៈពេលយូរប៉ុន្មាន? How long did this period last?

ចូរបញ្ជាក់ប្រាប់ចំនួនខែ
Specify number of months

៩៩. មិនដឹងទេ
99 = Don't know

26.2. តើគ្រួសារអ្នកបានធ្វើអ្វីខ្លះ ដើម្បីយកឈ្នះលើស្ថានភាពពិបាកបែបនេះ? (កុំអានចម្លើយ វាអាចមានចម្លើយច្រើន) What did your household do to get through this difficult situation? (Do not read answers. Multiple answers possible.)

១. ខ្ចីលុយកាក់ ឬម្ហូបអាហារ ពីគ្រួសារមិត្តភក្តិ ដោយ ឥតគិតថ្លៃ
1 = Borrowed money or food from family/friend at no cost

៣. លក់ទ្រព្យសម្បត្តិផ្ទាល់ខ្លួន
3 = Sold personal property

៥. សាមីខ្លួន ឬ នរណាម្នាក់ នៅក្នុងគ្រួសាររកបានការងារ ធ្វើក្នុងស្រុក
5 = Self or someone else in family got local employment

២. ខ្ចីលុយកាក់ ឬម្ហូបអាហារ ដោយគិតថ្លៃការ
2 = Borrowed money or food at cost

៤. សាមីខ្លួន ឬ នរណាម្នាក់ នៅក្នុងគ្រួសារបានចាកចេញ ពីកន្លែងរស់នៅ ដើម្បីរក ការងារធ្វើ
4 = Self or someone else in family left area to seek employment

៦. ផ្សេងៗទៀត (ចូរបញ្ជាក់:)
6 = Others (specify)

៩៩. មិនដឹង
99 = Don't know

27. ក្នុងអំឡុងពេល ១២ខែចុងក្រោយ តើធ្លាប់មានពេលណាមួយដែលអ្នកមិនមានលុយកាក់គ្រប់គ្រាន់ ដើម្បីរៀបចំមុខរបររបស់អ្នកឬទេ? During the last 12 months, was there ever a time when you did not have enough money to conduct your enterprise?

១. ធ្លាប់មាន
1=yes

០. មិនធ្លាប់មាន (សូមបន្តទៅសំណួរទី ២៨)
0 = No (go to #28)

៩៩. មិនដឹងទេ
99 = Don't know

27.1. តើអំឡុងពេលនេះ មានរយៈពេលយូរប៉ុន្មាន? How long did this period last?

ចូរបញ្ជាក់ប្រាប់ចំនួនខែ ៩៩. មិនដឹងទេ []
Specify number of months 99 = Don't know

28. សព្វថ្ងៃ តើអ្នកប្រើប្រាស់ថ្នាំពន្យារជីវិតដែររឺទេ? Are you on ART?

១. បាទ ០. មិនបាទ ៩៩. មិនដឹងទេ []
1=yes (សូមបន្តទៅសំណួរទី ៣១) 99 = Don't know
0 = No (go to #31)

29. តើអ្នកទទួលបានថ្នាំពន្យារជីវិតញឹកញាប់ប៉ុន្មានណា? How often do you receive ART medicines?

30. តើអ្នកលេបថ្នាំពន្យារជីវិតបានទៀងទាត់ និងសមស្របដែររឺទេ? Are you taking ART regularly and consistently?

១. ទៀងទាត់ ០. មិនទៀងទាត់ ៩. មិនដឹង []
(សូមបន្តទៅសំណួរទី ៣០.២) (សូមបន្តទៅសំណួរទី ៣០.១) (សូមបន្តទៅសំណួរទី ៣១)
1 = Yes 0 = No 99 = Don't know
(go to #30.2) (go to #30.1) (go to #31)

30.1. ប្រសិនបើមិនទៀងទាត់ តើហេតុអ្វី? If no, why?

30.2. ប្រសិនបើទៀងទាត់ តើវាញឹកញាប់ដូចម្តេច? If yes, how often?

31. តើអ្នកធ្លាប់បានឆ្លងកាត់ការរើសអើងពីអ្នកដទៃទេ នៅពេលដែលពួកគេដឹងថាអ្នកមានផ្ទុកមេរោគអេដស៍?

Did you have any negative experiences when people know that you have HIV/AIDS

១. មាន ០. មិនមាន ៩៩. មិនដឹង []
1=yes 0 = No 99 = Don't know

31.1. ប្រសិនបើមាន សូមអោយឧទាហរណ៍ ។ If Yes, Please give examples

31.2. តើអ្នកអាចទ្រាំទ្រនឹងស្ថានភាពនោះបានយ៉ាងដូចម្តេច? How did you cope with this situation?

32. តើប្រភពប្រាក់មកពីណា ដែលក្រុមគ្រួសាររបស់អ្នកអាចពឹងពាក់បានក្នុងករណីមានវិបត្តិហិរញ្ញវត្ថុ? (អ្នកសម្ភាសន៍: សូមធ្វើការរៀបចំ ជាមុននូវប័ណ្ណជាមួយនិងជំរើសខាងក្រោម ហើយបង្ហាញដល់អ្នកដែលយើងសម្ភាសន៍តែជំរើសណាដែលគាត់បានលើកឡើង ។ រួចសួរគាត់អោយ ដាក់តាមលំដាប់នៃជំរើសតាមអាទិភាពរបស់វា) What sources of money can a household like yours rely on in case of crisis?

(INTERVIEWER: Prepare in advance meta cards with the options listed below and show respondents only those options they mentioned. Ask them to rank identified options)

	លំដាប់តាមអាទិភាព (១=ខ្ពស់ជាងគេ ២=..... ជាដើម) Rank (1- highest; etc..)
ប្រាក់សន្សំក្នុងធនាគារ Savings in Bank	
ប្រាក់សន្សំនៅផ្ទះ Savings at home	
ប្រាក់កំចីពីធនាគារ Loan from Bank	
ប្រាក់កំចីពីបងប្អូនសាច់ញាតិ Loan from relatives	
ប្រាក់កំចីពីអ្នករកស៊ីចងការប្រាក់ Loan from money lenders	
ប្រាក់បានមកពីប្រពន្ធ/ប្តី Money from spouse	
លក់សត្វផ្សេងៗដែលមាន (ដូចជា ជ្រូក មាន់ទា និងគោ ជាដើម) Sell livestock (pigs, chickens, cows, etc.)	
លក់ទ្រព្យសម្បត្តិផ្សេងៗ (សូមបញ្ជាក់:) Sell other property. Pls. specify _____	
ទៅរកមេភូមិអោយជួយ Approach Village Leaders	
ជំនួយពីអ្នកជិតខាង Neighbor contribution	
ផ្សេងទៀត (សូមបញ្ជាក់:) Others (Specify)	

33. ចូរប្រាប់រឿង ៣ យ៉ាងដែលអ្នកពេញចិត្តខ្លាំងបំផុតអំពី KHANA

Name three things you like most about KHANA

34. ចូរប្រាប់រឿង ០៣ យ៉ាងដែលអ្នកពេញចិត្តតិចបំផុតអំពី KHANA

Name three things you like least about KHANA

35. ប្រសិនបើអ្នកអាចផ្លាស់ប្តូរអ្វីមួយអំពីអង្គការ ខាណា ដើម្បីធ្វើអោយល្អប្រសើរជាងមុនថែមទៀតតើអ្នកនឹងផ្លាស់ប្តូរអ្វី?

If you could change something about KHANA to make it even better, what would you change?

ចុងបញ្ចប់នៃការសំភាសន៍
សំដែងនូវអំណរគុណសំរាប់ពេលវេលារបស់ពួកគាត់ដែលបានចូលរួមសហការណ៍ជាមួយយើង

*****End of survey—express thanks for their time—answer any questions*****

ANNEX 4c

Non-HIV Affected with microfinance

ក្រុមគ្រួសារដែលមិនរស់នៅជាមួយមេរោគអេដស៍ដែលប្រើសេវាមីក្រូឥណទាន SURVEY FOR NON HIV AFFECTED WITH MICROFINANCE

លេខសំគាល់ នៃការធ្វើអង្កេត Survey Identification Number

[_____]

ការសម្ភាសន៍ត្រូវបានត្រួតពិនិត្យដោយ Survey reviewed by : ទិន្នន័យត្រូវបានបញ្ចូលទៅក្នុងកុំព្យូទ័រដោយ Data entered on computer by :

ការធ្វើអង្កេតចម្រង Main Survey

ឈ្មោះអ្នកត្រូវបានសម្ភាសន៍ Respondent name:

ភូមិ Village: _____

ឈ្មោះអ្នកសម្ភាសន៍ Name of interviewer:

កាលបរិច្ឆេទនៃការសម្ភាសន៍ Date of interview :

(mm/dd/yy) ____/____/____/

ព័ត៌មានអ្នកត្រូវបានសម្ភាសន៍: (បំពេញតាមកំណត់ត្រារបស់កម្មវិធី បើអាចទៅរួច រឺសួរផ្ទាល់) Client information only: (Complete from program records, when possible, or by asking client.)

អ្នកខ្ចីជាក្រុម Group borrower : [___]

អ្នកខ្ចីជាបុគ្គល Individual borrower : [___]

ចំនួនខែសរុបក្នុងកម្មវិធី Total months in program

[_____]

ចំនួនប្រាក់សន្សំបច្ចុប្បន្នជាមួយកម្មវិធី Current savings amount with program (Riels) :

[_____]

ចំនួនដងដែលអតិថិជនបានខ្ចី No. of loans client has taken :

[_____]

តើការសងប្រាក់របស់អតិថិជនមានការយឺតយ៉ាវរឺទេ? (ត្រូវសង្វែង)

Is client behind in repayments? (circle) :

យឺតយ៉ាវ / ទាន់ពេល

Y / N

ចំនួនប្រាក់កំរើលើកដំបូង Amount of 1st loan (Riels) :

[_____]

ចំនួនប្រាក់កំរើបច្ចុប្បន្ន Amount of current loan (Riels)

[_____]

ចំនួនប្រាក់កំរើសរុបដែលអតិថិជនបានខ្ចី Cumulative value of all loans taken

[_____]

ការណែនាំ និងការយល់ព្រម Introduction and Consent

ការសំដែងការគួរសម ។

សូមជំរាបសួរ

ខ្ញុំឈ្មោះ _____ ។ យើងខ្ញុំ កំពុងធ្វើអង្កេតមួយ ដើម្បីចង់ដឹងពីប្រសិទ្ធភាពនៃសេវា ដែលទាក់ទងនឹងហិរញ្ញវត្ថុ មិនហិរញ្ញវត្ថុ ដែលបានផ្តល់ដល់អតិថិជនទាំងឡាយ ។ អ្នកត្រូវបានគេជ្រើសរើសចេញពីបញ្ជីសមាជិកក្នុងស្ថាប័ននេះ ដើម្បីធ្វើការអង្កេតនេះ ។ ព័ត៌មានដែលអ្នកនឹងផ្តល់អោយ នឹងជួយដល់ VFC ក្នុងការរៀបចំគម្រោង ដើម្បីធ្វើអោយសេវាដែលកំពុងដំណើរការមានភាពប្រសើរឡើង ។ ការធ្វើអង្កេតនេះ នឹងត្រូវចំណាយពេលប្រហែលជា ៦០ នាទី ដើម្បីបំពេញ ។ រាល់ព័ត៌មាន ដែលអ្នកផ្តល់អោយនឹងត្រូវបានរក្សាជាការសម្ងាត់ ។

អ្នកដែលចូលរួមក្នុងការធ្វើអង្កេតនេះ មានលក្ខណៈជាការស្ម័គ្រចិត្ត ។ ទោះបីជាយ៉ាងណាក៏ដោយ ក៏យើងសង្ឃឹមថា អ្នកនឹងចូលរួមក្នុង ការធ្វើអង្កេតនេះ ព្រោះថា មតិយោបល់របស់អ្នកមានសារៈសំខាន់ណាស់ ។ តើអ្នកនឹងសុខចិត្តអោយគេធ្វើការសម្ភាសន៍ដែររឺទេ?

Greetings.

How do you do?

I am _____ from VFC. We are conducting a survey because VFC is interested to know the effects of the financial and non-financial services they provided to its clients. From the members in your branch, you were selected for this survey. The information you will give us will help VFC to plan and improve its existing services. The survey will approximately take 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other people.

Participation in this survey is voluntary. However, we hope that you will participate in this survey because your views are important. Are you willing to be interviewed?

ថ្នាក់បុគ្គល : ព័ត៌មានជាមូលដ្ឋាន Individual Level: Basic Information

1. តើអ្នកក្លាយជាសមាជិករបស់ VisionFund Cambodia អស់រយៈពេលប៉ុន្មានហើយ? (សូមរើសយកលេខរៀងណាមួយនៃចំណើយខាងក្រោម រួមបំពេញក្នុងចន្លោះនៅផ្នែកខាងចុង) How long have you been a member of VisionFund Cambodia? (Write number of information that matches client status.)

- | | | |
|---|--|-------|
| <p>១. ប្រហែលជា ៦ខែ
1 = About 6 months</p> | <p>២. ប្រហែលជា ១ឆ្នាំ
2 = About 1 year</p> | [___] |
|---|--|-------|

2. ភេទអ្នកឆ្លើយ Gender of respondent

- | | | |
|------------------------------|-------------------------------|-------|
| <p>១. ប្រុស
1 = Male</p> | <p>២. ស្រី
2 = Female</p> | [___] |
|------------------------------|-------------------------------|-------|

3. តើអ្នកមានអាយុប៉ុន្មាន? How old are you?

- | | | |
|--|--|-------|
| <p>បញ្ជាក់ចំនួនឆ្នាំ
Specify number of years</p> | <p>៩៩ = មិនដឹង
99 = Don't know</p> | [___] |
|--|--|-------|

4. តើបច្ចុប្បន្ននេះ ស្ថានភាពអាពាហ៍ពិពាហ៍អ្នកយ៉ាងដូចម្តេច? (អានចំណើយ ហើយជ្រើសរើសមួយនៅក្នុងចំណោមខាងក្រោម) Currently, are you ...? (Read answers. Enter only one among the choices.)

- | | | |
|--|---|-------|
| <p>១. រៀបការហើយ
1 = Married/free union</p> | <p>៣. មេម៉ាយ/ពោះម៉ាយ
3 = Widowed</p> | [___] |
| <p>២. លែងលះ
2 = Separated/divorced</p> | <p>៤. នៅសិរី
4 = Single/never married</p> | [___] |

5. តើរយៈពេលប៉ុន្មានឆ្នាំដែលការសិក្សារបស់អ្នកបានបញ្ចប់? How many years of school have you completed?

- | | | |
|--|--|-------|
| <p>បញ្ជាក់ចំនួនឆ្នាំ
Specify number of years</p> | <p>៩៩ = មិនដឹង
99 = Don't know</p> | [___] |
|--|--|-------|

ថ្នាក់គ្រួសារ : ព័ត៌មានមូលដ្ឋាន Household Level: Basic Information

6. តើសមាជិក ដែលរស់នៅក្នុងផ្ទះអ្នកមានប៉ុន្មាននាក់? (គិតតាំងពីអ្នកដែលទទួលបានអាហារយ៉ាងតិចមួយពេលក្នុងមួយថ្ងៃ)

How many persons in your household—those who live together and share the same food at least once in a day—are...

ចំនួន (នាក់) Number of persons :

ពេញវ័យ (អាយុយ៉ាងតិច ១៨ ឆ្នាំ)

Adults—18 years of age or older

កុមារ (អាយុតិចជាង១៨ឆ្នាំ)

Children—17 years of age or younger

7. តើមានសមាជិកប៉ុន្មាននាក់ក្នុងគ្រួសារនេះដែលកំពុងធ្វើការ? (ការងារទាំឡាយដែលអាចរកប្រាក់ចំនួនបាន)

How many persons in your household are working—engaged in work that earns income or products?

ចំនួនសមាជិកសកម្ម

Number of economically active

7.1. តើមានសមាជិកប៉ុន្មាននាក់ក្នុងគ្រួសារនេះ ដែលមានមុខរបរ រកចំនួនបានទៀងទាត់? How many persons in your household have a job that earns them a regular income?

ចំនួនអ្នកធ្វើការទទួលបានប្រាក់ខែ

Number of salaried workers

8. តើនរណាគេ ជាមេគ្រួសារ នៅក្នុងផ្ទះនេះ? (អ្នកដែលមានសិទ្ធិសំរេចចិត្តធំជាងគេ) Who is the head of your household—the person who is the principal decision-maker?

១. ខ្លួនឯង
1 = Self

២. សាច់ញាតិបុរស
(ប្តី ឪពុក បងប្រុស ប្អូនប្រុស
ពូ ជីតា ឪពុកក្មេក
បងប្រុសក្មេក ប្អូនប្រុសក្មេក)
2 = Male relative
(husband, father, brother,
uncle, grandfather,
father-in-law, brother-in-law)

៣. សាច់ញាតិស្រី
(ម្តាយ បងស្រី ប្អូនស្រី មីង
ជីដូន ម្តាយក្មេក)
3 = Female relative
(mother, sister, aunt,
grandmother,
mother-in-law)

កំរិតអប់រំរបស់កូន Education of Children

9. តើមានកុមារប៉ុន្មាននាក់ នៅក្នុងផ្ទះរបស់អ្នកដែលមានអាយុចូលរៀន? (ពីអាយុ ៥ឆ្នាំ ទៅដល់ ១៧ឆ្នាំ) How many children in your household are school-aged (5-17 years of age) ?

ចំនួនកុមារដែលមានអាយុចូលរៀន (សូមបន្តទៅសំណួរទី៩.៣)

Total number of school-aged children (if O go to #9.3)

9.1. តើមានប៉ុន្មាននាក់ ក្នុងចំណោមកុមារទាំងនោះដែលកំពុងរៀននៅសាលា? How many of these children currently attend school?

ចំនួនកុមារដែលកំពុងរៀន

Total number in school

9.2. តើមានប៉ុន្មាននាក់ ក្នុងចំណោមកុមារទាំងនោះ ដែលមិនដែលចូលរៀននៅសាលា? How many of these children have never attended school?

ចំនួនកុមារដែលមិនដែលចូលរៀន

Total number never in school

9.3. ក្នុងចំណោមកូនទាំងអស់ តើពួកគេរៀនខ្ពស់បំផុត បានថ្នាក់ទីប៉ុន្មាន? What is the highest grade level that any of your children has completed?

កំរិតខ្ពស់បំផុតដែលបានរៀន

Highest grade in terms of number of years in school

10. តើការចំណាយលើការរៀនសូត្ររបស់កុមារទាំងនោះក្នុងឆ្នាំនេះ មានលក្ខណៈយ៉ាងណាបើប្រៀបធៀបជាមួយការចំណាយក្នុងឆ្នាំមុន?

How does the amount your household spent on school and school expenses for this current school year compare to what you spent last school year? Did the amount... (Read answers and enter response.)

១. ថយចុះ 1 =Decrease	២. មិនមានការប្រែប្រួល 2 =Stay the same	៣. កើនឡើង 3 =Increase	៩៩. មិនដឹង 99 =Don't know	៩៨. គ្មានទិន្នន័យ 98=Not applicable	[]
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10.1. បើថយចុះ រឺ កើនឡើង តើមកពីមូលហេតុអ្វី? If increase/decrease, why?

ការប្រើប្រាស់ប្រាក់កម្ចី និងប្រាក់ចំណូលរបស់បុគ្គលម្នាក់ៗ Loan Use and Individual Income

11. តើអ្នកបានយកប្រាក់ដែលបានខ្ចីពី VFC ទៅប្រើប្រាស់ ក្នុងសកម្មភាពបង្កើនប្រាក់ចំណូលឬទេ?

Did you invest any of the last loan you took from VFC into an income-generating activity?

១. បាទ/ចា 1=yes	០. ទេ 0=No	៩៩.មិនដឹង 99 = Don't know	[]
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11.1. តើអ្នកវិនិយោគប្រាក់កម្ចីទាំងនោះ ទៅលើផ្នែកអ្វី? (កុំអាន ចំណេះដឹងអាចមានច្រើន)

How did you invest the last loan you took from VFC? (Do not read. Multiple answers possible.)

១.ពាណិជ្ជកម្ម/ជំនួញ/ការលក់ដូរ (រួមទាំងការលក់រាយរម្មខ្មរបរកំប៊ុកកំប៊ុកផ្សេងៗ) 1 = Commerce/ trade/retail (includes petty trade)	២.ផលិតកម្ម (ដូចជាផ្នែកអាហារ វាយនភ័ណ្ឌ និងផលិតកម្មផ្សេងៗទៀត) 2 =Manufacturing (includes food processing, textile production, crafts, leather work)	៣.សេវា(ដូចជា ការកាត់សក់ ភោជនីយដ្ឋាន តូបលក់អាហារ និងសេវាសំអាតផ្សេងៗ) 3 =Service (includes hairdressing, restaurants, food stalls, cleaning services)	៤.កសិកម្ម(ដូចជា អាហារ វិ ផលិតកម្ម ដំណាំផ្សេងៗ និង ការចិញ្ចឹមសត្វ) 4 =Agriculture (includes food or other crop production, animal raising)	៥៨.អត់បានយកទៅវិនិយោគលើការប្រកបរបរបង្កើនប្រាក់ចំណូលទេ 98 =Not applicable; did not invest the loan in an income-generating enterprise	[] [] [] []
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11.2. តើអ្នកបានយកផ្នែកខ្លះនៃប្រាក់កម្ចីរបស់អ្នកទៅចំណាយលើ ...? (អានផ្នែកនីមួយៗហើយបំពេញនៅក្នុងប្រអប់)

Did you use any portion of your last loan to...? (Read each statement. Fill in appropriate box.)

11.2.1. ទិញអាហារសំរាប់អ្នកផ្ទះ

Buy food for your household

១. បាទ/ចា 1=yes	០. ទេ 0=No	៩៩.មិនដឹង 99 = Don't know	[]
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11.2.2. ទិញសំលៀកបំពាក់ រឺសម្ភារៈប្រើប្រាស់ ក្នុងផ្ទះផ្សេងៗ

Buy clothes or other household items

១. បាទ/ចា 1=yes	០. ទេ 0=No	៩៩.មិនដឹង 99 = Don't know	[]
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11.2.3. យកប្រាក់កំចី ទៅអោយប្រពន្ធ/ប្តី រឺ យកទៅអោយគេខ្លីបន្ត

Give or loan the money to your spouse or someone else

១. បាទ/ចា	០. ទេ	៩៩. មិនដឹង	[__]
1=yes	0=No	99 = Don't know	

11.2.4. ទុកប្រាក់កំចីនោះជាប់ខ្លួន ត្រៀមក្នុងករណីបន្ទាន់ផ្សេងៗ

Keep money on hand in case of an emergency

១. បាទ/ចា	០. ទេ	៩៩. មិនដឹង	[__]
1=yes	0=No	99 = Don't know	

11.2.5. ទុកលុយសំរាប់បង់សងប្រាក់កំចី Keep money to repay a loan

១. បាទ/ចា	០. ទេ	៩៩. មិនដឹង	[__]
1=yes	0=No	99 = Don't know	

12. ក្នុងរយៈពេល ១២ខែចុងក្រោយនេះ តើប្រាក់ចំណូលសរុប របស់ក្រុមគ្រួសារអ្នកមានលក្ខណៈយ៉ាងណា? (អានហើយកត់ត្រាចំលើយ)

Over the last 12 months, has your household's overall income...? (Read answers and enter response.)

១. ថយចុះ យ៉ាងខ្លាំង	២. ថយចុះ 2 =Decreased	៣. មិនមានការ ប្រែប្រួល 3 =Stayed the ame	៤. កើនឡើង 4 =Increased	៥. កើនឡើង យ៉ាងខ្លាំង 5 =Increased greatly	៩៩. មិនដឹង 99 =Don't know	[__]
1 =Decreased greatly						

12.1. ក្នុងរយៈពេល ១២ខែ ចុងក្រោយនេះ តើប្រាក់ចំណូល របស់អ្នកមានលក្ខណៈយ៉ាងណា? (អានហើយកត់ត្រាចំលើយ)

Over the last 12 months, has the income you earned...? (Read answers and enter response.)

១. ថយចុះ យ៉ាងខ្លាំង	២. ថយចុះ 2 =Decreased	៣. មិនមានការ ប្រែប្រួល 3 =Stayed the ame	៤. កើនឡើង 4 =Increased	៥. កើនឡើង យ៉ាងខ្លាំង 5 =Increased greatly	៩៩. មិនដឹង 99 =Don't know	[__]
1 =Decreased greatly						

12.2. (ប្រសិនបើមានការថយចុះទាំងអស់) តើហេតុអ្វីបានជាចំណូលរបស់អ្នកមានការថយចុះ? (កុំអាន ចំលើយអាចមានច្រើន)

(If decreased at all) Why did your income decrease? (Do not read. Multiple answers possible..)

១. អ្នក រឺ សមាជិក របស់គ្រួសារ របស់អ្នកឈឺ	២. លក់មិនដាច់ 2 =Poor sales	៣. មិនអាចរក ទិញបាននូវ វត្ថុធាតុដើម 3 =Unable to get inputs	៤. ផលិតកម្ម កសិកម្មមាន ភាពទន់ខ្សោយ 4 =Agricultural production was poor	៥. បាត់បង់ ការងារ 5 =Lost job	៦. ផ្សេងទៀត (សូមបញ្ជាក់ _____) 6 =Others (specify)	៩៩. មិនដឹង 99 =Don't know	[__] [__] [__] [__] [__] [__]
1 = I or house-hold member has been sick							

12.3. (ប្រសិនបើមានការកើនឡើងទាំងអស់) តើហេតុអ្វីបានជាចំណូលរបស់អ្នកមានការកើនឡើង? (កុំអាន ចំលើយអាចមានច្រើន)

(If increased at all) Why did your income increase? (Do not read. Multiple answers possible.)

១. ពង្រីក សហគ្រាសដែល មានស្រាប់	២. បង្កើត សហគ្រាសថ្មី 2 =Under- took new enterprise	៣. អាចរក ទិញបាននូវ វត្ថុធាតុដើម នៅតម្លៃថោក 3 =Able to buy inputs at cheaper price	៤. រកបាន ទីផ្សារថ្មី 4 =Sold in new markets	៥. មាន ការងារធ្វើ 5 =Got a job	៦. ផ្សេងទៀត (សូមបញ្ជាក់ _____) 6 =Others (specify)	៩៩. មិនដឹង 99 =Don't know	[__] [__] [__] [__] [__] [__]
1 =Expanded existing enterprise							

ថ្នាក់សហគ្រាស : ប្រាក់ចំណូល កំលាំងពលកម្ម និងប្រាក់ចំណេញ (VFC)

Enterprise Level: Income, Labor, and Profit (only for VFC)

13. ក្នុងរយៈពេល ៤សប្តាហ៍ចុងក្រោយនេះ តើអ្នកធ្វើការអោយគេដើម្បីរកកំរៃរឺទេ?

In the last 4 weeks, did you work for anyone else for pay (in kind or in cash)?

- ១. បាទ/ចា 0. ទេ ៩៩.មិនដឹង [___]
- 1=yes 0=No 99 = Don't know

13.1. ក្នុងរយៈពេល៤សប្តាហ៍ចុងក្រោយនេះ តើអ្នកបានចូលរួមក្នុងសហគ្រាស រឺ សកម្មភាពបង្កើនប្រាក់ចំណូលរបស់អ្នកច្រើនជាងការងារស្រែចំការទេ? (រួមទាំងការងារតាមរដូវ រឺ ការងារតាមផ្នែក) In the last 4 weeks, did you engage in your own enterprise or income-generating activity other than farming? (include seasonal or piece work)

- ១. បាទ/ចា 0. ទេ (សូមបន្តទៅសំណួរទី ១៩) ៩៩.មិនដឹង [___]
- 1=yes 0 = No (go to #19) 99 = Don't know

14. ក្នុងរយៈពេល៤សប្តាហ៍ចុងក្រោយនេះ តើសកម្មភាពណាមួយក្នុងសហគ្រាសដែលជួយអោយអ្នករកប្រាក់ចំណូលបានច្រើនជាងគេ?

In the last 4 weeks, which of these enterprise activities earned you the most income?

សកម្មភាពទី១
Activity #1 _____

14.1. តើសកម្មភាពក្នុងសហគ្រាសនេះជា ...? Is this enterprise activity...? (Read answers and enter only one among the choices.)

- ១. សហគ្រាសផ្ទាល់ខ្លួន ២. សហគ្រាសជាលក្ខណៈគ្រួសារ ៣. មុខជំនួញមួយដែលមានភាពជាដៃគូជាមួយអ្នកដទៃក្រៅពីអ្នកផ្ទះ [___]
- 1 = Primarily your own enterprise 2 = Primarily a household enterprise 3 = A business partnership with others not in your household

14.2. ប្រាក់ចំណេញ : សំរាប់សកម្មភាពចំបងបង្កើនប្រាក់ចំណូល ប៉ុន្តែមុនពេលអ្នកបានចំណាយប្រាក់របស់អ្នកលើគ្រួសាររបស់អ្នក តើប្រាក់ចំណេញរបស់អ្នកមានចំនួនប៉ុន្មាន? Profit: For your main IGA, after covering your costs—but before you spent your earnings on your family—what was your profit? (Enter amount in the appropriate time period box.)

ជារៀងរាល់សប្តាហ៍ Weekly profit	ជារៀងរាល់ ២សប្តាហ៍ Profit per 2 weeks	ជារៀងរាល់ខែ Monthly profit	រយៈពេលផ្សេងទៀត (សូមបញ្ជាក់:.....) Profit for other time period; pecify

15. ក្នុងរយៈពេល៤សប្តាហ៍ចុងក្រោយនេះ តើសកម្មភាពណាមួយក្នុងសហគ្រាសដែលជួយអោយអ្នករកប្រាក់ចំណូលបានច្រើនជាងគេទី២? (សំគាល់ : ប្រសិនបើគ្មានសកម្មភាពទី២ សូមបន្តទៅសំណួរទី ១៦) In the last 4 weeks, which enterprise activities earned you the second greatest amount of income? (NOTE: If there is no secondary activity, proceed to question 16.)

សកម្មភាពទី ២
Activity #2 _____

15.1. តើសកម្មភាពក្នុងសហគ្រាសនេះ ជា ...? Is this enterprise activity...? (Read answers and enter only one.)

- ១. សហគ្រាសផ្ទាល់ខ្លួន ២. សហគ្រាសជាលក្ខណៈគ្រួសារ ៣. មុខជំនួញមួយដែលមានភាពជាដៃគូជាមួយអ្នកដទៃក្រៅពីអ្នកផ្ទះ [___]
- 1 = Primarily your own enterprise 2 = Primarily a household enterprise 3 = A business partnership with others not in your household

ថ្នាក់បុគ្គល : ប្រាក់សន្សំ និងទេពកោសល្យផ្នែកសហគ្រាស Individual Level: Savings and Enterprise Skills

19. តើបច្ចុប្បន្នអ្នកមានប្រាក់សន្សំជាសាច់ប្រាក់សុទ្ធជាមួយខ្លួន ដែលអ្នកបំរុងនឹងយកទៅប្រើក្នុងករណីបន្ទាន់ ដូចជាគំរោងធ្វើការទិញ រឺ បណ្តាក់ទុនខ្នាតធំណាមួយដែររឺទេ? Do you currently have any personal cash savings that you keep in case of emergencies or because you plan to make a major purchase or investment?

- ១. មាន 0. ទេ (សូមបន្តទៅ ៩៩.មិនដឹង (សូមបន្តទៅ [___]
- 1=yes សំនួរទី ២២) សំនួរទី ២២)
- 0 = No (go to #22) 99 = Don't know
- (go to #22)

20. ក្នុងរយៈពេល ១២ ខែចុងក្រោយនេះ តើប្រាក់សន្សំជាសាច់ប្រាក់សុទ្ធរបស់អ្នកមានលក្ខណៈយ៉ាងណា? ចូរអានចម្លើយ During the last 12 months, has your personal cash savings...? (Read answers and enter response.)

- ១. ថយចុះយ៉ាងខ្លាំង ២. ថយចុះ ៣.មិនមានការប្រែប្រួល ៤.កើនឡើង ៥.កើនឡើងយ៉ាងខ្លាំង ៩៩. មិនដឹង [___]
- 1 =Decreased greatly 2 =Decreased 3 =Stayed the ame 4 =Increased 5 =Increased greatly 99 =Don't know

20.1. បើកើនឡើង រឺ ថយចុះតើហេតុអ្វី? if decrease/increase, Why?

21. ក្នុងកំឡុងពេលដែលអ្នកកំពុងធ្វើការសំរេចចិត្តលើការបង្កើតសហគ្រាសនេះឡើង តើកត្តាអ្វីខ្លះដែលអ្នកបានពិចារណាដល់? (សូមកុំអានចម្លើយវាអាចមានចម្លើយច្រើន) When you are deciding to undertake an enterprise, what factors do you consider? (Do not read answers. Multiple answers possible. Probe by asking, "And anything else?")

- ១. វាជាការងារដែលខ្ញុំធ្លាប់ធ្វើ/ វាជារដូវដែលគេនិយមធ្វើវា ៣. ខ្ញុំមានដើមទុនគ្រប់គ្រាន់ ៥. ផ្សេងទៀត [___][___]
- 1 = Work I am familiar with/It is the season/Others are doing it 3 = How much working capital is needed/ Whether I have enough money (សូមបញ្ជាក់: [___][___]
- 2. ផលិតផល រឺ សេវាកំពុងមានទីផ្សារ រឺ វាអាចរកប្រាក់ចំណេញបានច្រើន ៤. ខ្ញុំអាចធ្វើវាបាន ដើម្បីថា ខ្ញុំអាចថែរក្សា និងមានទំនួលខុសត្រូវក្នុងក្រុមគ្រួសាររបស់ខ្ញុំ 5 = Others (specify) [___]
- 2 = Whether the product or service is in demand or whether it seems profitable 4 = Whether I can do it and still take care of my family and other responsibilities ៩៩. មិនដឹង
- 99 = Don't know

កំរិតសុខុមាលភាពនៅក្នុងគ្រួសារ : ការកែលំអផ្ទះ Household Level Welfare: Housing Improvements

22. នៅក្នុងកំឡុងពេល ១២ ខែមុន តើផ្ទះរបស់អ្នកមានជួសជុលកែលំអ រឺ ធ្វើការបន្ថែមអ្វីខ្លះដែលមានតម្លៃលើស ៥០\$ (២០០,០០០) រៀល រឺទេ ? During the last 12 months, were any repairs, improvements or additions made to your home that cost more than \$50/KHR200,000?

- ១. មាន 0. អត់ទេ (រំលងទៅ ៩៩.មិនដឹង [___]
- 1=yes សំនួរទី ២៤) 99 = Don't know
- 0 = No (go to #24)

23. ប្រសិនបើមាន តើមួយណានៅខាងក្រោមនេះដែលអ្នកបានធ្វើកាលពី ១២ ខែមុន? If YES, which of the following have you done in the last 12 months?

<p>ជួសជុលលំនៅ, កែលំអ, រឺ មានការបន្ថែម (សំរាប់អតិថិជន, ចូរអានតាមជួរនីមួយៗ) Housing Repairs, Improvements, or Additions (For clients, read across the row by item.)</p>	<p>ក. ចូរអានហើយបំពេញចូល ប្រអប់អោយបានត្រឹមត្រូវ a. (Read and put if YES=1, if NO=0)</p>	<p>ខ. តើពេលនោះអ្នកជាសមាជិក នៃកម្មវិធីនេះរឺទេ? (ចូរគូស សញ្ញាខ្មែង) b. Were you a member of the program when this was done? if YES=1, if NO=0</p>
	<p>១.មាន 0. មិនមាន</p>	<p>១.មាន 0. មិនមាន</p>
<p>ក. ជួសជុល រឺ កែលំអផ្ទះ ដូចជា ជួសជុល ដំបូល ឥដ្ឋ រឺ ជញ្ជាំង a. House repairs or improvements (for example, fixed or improved existing roof, floor, or walls)</p>		
<p>ខ. ពង្រីកផ្ទះដូចជា : ការសាងសង់បន្ទប់ថ្មី, បន្ទប់ដាក់សំភារៈ, ធ្នើរ, រឺ របង b. House expansion (for example, built new room, shed, attic, or fence)</p>		
<p>គ. កែលំអប្រព័ន្ធទឹក រឺ អនាម័យដូចជា: អណ្តូងថ្មី, ប្រព័ន្ធបង្ហូរទឹក ស្អុយ រឺ អាងទឹកសំរាប់ងូតទឹក-បង្គន់ និងឡាប៊ូសំរាប់លុបមុខ c. Improved water or sanitation system (for example, new well, drainage/sewage system, or showers-latrines-wash basin)</p>		
<p>ឃ. ភ្លើង/អគ្គិសនី d. Lighting/electricity</p>		

កំរិតសុខុមាលភាពនៅក្នុងគ្រួសារ : អាហារ និងការសំរេចទៅតាមស្ថានភាពលំបាក Household Level Welfare: Diet and Coping with Difficult Times

24. ក្នុងអំឡុងពេល ១២ ខែចុងក្រោយនេះ តើម្ហូបអាហាររបស់គ្រួសារអ្នក (ចូរអាន ហើយកត់ត្រាចំលើយ)
During the last 12 months, has your household's diet (Read answers and indicate response.)

- | | | | |
|--|--|--|---|
| <p>១. អន់ជាងមុន (សូមបន្តទៅសំនួរទី ២៤.១)
1 = Worsened (go to #24.1)</p> | <p>២. មិនមានការប្រែប្រួល (សូមបន្តទៅសំនួរទី ២៥)
2 = Stayed the same (Go to #25)</p> | <p>៣. ល្អជាងមុន (សូមបន្តទៅសំនួរទី ២៤.២)
3 = Improved (Go to #24.2)</p> | <p>៩៩. មិនដឹងទេ (សូមបន្តទៅសំនួរទី ២៥)
99 = Don't know (Go to #25)</p> |
|--|--|--|---|

24.1. ប្រសិនបើអន់ជាងមុន តើវាអន់របៀបណា? (If worsened) How has it worsened?

24.2. (ប្រសិនបើល្អជាងមុន) តើវាល្អរបៀបណា? (កុំអានចម្លើយ ចម្លើយអាចមានច្រើនយ៉ាង ចូរសួរបន្ថែមទៀតថា "តើមានអ្វីផ្សេងទៀតទេ?") (If improved) How has it improved? (Do not read answers. Multiple answers possible. Probe by asking, "And anything else?")

១. អាចទិញគ្រាប់បូកជាតិ
បានច្រើនជាងមុន ដូចជា
ពោត និងអង្ករជាដើម
1 = Able to buy more
cereal staples—maize, rice

២. អាចទិញគ្រឿងទេស
និងបន្លែបង្ការ ដើម្បីញ៉ាំ
ជាមួយនិងបាយ
2 = Able to buy more
condiments, vegetables,
legumes to eat with staples

៣. អាចទិញផលិតផល
ដែលធ្វើពីសាច់សត្វ/
ទឹកដោះគោ ដូចជាសាច់
ទឹកដោះគោ ប្រហុក
និងស៊ីត
3 = Able to buy more
animal/dairy products—
meat, milk, cheese, eggs

៤. អាចទិញម្ហូបអាហារ
សមរម្យ ដូចជាមី/គុយទាវ
4 = Able to buy more
convenience foods like
noodles

៥. អាចទិញអាហារឆ្អិន
បានច្រើនជាងមុន
5 = Able to buy more
cooked foods

៦. អាចរកអាហារបរិភោគ
បានប្រសើរជាងមុនក្នុង
រដូវខ្វះស្បៀង
6 = Able to eat better
during the hungry season

៧. អាចរកអាហារបរិភោគបាន
៣ ពេល ក្នុង ១ ថ្ងៃ
7 = Able to eat three
meals in a day

៨. ចម្លើយផ្សេងទៀត
(សូមបញ្ជាក់:
.....)
8 = Others (specify)

៩៩. មិនដឹង
99 = Don't know

25. ក្នុងអំឡុងពេល ១២ ខែចុងក្រោយនេះ តើធ្លាប់មានពេលណាមួយដែលតម្រូវអោយគ្រួសាររបស់អ្នកបូកបិទជាងមុន ឬ
បូកមិនសូវគ្នា ដោយសារខ្វះខាតលុយកាក់ទិញម្ហូប ឬទេ? During the last 12 months, was there ever a time when it was
necessary for your household to eat less or eat less well either because of a lack of food or a lack of money to buy food?

១. ធ្លាប់
1=yes

០. មិនធ្លាប់មានទេ
(សូមបន្តទៅសំណួរទី ២៦)
0 = No (go to #26)

៩៩. មិនដឹងទេ
99 = Don't know

25.1. តើអំឡុងពេលនេះ មានរយៈពេលយូរឬនាស់? How long did this period last?

ចូរបញ្ជាក់ប្រាប់ចំនួនខែ
Specify number of months

៩៩. មិនដឹងទេ
99 = Don't know

25.2. តើគ្រួសារអ្នកបានធ្វើអ្វីខ្លះដើម្បីយកល្អះលើស្ថានភាពពិបាកបែបនេះ? (កុំអានចម្លើយ វាអាចមានចម្លើយច្រើន)

What did your household do to get through this difficult situation? (Do not read answers. Multiple answers possible.)

១. ខ្ចីលុយកាក់ ឬម្ហូបអាហារ
ពីគ្រួសារមិត្តភក្តិ ដោយ
ឥតគិតថ្លៃ
1 = Borrowed money
or food from family/friend
at no cost

២. ខ្ចីលុយកាក់ ឬម្ហូបអាហារ
ដោយគិតថ្លៃការ
2 = Borrowed money
or food at cost

៣. លក់ទ្រព្យសម្បត្តិផ្ទាល់ខ្លួន
3 = Sold personal property

៤. សាមីខ្លួន ឬ នរណាម្នាក់
នៅក្នុងគ្រួសារបានចាកចេញ
ពីកន្លែងរស់នៅ ដើម្បីរក
ការងារធ្វើ
4 = Self or someone
else in family left area to
seek employment

៥. សាមីខ្លួន ឬ នរណាម្នាក់
នៅក្នុងគ្រួសាររកបានការងារ
ធ្វើក្នុងស្រុក
5 = Self or someone else in
family got local employment

៦. ផ្សេងៗទៀត
(ចូរបញ្ជាក់:
.....)
៦ = Others (specify)

៩៩. មិនដឹង
99 = Don't know

26. ក្នុងអំឡុងពេល ១២ខែ ចុងក្រោយ តើធ្លាប់មានពេលណាមួយដែលអ្នកមិនមានលុយកាក់គ្រប់គ្រាន់ ដើម្បីរៀបចំសហគ្រាសរបស់អ្នក
ឬទេ? During the last 12 months, was there ever a time when you did not have enough money to conduct your enterprise?

១. ធ្លាប់មាន
1=yes

០. មិនធ្លាប់មាន
(សូមបន្តទៅសំណួរទី ២៧)
0 = No (go to #27)

៩៩. មិនដឹងទេ
99 = Don't know

26.1. តើអំឡុងពេលនេះ មានរយៈពេលយូរប៉ុន្មាន? How long did this period last?

ចូរបញ្ជាក់ប្រាប់ចំនួនខែ ៩៩. មិនដឹងទេ []
 Specify number of months 99 = Don't know

27. តើអ្នកបានប្រឈមមុខនឹងការពិបាកខ្លះៗក្នុងការសងប្រាក់កម្ចីទៅ VisionFund Cambodia នៅក្នុងពេលខ្លីចុងក្រោយនេះឬទេ ?
 Did you face any difficulty repaying your loan to VisionFund Cambodia in the last loan cycle?

១. បាទ ០. មិនបាទ ៩៩. មិនដឹងទេ []
 1=yes (សូមបន្តទៅសំណួរទី ២៨) 99 = Don't know
0 = No (go to #28)

27.1. (ប្រសិនបើបាទ) តើអ្វីទៅដែលបណ្តាលអោយការសងកម្ចីរបស់អ្នកមានបញ្ហា? (កុំអានចម្លើយ ចូរសួរស្ទាបស្ទង់)
 (If yes) What caused your repayment problems? (Do not read answers. Probe.)

<p>១. សកម្មភាពកម្ចី មិនបានទទួលផលចំណេញ 1 = Loan activity was not profitable</p>	<p>៣. បានប្រើប្រាស់ប្រាក់កម្ចី ខ្លះសំរាប់ស្បៀង ឬរបស់ របរផ្សេងទៀត ដើម្បីគ្រួសារ 3 = Used some of the loan money for food or other items for the household</p>	<p>៥ . ផ្សេងៗទៀត (ចូរបញ្ជាក់:) 5 = Others (specify)</p>
<p>២. ខ្ញុំ ឬ អ្នកផ្សេងទៀត នៅក្នុងគ្រួសាររបស់ខ្ញុំឈឺ 2 = I or others in my family had been sick</p>	<p>៤ . លក់ជឿ ហើយពុំបាន ទទួលប្រាក់ដែលគេជំពាក់ ទាន់ពេល 4 = Sold on credit and did not get paid back in time</p>	<p>៩៩. មិនដឹង 99 = Don't know</p>

28. តើប្រភពប្រាក់មកពីណា ដែលក្រុមគ្រួសាររបស់អ្នកអាចពឹងពាក់បានក្នុងករណីមានវិបត្តិហិរញ្ញវត្ថុ? (អ្នកសម្ភាសន៍: សូមធ្វើការរៀបចំ ជាមុននូវប័ណ្ណជាមួយនឹងជំរើសខាងក្រោម ហើយបង្ហាញដល់អ្នកដែលយើងសម្ភាសន៍តែជំរើសណាដែលគាត់បានលើកឡើង ។ រួចសួរគាត់អោយ ដាក់តាមលំដាប់នៃជំរើសតាមអាទិភាពរបស់វា) What sources of money can a household like yours rely on in case of crisis?
 (INTERVIEWER: Prepare in advance meta cards with the options listed below and show respondents only those options they mentioned. Ask them to rank identified options)

	លំដាប់តាមអាទិភាព (១=ខ្ពស់ជាងគេ ២=..... ជាដើម) Rank (1- highest; etc..)
ប្រាក់សន្សំក្នុង VisionFund Cambodia Savings in VisionFund Cambodia	
ប្រាក់សន្សំនៅផ្ទះ Savings at home	
ប្រាក់កម្ចីពី VisionFund Cambodia Loan from VisionFund Cambodia	
ប្រាក់កម្ចីពីបងប្អូនសាច់ញាតិ Loan from relatives	
ប្រាក់កម្ចីពីអ្នកផ្សេងការប្រាក់ Loan from money lenders	
ប្រាក់បានមកពីប្រពន្ធ/ប្តី Money from spouse	
លក់សត្វដែលមាន (ដូចជា ជ្រូក មាន់ទា និងគោ ជាដើម) Sell livestock (pigs, chickens, cows, etc.)	
លក់ទ្រព្យសម្បត្តិផ្សេងៗ (សូមបញ្ជាក់:) Sell other property. Pls. specify _____	

ទៅរកមេភូមិអោយជួយ Approach Village Leaders	
ជំនួយពីអ្នកជិតខាង Neighbor contribution	
ផ្សេងទៀត (សូមបញ្ជាក់:) Others (Specify)	

29. ចូរប្រាប់រឿង ៣ យ៉ាងដែលអ្នកពេញចិត្តបំផុតអំពី VisionFund Cambodia ។ (កុំអានចម្លើយ)

Name three things you like most about VisionFund Cambodia. (Do not read answers.)

- | | | |
|---|--|--|
| <p>១. អត្រាការប្រាក់ទាបជាង
ប្រភពឥណទានក្រៅផ្លូវការ
ផ្សេងទៀត (អ្នកផ្តល់ប្រាក់
កម្ចីក្រៅផ្លូវការ)
1 = Lower interest rate than
other informal sources of
credit (informal lenders)</p> <p>២. ប្រភពដើមទុនធ្វើមិន
ផ្លាស់ប្តូរ
2 = Steady source of
working capital</p> <p>៣. ការសាមគ្គីជាក្រុម
និង/ឬកំលាំងជាក្រុម
3 = Group solidarity and/or
group dynamics</p> | <p>៤. ការបណ្តុះបណ្តាល ឬ
ជំនួយបច្ចេកទេស
4 = Training or technical
assistance</p> <p>៥. សេវាកម្មហិរញ្ញវត្ថុផ្សេងទៀត
ដូចជាការ សន្សំ ឬ ការ
ធានារ៉ាប់រង
5 = Other financial services,
such as savings or insurance</p> <p>៦. ប្រសិទ្ធភាពបើប្រៀបធៀប
ទៅនឹងធនាគារ ឬ ប្រភព
ផ្សេងៗទៀត
6 = Fast service, compared
to banks or other sources</p> | <p>៧. ការធានាខុសត្រូវ ងាយស្រួល
ជាងជំរើសកម្ចីផ្សេងៗ
7 = Easier guarantees than
other loan alternatives</p> <p>៨. ផ្សេងៗ
(ចូរបញ្ជាក់ :
.....)
8 = Others (specify)</p> <p>៩៩. មិនដឹង
99 = Don't know</p> |
|---|--|--|

30. ចូរប្រាប់រឿង ០៣ យ៉ាងដែលអ្នកពេញចិត្តតិចបំផុតអំពី VisionFund Cambodia ។ (កុំអានចម្លើយ)

Name three things you like least about VisionFund Cambodia. (Do not read answers.)

- | | | |
|--|---|---|
| <p>១. អត្រាការប្រាក់ ឬ
កំរើសសារខ្ពស់
1 = High interest rates or
commission</p> <p>២. ទំហំកម្ចីដំបូង ឬ
បន្តបន្ទាប់ តិចពេក
2 = Size of initial or
subsequent loans too small</p> <p>៣. វដ្តកម្ចីវែងឬខ្លីពេក
3 = Loan cycle too long
or too short</p> <p>៤. កំលាំងជាក្រុមដែលនាំអោយ
មានបញ្ហា (ប្រធាន ឬ នៅក្នុង
កិច្ចប្រជុំ)
4 = Problematic group
dynamics (with leaders
or at meetings)</p> <p>៥. ការប្រជុំញឹកញាប់ពេក
ឬ យូរពេក
5 = Meeting frequency too
often or meetings too long</p> | <p>៦. កន្លែង/ការិយាល័យ
ប្រជុំមិនមានភាពងាយស្រួល
6 = Meeting place/office
not convenient</p> <p>៧. គោលនយោបាយសងប្រាក់
(ភាពញឹកញាប់, ចំនួន)
7 = Repayment policies
(frequency, amount)</p> <p>៨. គោលនយោបាយធានា
ខុសត្រូវ
8 = Guarantee policies</p> <p>៩. ចំណាយប្រតិបត្តិការ
សំរាប់អតិថិជន (ការចេញ
ប្រាក់អោយយឺត ឬ ត្រូវ
ចេញជាមូលប្បទានប័ត្រ)
9 = Transaction costs
for client (such as slow
disbursement)</p> | <p>១០. មិនចូលចិត្ត ចរិយា/
អាកប្បកិរិយា របស់មន្ត្រីកម្ចី
ឬ បុគ្គលិកកម្មវិធីផ្សេងទៀត
10 = Dislike behavior/
attitude of loan officer or
other program personnel</p> <p>១១. កង្វះខាតកំឡុងពេល
អនុគ្រោះ
11 = Lack of grace period</p> <p>១២. ប្រាក់សន្សំ ឬ ការ
ធានារ៉ាប់រងដោយបង្ខំ
12 = Forced savings or
insurance</p> <p>១៣. ផ្សេងៗទៀត
(ចូរបញ្ជាក់:
.....)
13 = Others (specify)</p> <p>១៤. គ្មានអ្វីទេ
14 = Nothing</p> <p>៩៩. មិនដឹង
99 = Don't know</p> |
|--|---|---|

31. ប្រសិនបើអ្នកអាចផ្លាស់ប្តូរអ្វីមួយអំពី VisionFund Cambodia ដើម្បីធ្វើអោយល្អប្រសើរជាងមុនថែមទៀត តើអ្នកនឹងផ្លាស់ប្តូរអ្វី?
If you could change something about VisionFund Cambodia to make it even better, what would you change?

ចុងបញ្ចប់នៃការសំភាសន៍

សំដែងនូវអំណរគុណសំរាប់ពេលវេលារបស់ពួកគាត់ដែលបានចូលរួមសហការណ៍ជាមួយយើង

****End of survey—express thanks for their time—answer any questions****

ANNEX 5

FGD Discussion Guide

VisionFund Cambodia Management and Staff

Welcome

Thank you for taking the time to meet with us. We are grateful for your time. We would like to know your experience in implementing the KHANA/VisionFund Cambodia Pilot for PLHIV and OVC. As we understand, its objective is to provide sustainable microfinance services to this group so that you may be able to uplift their condition. We would very much like to record these discussions to help us remember them. However, the information you will provide will remain confidential and will not affect your employment with VisionFund Cambodia so please feel free to express your views and opinion.

As a first step, we will make an introduction of ourselves. I am Annie Alip from CARD-MRI and this is my assistant, Mharra. I will act as moderator of the discussion while Mharra will take notes. Now, please tell me your name...)

Core Questions	Probe
<p>Warm-up Questions</p> <p>1. How long have you been an employee of VisionFund Cambodia?</p>	<ul style="list-style-type: none"> Why did you decide to work for VisionFund Cambodia?
<p>General Questions about the Pilot</p> <p>1. When was it started? Before implementation, what changes were made to your systems? Criteria for selection Training for staff Loan features (amt, loan collection, interest rate) MIS for easy tracking of performance. both of the CSO and the clients How introduced to the community (Marketing of project)?</p>	<ul style="list-style-type: none"> Was there a market research to find out needs of PLHIV and OVC? What is the difference between the loan offered to regular VisionFund Cambodia clients and PLHIV and OVC? Were the staff trained? Was the MIS “tweaked” to segregate regular clients from PLHIV and OVC for easy tracking of performance
<p>2. What is your target for the pilot? Number of PLHIV and OVC reached? Successful in their IGA? If not being met, why?</p>	<ul style="list-style-type: none"> Target for sub-branch? Target per CSO? Is there an incentive for recruiting and maintaining PLHIV and OVC in the pilot? Are you tracking drop outs and reasons for leaving the pilot? What problems did you encounter in membership recruitment and expansion? What criteria needs to be changed to recruit more?
<p>3. Aside from loans, what other services/products should VisionFund Cambodia provide to PLHIV and OVC that will help them use microfinance more effectively? Do you give advice on what IGA a PLHIV and OVC borrower should engage in? What do you tell them when their business is not successful? Do you give them advise?</p>	<ul style="list-style-type: none"> Savings? Credit with education? Example Planning for a Better Business, Financial Mgt for the Poor Business Advise – do you have capacity/skills/knowledge to provide this service?
<p>4. Did any of the PLHIV and OVC experience difficulty in repaying their loan?</p>	<ul style="list-style-type: none"> What are the causes of repayment problem? How did they solve this problem?
<p>6. What do you think are the strengths and weaknesses, opportunities and threats of the pilot? (If there is time, have this as small group work)</p>	

Closure

Thank you very much. Your answers will be very helpful for the study we are conducting. Do you have questions or suggestions for us?

KT Home Based Care Staff

Welcome

Thank you for taking the time to meet with us. We are grateful for your time. We would like to know your experience in implementing the KHANA/VisionFund Cambodia Pilot for PLHIV and OVC. As we understand, its objective is to provide sustainable health care and support as well as microfinance services to this group so that you may be able to uplift their condition. We would very much like to record these discussions to help us remember them. However, the information you will provide will remain confidential and will not affect your employment with KT nor your partnership with VisionFund Cambodia/KHANA so please feel free to express your views and opinion.

I am Annie Alip from CARD-MRI. I will act as moderator of the discussion while Mr. Sovannary will be our interpreter. Now, please tell me if I have your names right...)

Core Questions	Probe
Warm-up Questions 1. How long have you been an employee of KT?	<ul style="list-style-type: none">Why did you decide to work for KT?
Services Offered 2. What services do you provide your regular clients?	<ul style="list-style-type: none">How different are these services from those who are members of the pilot?Do you have regular clients who have IGA?
General Questions about the Pilot 1. Were changes made to your systems of working with PLHIV and OVC?	Criteria for selection: What are these? Training for staff: Was there a need for a separate training for HBC officers handling the pilot? Marketing of project: How was the project introduced to the community? How about the system of monitoring? MIS for easy tracking of performance, both of the HBC officer and the clients
5. What is your target for the pilot? Number of PLHIV and OVC reached? If not being met, why?	<ul style="list-style-type: none">Target for KT?Target per HBCO?Is there an incentive for recruiting and maintaining PLHIV and OVC in the pilot?What criteria need to be changed to recruit more?
6. For PLHIV and OVC who are getting loans, do you think they are better off than those who are not?	<ul style="list-style-type: none">Why yes?Why no?
7. Aside from loans, what other services/products should VFC provide to PLHIV and OVC that will help them use microfinance more effectively?	a. Savings? b. Credit with education? Example Planning for a Better Business, Financial Mgt for the Poor c. Business Advise
8. Did any of the PLHIV and OVC experience difficulty in managing their IGA?	<ul style="list-style-type: none">For those who are not successful, what were the problems they encountered?What solutions can you offer?
6. What do you think are the strengths and weaknesses, opportunities and threats of the pilot? (If there is time, have this as small group work). If the pilot were to be replicated in other areas, what would you advise?	

Closure

Thank you very much. Your answers will be very helpful for the study we are conducting. Do you have questions or suggestions for us?

ANNEX 6

List of team work, Key informant and FGD participant

Supervision team

1. Aniceta R. Alip
2. Rose Manalo
3. Tuot Sovannary

Data collection team

1. Boun Phaly
2. Hel Udom
3. Sreng Kimiean
4. Thorn Riguen

Data entry operator

1. Marra De Mesa

Data transcribers and translators

1. Sreng Kimien
2. Boun Phaly

Key Informant

VisionFund Cambodia-Sub Branch Manager

Kasekor Thmey- Program Coordinator

Participant of FGD

1 FGD with VisionFund Cambodia staff-Client Service Officers

1. Hem Chamnan
2. Khom Thida
3. Saing Kosal
4. Chhorn Seng Hour

1 FGD with Home Based Care staff

1. Yun Kosal
2. Khon Saravy
3. Yin Samphors
4. Heng Younay

ANNEX 7

Impact Conceptual Framework

Conceptual Framework

Traditionally impact has been viewed through the increased/decreased income lens. The focus on increasing income overlooks the importance of microfinance services' role in diversifying sources of income, smoothing income and expenditure fluctuations, protecting and developing important household assets (physical as well as human), and in the development of key social contacts and skills (Wright, 1999). Aware of the limitations of the income lens, Chen and Dunn (1996) looked at impact in the context of the Household Economic Portfolio, a model that looks at the creation and protection of financial, physical, human and social assets as a way of reducing the vulnerability of the poor.

Refined Household Economic Portfolio From Wright 1999

Jennifer Sebstad and Monique Cohen defined a “refined household economic portfolio” in terms of:

- Financial assets (cash, savings, loans and gifts, regular remittances or pensions, other financial instruments)
- Physical assets (housing, buildings and land and improvements to these, land and other physical items which maintain or increase in value such as gold jewellery, or physical items that decrease in value including consumer durables such as household appliances, shoes, clothing, and vehicles)
- Human assets (skills and knowledge, ability to labor, good health, self esteem, bargaining power, autonomy, control over decisions)
- Social assets (networks, membership of groups, relationships of trust, access to wider institutions of society, freedom from violence)

Assessing the Impact of Microenterprise Services's (AIMS) conceptual framework is based on the Household Economic Portfolio. Specifically, the conceptual framework departs from the conventional approach in that it starts with the household rather than the enterprise (Gobezie and Carter 2007). In addition, the conceptual framework is particularly useful in addressing the issue of fungibility and attribution (AIMS Team, 2001). The model recognizes that in reality, resources within households are fungible, and that clients will use loan funds for a variety of purposes. The microenterprise is embedded in the household economy and represents only one of the household's production, consumption, and investment activities. In the words of Todd (2000), “because the client's use of loans is firmly embedded in the family/household, especially among poorer families, searching for impacts requires a lens on the full range of family/household economic activities.” By treating the microenterprise as part of the larger household economy, the model deals with the problems of fungibility. The problem of fungibility can be addressed by widening the unit of analysis for the impact assessment from single enterprise to the entire economic portfolio within which the fungible capital might be used. The model also helps to build the case for attribution by providing an internally consistent conceptual framework that can be used to link the microenterprise intervention to the impact in a plausible cause and effect relationships (Gobezie and Carter 2007).

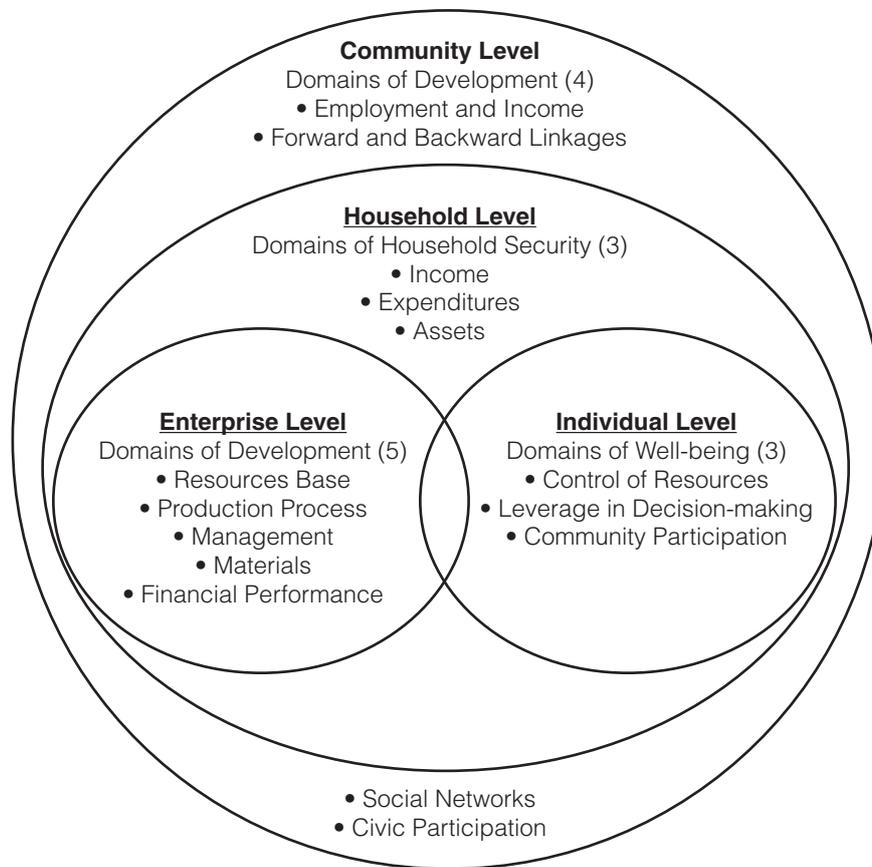
The framework (AIMS/SEEP 2002) posits that impact occurs in different areas connected to the family/household:

- 1. At the family/household level,** microenterprises contribute to net increases in family/household income, asset accumulation, and labor productivity. Income invested in assets such as savings and education increases family/household economic security by making it possible to meet basic needs when the flow of income is interrupted.
- 2. At the enterprise level,** impact is represented by changes in income, employment, assets, and volume of production.
- 3. At the individual level,** change is measured by the clients' capacity to make decisions and investments that improve business performance and personal income, which in turn, strengthen the family/household economic portfolio and often translate into personal empowerment.
- 4. At the community level,** microenterprises can provide new employment opportunities, stimulate backward and forward linkages to other community enterprises, and attract new income from outside the community. To the degree that the poor benefit from such increased economic activity, micro-enterprise interventions can have additional equity impacts.

These links shed light on the paths of impact by which access to microfinance services can contribute to the goals of poverty alleviation and the empowerment of poor women. These levels and domains of impact are illustrated in the figure below.

- 1. Family/households** become more economically secure and gain capacity for procurement of productive assets that sustain their movement out of poverty;
- 2. Enterprises increase feasibility,** stability, and growth;
- 3. Individuals** enhance their management of resources and develop their status and well-being within the family; and
- 4. Communities** build up economically through business/enterprise activity that provides goods and services, increases incomes, and generates employment. This local development helps minimize rural to urban migration, and separation of families. Poor women have more active participation in their communities.

AIMS CONCEPTUAL FRAMEWORK: LEVELS AND DOMAINS OF IMPACT



Source: *Learning From Clients: Assessment Tools for Microfinance Practitioners*

ANNEX 8a-c

Loan and Impact Monitoring ¹

Monitoring of higher loan cycles shall be guided by the following procedures

Activities	Description	Person/s Responsible	Materials
1. Loan Utilization Check	This is done a month after the release of loan. The purpose of this monitoring activity is to ensure that the loan was used for what it was intended for in the business plan. A form shall be accomplished. Expenses shall be validated with purchase receipts. Client can keep the receipts.	CSO fills up Sub-branch Manager checks	Loan utilization check form
2. Loan Supervision Visit	This is done a month before amortization payment for principal is due. The purpose of this monitoring activity is to check on status of client's business and to gather information as to how the project's ED component can support it.	CSO fills up Sub-branch Manager checks	Loan supervision visit form
3. Business Inventory Visit	This is done a month before loan maturity. The purpose of this visit is to conduct an inventory of business assets, production scale and income based on the approved business plan. The result of the visit will guide the project in determining the capacity of the client to absorb a higher loan. Increases in assets, production scale and income indicate growth—a requirement for reloan.	CSO fills up Sub-branch Manager checks	Business inventory and visit form
4. Impact monitoring through successful client stories	Impact monitoring shall be done to clients who have been in the program for at least two years. CSO and/or KT HBC team member shall interview members to determine which has the most successful story to write about. Exceptional stories shall be shared at the clients' meeting and at the branch meetings. With assistance from VFC, exceptional stories shall be produced as posters or as project folio. The story shall track the following impact indicators: <ul style="list-style-type: none"> • Changes in production (type); • Changes in financial capacity (income and production scale) • Changes in perception whether their lives have changed as a result of the project interventions 	Branch Manager	Guide questions for interviews and story writing <ol style="list-style-type: none"> 1. what were the loan uses? 2. how did the loan affect income and production scale, knowledge, strategies for growth and resource use of client ? 3. where did they use the net income ? how has this improved financial situation, affect their health conditions ?

¹ Source: GFF Project, Counterpart International Vietnam. June 2006.

Sample monitoring forms that may be adapted are as follows:

ANNEX 8a: Loan Utilization Check Form

Client Information

Name of Client: _____

Address: _____ VFC ID Number: _____

Loan Cycle: _____ Loan Size: _____ Date loan was received: _____

Uses of Loan

Items Description	Planned	Actual	Remarks on any differences

Overall Assessment of Loan Use

____ Loan fully or mainly used for intended purpose (A)

____ Loan was partly used for intended purpose (B)

Recommendation in case of B (monitoring and/or technical support for project to provide)

Visit Conducted by: _____ Date: _____

Checked by: _____ Date: _____

ANNEX 8b: Loan Supervision Visit Form

Name of Client: _____

Address: _____

VFC ID Number: _____

Loan Cycle: _____ Loan Size: _____

Date loan was received: _____

Loan Use: _____

Repayment Resource: _____

Status of Business

	Yes	No	Remarks
Crops/Animals are in good condition			
Sales are robust			
Physical lay-out of business site is clean			
Equipment used are properly maintained			
Others:			

Status of Client Capacity

List of Trainings Attended (from date current loan was received)

Course	Date Held	Conducted by

Client Enterprise Development Needs

Visited by:

Date:

Checked by:

ANNEX 8c: Business Review Visit Form

Name of Client: _____

VFC ID Number: _____

Address: _____

Loan Cycle: _____ Loan Size: _____

Date loan was received: _____

Status of Client Capacity

Description	Quantity/Size	Value at start	of loan Value at end of loan	Change

Production Volume

Product/Cycle	Quantity	Planned	Actual	Change

Assessment:

- Business shows growth
 - Factors for growth:
 - availability of capital
 - availability of management training
 - availability of technical training
 - others, please specify _____

- Business does not show growth
 - Factors for non-growth:
 - inadequate technical skills, specify _____
 - inadequate management capacity, specify _____
 - others, pls. Specify _____

Assessed by: _____ Date: _____

Position: _____

Checked by: _____ Date: _____

Position: _____

ANNEX 8d:

Format for Six-monthly Narrative Reports from Partners¹

This report serves two purposes:

- 1) A formal written explanation of the progress made in the project compared to the project proposal, and discussion of any changes or problems experienced. This allows for monitoring of project work and accountability to KHANA
- 2) To provide details of the work undertaken so as to contribute to overall programme learning and exchange of experience,

Name of Organisation:

Name of Person completing report

Period covered:

Date of submission:

Please answer the following questions either on this form, or on a separate sheet using the same headings. Please also attach any relevant outputs or reports.

1. Summary of main activities completed during the reporting period.	
2. What have been the main achievements of this period?	
3. Please describe any major problems experienced and the reasons for these.	
4. Describe the roles that your staff have played in the project during this period.	
5. Detail any key learning points from the work completed this period.	
6. Describe any outputs or reports produced during this period of the project.	
7. List any staff training that has taken place and who delivered it, and give a brief assessment of the quality of training and its usefulness to your organisation.	
8. Describe collaborative work or linkages developed with other organisations or individuals.	
9. What have you learnt that could be of use to other organisations or to influence policy?	
10. Are any issues that have arisen that are of concern to the wider programme?	
11. Do you propose to make any changes to the activities planned in your proposal?	
12. Any other comments.	

¹ Source: Imp-Act Improving Impact of Microfinance on Poverty: an Action Research Programme. www.Imp-Act.org

ANNEX 8e:

Changes in attitudes regarding people living with HIV

Has the project affected an increase in the integration of people living with HIV into the community and a reduction in stigma-induced isolation?

To find the answer, as baseline, administer the survey below among random sample of HIV-negative individuals in communities where pilot will operate. The survey contains a series of questions intended to gauge respondents' knowledge about HIV transmission and attitudes towards PLHIV. At end of pilot, administer to same individuals to determine if change in attitude have occurred.

Activity	Willing		Unwilling		Not sure	
	Before	After	Before	After	Before	After
Stay in the same house with an HIV-positive person						
Allow their children to study in the same school as children of people living with HIV						
Work in the same building as people living with HIV						
Sit in the same car with people living with HIV						
Ride the same motorcycle as an HIV-positive person						
Share the same meal with an HIV-positive person						
Drink water from the same glass as an HIV-positive person						
Join traditional events with people living with HIV						
Wear the same shoes as an HIV-positive person						
Wear the same hat as an HIV-positive person						
Share the same room as an HIV-positive person						
Use the same bathroom as an HIV-positive person						
Buy products from people living with HIV						
Buy food from people living with HIV						
Eat food cooked by an HIV-positive person						
Buy fruits/vegetables from an HIV-positive person						
Use the same barbershop as an HIV-positive person						
Touch the body/hand of an HIV-positive person						
Visit an HIV-positive person at his/her home						
Go to the funeral of an HIV-positive person						

Source: *The Positive Partnerships Program in Thailand: Empowering People Living with HIV, UNAIDS, 2007*



Khana is a linking organisation of the global partnership
International HIV/AIDS Alliance
Supporting community action on AIDS in developing countries

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