

# **Strengthening Non-State Actors for Peace in Kayah State**

**END OF PROJECT EVALUATION REPORT**

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## ACRONYMS

BMZ	The Federal Ministry of Economic Cooperation and Development
CBO	Community-based Organisation
CSO	Civil Society Organisation
CYC	Community Youth Centre
DSW	Department for Social Welfare
EAO	Ethnic Armed Organisation
GBV	Gender-based Violence
GSMF	Good Shepherd Myanmar Foundation
IPRD	Information and Public Relations Department
KBA	Kayah Baptist Association
KNPP	The Karenni National Progressive Party
KSWN	Karenni State Women's Network
KWA	Kayaw Women Association
MNCW	Myanmar National Committee for Women's Affairs
NCA	National Ceasefire Agreement
NGO	Non-governmental Organisation
SNAP	Strengthening Non-State Actors for Peace in Kayah State
SOP	Standard Operational Procedure
UNHCR	United Nations High Commissioner for Refugees
VSLA	Village Savings and Loan Association
WWF	Women for Women Foundation
WDC	Women Development Centre

# 1 EXECUTIVE SUMMARY

'*Strengthening Non-State Actors for Peace in Kayah State*' (SNAP) project is a 36 months project (Jan/2016 to December/2018), implemented by CARE Myanmar in partnership with the Karenni State Women's Network (KSWN) across Kayah State. The budget allocation for which is €575,423. Kayah State is one of the smallest by population in the Union, it is conflict-affected and lately has been the site of tension between Civil Society Organisations (CSO) and State Government representatives. Despite its size, Kayah State hosts a relatively high number of INGO and UN agency development and peace support partners working in a range of sectors.

The SNAP project's overall Goal is to enable non-state actors, with a focus on *KSWN to support women's organisations and grass roots members in representing their constituents' interests in governmental and peace processes*. The Objective of the project is to have KSWN able to *'advocate for the needs of their constituents with decision-makers and provide community education and services through their members'*.

A Mid-term Review of the project in 2017 identified a number of recommendations for adaptation and/or further action; most of which have been acted upon by CARE and its partners.

The end of project evaluation – this report – undertook fieldwork in December 2018 in Kayah State and in Yangon, Myanmar, interviewing and holding focus group discussions with key staff, partners and stakeholders. The end of project evaluation looked specifically at whether the Objective had been achieved and did so through an assessment of each of the three stated Results of the project, as well as assessing *partnerships*, and against the OECD/DAC evaluation criteria of *relevance, effectiveness, efficiency, sustainability* and *impact*, among other criteria (as set out in the end of project evaluation Terms of Reference).

The end of project evaluation finds that the **Objective has been realised in large part**. The Objective was achieved by conscientious work progressing the three mutually reinforcing Results of organisational development; capacity to deliver social services to women, and economic independence for women's groups. The internal logic of the project in investing in organisational development of women's group partners (Result 1) has enabled a level of capacity to deliver social services and support to the community (Result 2) and contributed to achieving a degree of economic independence for women's groups (Result 3).

Activities delivered under **Result 1** have been responsive to KSWN capacity needs, focusing-in on organisational development and advocacy capacity building. Training sessions and workshops contributing to Result 1 have been comprehensive and Network members have benefited from the on-going support provided by CARE. These have been accompanied by exposure visits enabling Network members to see how other organisations work through and manage similar operational challenges, and, where appropriate, provided an opportunity to seek out mutually beneficial relationships or at least contacts.

Activities delivered under **Result 2** have been able to improve knowledge and skills for stakeholders in handling and responding to gender-based violence (GBV) cases more effectively. The training, resources, and support delivered under this project have categorically increased the capacity and experience of Network members to deliver social services. Response to activities in Result 2 have been well received with repeat themes noted by participants of - a) how useful the trainings were and b) that participants want *more training, more often*.

This final project evaluation finds that CARE's continued support to both the partner CSOs and the Village Savings and Loan Associations (VSLAs) has shown significant results in delivering on **Result 3**. This is evidenced in the comprehensive assessments undertaken by CARE. A combined – and impressive - performance score of 85% was arrived-at under these assessments for all the VSLAs. Whilst this achievement is impressive, a more important key outcome in respect of support to the VSLAs and the provision of small grants relates **the significant social capital that has**

**been generated between community partners.** This has enabled work countering GBV to be taken further than it might have otherwise and is central to the sustainability and future successes of those groups CARE has been working with.

The end of project evaluation has found that the project activities for all three results were **relevant** to the needs, capacity and *priorities* of the target groups. CARE took steps to ensure that the project design was framed in such a way as to reflect the priorities of the *target groups*. This was based on pre-project field research that included interviews with KSWN member organisations and other stakeholders on their needs – the research provided the basis for the project design, including the specific activities of support to different target groups.

In the course of end of project evaluation discussions Network member individuals noted their *perception* of inflexibility on the part of CARE in amending support inputs to project activities. Whilst the core activities remained unchanged over the course of the project, CARE's adaptation in meeting individual needs, for example in providing additional training inputs for KSWN, was evident.

In respect of **effectiveness**, the end of project evaluation has found that the project's learning approach and targeted, need-responsive activities have made a significant contribution to the project achieving its Objectives. For example, advocacy capabilities of the Network are on a sound footing. Network members are in reasonable position to take forward community-based awareness-raising work.

There remain questions on the 'harmony' enjoyed among member organisations in the Network; if relationships among Network members deteriorate further it will risk their ability to function effectively *as a Network*. Individual Network member organisations will very likely continue their community-based work even without the support of the Network, but this, of course, would be sub-optimal and would forego the multiplier benefits enabled by working together.

Overall, the project can be judged to demonstrate **efficiency** in its budgeting and implementation. For a process oriented project which is demanding of staff inputs and time, the staff allocation under the budget is 2/5ths of the total – which is a reasonable staff to activity ratio (more so, when staff, as in this project, are delivering activities). A general point to note in terms of civil society capacity-building projects is that benefits sometimes materialise after the lifetime of the project cycle.

In respect of **sustainability**, the end of project evaluation finding is that significant progress has been made over the course of the project ensuring sustainability in key areas and that this was attributable directly to support inputs delivered by CARE. Key areas with a basis for sustainability include: enhanced advocacy and project/grant management skills of Network members (Result 1); improved services for women, particularly in response to GBV (Result 2), and improved economic independence of women's groups (Result 3). One area of concern is the future standing of the Network *working as a Network*, at the time of the end of project evaluation, a number of Network members voiced their consideration of leaving the Network for different reasons. Detailed assessments of sustainability are set out below against each of the three Results.

Interviews for the end of project evaluation demonstrate that CARE and KSWN organisation members were all aware of the critical importance of constructive, trusted **partnerships** and for the most part, both took steps to engender partnerships of this sort.

The **monitoring and evaluation system is assessed as strong**, and in-line with the length of the project and the funding commitment.

Among the strongest **impact** resulting from the project is the change that can be identified in the strengthened *social capital* that has been produced under the work supporting the VSLAs. In this, community-based groups and Network members have come together to promote women's economic empowerment and to jointly seek to counter GBV. There is a further identifiable impact

in respect of women's empowerment among target groups under the project. A majority of women who have participated in and benefitted from project activities have expressly noted that their self-confidence levels have increased as a result of support from the project. Increased engagement in community affairs by women can be taken as a strong indicator of increased empowerment. A further important and lasting impact is that Network member organisations and VSLA members both reported (again, in end of project evaluation focus group discussions) that they had greater confidence in dealing with cases of GBV.

Whilst the achievements of the project are significant, given the context, there remain challenges that will need to be addressed or accounted for. The Kayah context has not been an easy space for CSOs to operate in. The political environment is characterised by on-going change and this has meant – in advocacy terms - that the attention of duty bearers is often difficult to gain and even more difficult to hold on women's empowerment issues. Well-received, highly valued work at the local community level – both on GBV awareness raising and women's economic empowerment needs further investment to be sustained and make the most of efforts to date. Work seeking to optimise Network members' co-operation and ways of working together, including their working with wider service providers and stakeholders will also require on-going investment.

A number of **lessons learned and recommendations** are made – these relate to *ways of working* in the Network and between different stakeholder partners, including better information sharing and investing in wider partnerships with other service providers working on GBV. A recommendation is made to continue to seek to strengthen advocacy in working with the GBV Working Group. Recommendations are also made in terms individual activities of support, including smarter vocational training and for wider awareness-raising.

(**Lessons learned and recommendations** are set out in full in Section 10 below. It is understood that a number of recommendations made in this project evaluation may have been taken account of in further, follow-on support work with the KSWN under separate funding to CARE.).

## 2 CONTEXT - GENERAL OVERVIEW

The political and social changes that Myanmar has seen since 2011 include efforts to progress a peace process and an opening-up of the media and political space. While Myanmar has long seen an energetic civil society, this period of transition have seen expanded opportunities for civil society organization and action. This period – since 2011 - also saw a significant increase in Official Development Assistance (ODA) to Myanmar.

**Kayah State**, bordering Thailand to the East is the second smallest State (by land mass) in the Union of Myanmar, it has seven Townships and a population (as per the 2014 census) of 286,627, 25% of whom reside in urban areas. The Kayah State Hluttaw (Parliament) has 20 members; 11 of whom are representatives of the National League for Democracy; four are representatives of the Union Solidarity and Development Party and the remainder are military appointments.

The policy reform accompanying changes in the country is fast paced and on-going – and while civil society representatives view their engagement on policy reform to have improved (at least subsequent to Cyclone Nargis in 2008), they also view that there remains a lot further to go, especially at the sub-National level.

Constraints and challenges remain for civil society, especially ethnic borderlands like Kayah State, in grass-roots civil society in being heard and seeing change in policy and practice, including in improved services for women.

According to Myanmar Information Management Unit data of August 2018, there are some 14 INGOs working in Kayah State, seven of whom are engaged in work '*strengthening civil society*'.

As of May 2017, UNHCR have identified some 161 voluntary, *spontaneous returns* of refugees to Kayah State from Thailand since 2013, which is not a substantial number but for those who have returned, indicative of them having sufficient confidence in being able to invest in and build a life back in Myanmar.

In Kayah State, discontent is evident in ethnic civil society over a number of issues, including Militarisation in the State, the extent of consultation around Government plans, and services (including road building) which are generally viewed as being inadequate and equal, ethnic rights.

Implementation also faces constraints, most notable recently – and an example of perceived control of civil society space - has been a system instituted in August 2018 by the Kayah State authorities which requires civil society and INGOs to submit – 15 days in advance – an agenda, a list of participants, budget and copies of relevant Memoranda of Understanding and/or other registration documents to Government Authorities in order to be authorised to hold a meeting or workshop.

Conflict in Myanmar at the end of 2018 and into 2019 takes a number of forms. In Myanmar, since 2011 there has been renewed military conflict in ethnic areas and, since 2012, a significant rise in inter-communal violence and tension. This timeline coincides with renewed bilateral ceasefires having been concluded and the previous military Government instituting a *National Ceasefire Agreement (NCA)*. The Karenni National Progressive Party (KNPP) an Ethnic Armed Organisation (EAO), headquartered in Shadaw Township of Kayah on the border with Thailand have signed two bilateral ceasefires (in 2012) with the then Government but have not signed the 2015 NCA. The NCA is Government/Tatmadaw prerequisite for engagement in the National, '21st Century Panglong' peace conferences instituted by the National League for Democracy Government. Military clashes in Kayah State have been very limited, however the first in six years took place in October 2018.<sup>1</sup>

The context in Kayah State – as elsewhere in Myanmar - necessitates a *do no harm* approach, with external interventions of support seeking, where possible, to contribute to peace efforts.

### 3 PROJECT BACKGROUND

SNAP is a 36 months project (Jan/2016 to December/2018), implemented by CARE Myanmar in partnership with the Karenni State Women's Network (KSWN) across Kayah State.

The SNAP project looks to build the capacity of women's organisations and the KSWN.

CARE Myanmar has a strong focus on GBV in its programmes. Mapping assessments of GBV in Kayah State has found that GBV is common and often left unreported. There is limited capacity to deal with GBV related cases and the Department for Social Welfare (DSW) has not been able to give it the necessary attention. There is a general lack of services to support GBV survivors in Kayah State – notably health, legal, and police – and referral systems (before the project) were weak and ad hoc.

The project is supporting local partners to work at the state, township and, village level to promote gender equality, respond to GBV, and address key underlying factors such as women's marginalisation, and insecure livelihoods.<sup>2</sup>

The KSWN was established in 2014 and currently, as of December 2018, has seven member organisations. KSWN member organisations include a diverse range of ethnic, political, and religious groups and affiliations. KSWN's revised goals in their five-year strategic plan (2018)

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<sup>1</sup> See – Radio Free Asia report of 22 October 2018 - "Karenni Army clashes with Myanmar Forces in Kayah State, Breaking Bilateral Ceasefire" <https://www.rfa.org/english/news/myanmar/karenni-army-clashed-with-myanmar-forces-in-kayah-state-10222018161042.html/>

<sup>2</sup> CARE. *BMZ SNAP Proposal*

include; (a) to reduce gender-based violence, (b) to raise women's participation in politics and the peace sector of Karenni State<sup>3</sup> and (c) to empower women to become capable leaders.

CARE has worked with the KSWN to, build its organisation development capacity; train and support KSWN in GBV awareness raising activities, case management, counselling, advocacy, GBV service provision, and referral pathways/guidelines. CARE has also been able to use its relationships with both government, ethnic armed groups, and CSOs in providing links for dialogue and trust building to take place.

Over the course of the project there have been changes in KSWN membership with groups leaving and new groups joining.

### ***Current KSWN member organisations – as of December 2018***

1. Shining Star
2. Kalalata Women
3. Kayaw Women Association (KWA)
4. Women for Women Foundation (WWF)
5. Women Development Centre (WDC)
6. Kayah Baptist Association (KBA)
7. Scoe Bar (Save and care on women in border area)

CARE also supports member organisations directly working at the community level to improve community awareness and understanding of GBV: CARE further provides technical skills training to improve service delivery to GBV survivors. CARE has also been supporting five KSWN member organisations in establishing and supporting Village Savings and Loan Associations to address gender inequalities and to economically empower women.<sup>4</sup>

## **3.1 Results Framework – Goal, Objective, Results, Targets and Activities**

The project's overall **Goal** is to enable non-state actors, with a focus on KSWN, to support women's organisations and grass roots members in representing their constituents' interests in governmental and peace processes. CARE intends to achieve this goal with the **Objective** of building the capacity of the Karenni State Women's Network (KSWN) to advocate for the needs of their constituents with decision-makers and provide community education and services through their members.

In order to achieve the project Goal and Objective, three **Results** were identified with corresponding targets to measure achievement.

*The primary activities CARE used in order to achieve its objectives fall under three results*

**Result 1:** The Capacity of the Karenni State Women's Network is built in areas of management, communication, coordination, and advocacy.

#### **Targets for Result 1:**

- KSWN has a constitution, which outlines KSWN's purpose and members' responsibilities.
- Organisational management SOPs are produced and complied with.
- KSWN is able to develop and pursue a short-term advocacy goal.

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<sup>3</sup> Karrenni State and Kayah State refer to the same State in Myanmar.

<sup>4</sup> Emerging Markets Consulting. *Mid-term Review of CARE SNAP*.

**Result 2:** KSWN members have increased capacity and experience to deliver social services to women.

**Targets** for Result 2:

- KSWN members' GBV case management guidelines and their implementation reflect a survivor-centred approach.
- KSWN members are able to provide counselling to GBV survivors without endangering their own well-being.
- Two safe houses have basic supplies.

**Result 3:** Women's groups at the community level are able to prioritise their needs and gain more economic independence.

**Targets** for Result 3:

- VSLA are in operation in villages.
- Women VSLA members are able to save and borrow to improve the economic situation of their family.

## 4 EVALUATION - PURPOSE AND BACKGROUND

**The overall objectives for this end of project evaluation, as per the CARE Myanmar Terms of Reference, are:**

1. *To assess the project's achievements and performance against the below criteria for standard evaluations (following the OECD/DAC criteria).*
2. *To identify lessons learned and recommendations to improve future programming in terms of partnerships and sustainability.*
3. *To engage project stakeholders throughout the evaluation to ensure participation, ownership, reflection, and learning.*
4. *To build evaluation capacity of CARE staff and stakeholders in evaluation design, implementation, and reporting.*

This end of project evaluation is framed using the criteria of *relevance, effectiveness, efficiency and impact*.

- *Relevance* is the extent to which the project suited the needs of target groups.
- *Effectiveness* is the extent to which the project achieved its objectives.
- *Efficiency* relates to the extent to which the project saw value for money in the use of funds, staff, and other resources.
- *Impact* is the extent to which changes resulting from the project can be identified as being lasting and significant.

The effectiveness of the monitoring and learning system and framework accompanying the implementation of the project is assessed in this end of project evaluation.

Necessarily, for an end of project evaluation, the sustainability of the project is also a key criteria addressed in this end of project evaluation – specifically, *whether the benefits of the project are likely to continue after the project ends*.

## 5 EVALUATION METHODOLOGY & APPROACH

The Evaluator for this end of project evaluation was Stephanie Finlayson. The work plan and evaluation methodology was submitted to and accepted by CARE in early December 2018. The methodology for data collection, including interview guides, was developed with feedback and input from CARE Myanmar. Desk research was conducted from late November to mid December 2018 with field work taking place from December 12 – 21, 2018 in Yangon Division and Kayah State, Myanmar.

Extensive desk research was carried out looking at secondary data sources provided by CARE Myanmar which, included;

- BMZ SNAP Project Proposal (including original log frame)
- Budgets
- Results Framework,
- CARE Gender Strategy
- SNAP Mid-term Review
- Organizational Capacity Assessment (for KSWN member organisations)
- Mapping and assessment of the response to GVB and women's shelters assessments in Kayah State.
- VSLA qualitative and quantitative data
- Annual reports
- KSWN five year strategic plan
- Advocacy strategy
- GBV case management manual

In order to answer evaluation questions - outlined in the interview guide work plan and methodology and annexed to this report - the Evaluator utilised a mixed-methods approach that relied both on the secondary data sources provided by CARE Myanmar and primary data collected during field work in Myanmar. Primary data sources included group discussions, key informant interviews (KIIs), focus group discussions (FGD), and observations at activity sites.

Semi-structured interview guides were developed using the three results and corresponding activities from the SNAP log frame, as an outline for measuring criteria in the terms of reference from CARE. Interview questions were adapted for different respondents categories, i.e. CARE staff, government employees, community members, CSOs, health workers, safe house manager, and law officers.

### Organization of the report

Organisational capacity assessments were used by CARE at the beginning of the project to assess individual organisations capacity as the Network was too new to conduct a baseline. For the end of project evaluation both the organisational capacity assessment and the Mid-term Review were used as a baseline for evaluating KSWN.

In the **Finding** section of the report the Mid-Term Review recommendations for **each Result** were highlighted to assess action taken and results for the remainder of the project. The three Results outlined in CARE's log frame and corresponding Targets were used to measure the outcome of the outputs and activities.

For the **Analysis** section the five OECD/DAC criteria of *relevance*, *effectiveness*, *efficiency*, *impact*, and *sustainability* are used with additional themes of *partnership* and *monitoring and evaluation* as indicated by CARE in the terms of reference for the end of project evaluation.

Based on findings and analysis **Lessons Learned** and **Recommendations** are made.

A note on language - throughout the end of project evaluation report the *KSWN* and *the Network* are used interchangeably. Also, KSWN member organisations are referred to as CSOs in the Findings - Result 3 section when discussing the relationship between the VSLA groups and the CSO (also a Network member organisation).

## Data Collection Sources and Methods

Respondent	Data Collection		# of participants
	Method	# method	
CARE Yangon Staff	KII	5	5
FGD CARE Loikaw Staff <ul style="list-style-type: none"> <li>• Discussion of results</li> <li>• Preliminary finding discussion</li> </ul>	FDG	2	6
CARE Loikaw staff including the previous project officer	KII	2	2
GBV Safe houses Including one phone interview	KII	3	5
Auxiliary mid-wife	KII	1	1
Township nursing officer	KII	1	1
Village Administrator	KII	1	1
VSLA Loikaw <ul style="list-style-type: none"> <li>• 12 VSLA groups</li> <li>• Grant recipients included</li> </ul>	FGD	1	21
VSLA Demosoe <ul style="list-style-type: none"> <li>• 17 VSLA groups</li> <li>• Grant recipients included</li> </ul>	FGD	1	33
VSLA member and grant recipient	KII	1	1
Law Home – legal aid	KII	1	1
KSWN	FGD	1	11
CYC	KII	1	1
WDC	KII	1	1
WFF	KII	1	1
Scobar Phone interview	KII	1	1
Township Women’s Club	KII	1	1
Case management consultant	KII	1	1
<b>TOTAL</b>			
	<b>FGD</b>	<b>KII</b>	<b>Participants</b>
	<b>5</b>	<b>21</b>	<b>94</b>

## 5.1 Limitations

During the field research the Department of Social Welfare (DSW) cancelled the key informant interview and was unable to reschedule. Discussions about the role played by the DSW was noted by CARE Myanmar, and KSWN member organisations.

During the end of project evaluation 29 VSLA groups from Loikaw and Demosoe Townships took part in focus group discussions. Visiting Shadaw Township VSLA groups was not possible during the evaluation due to difficult/restricted travel permission in the area and timing for fieldwork. The CSO who manages the Shadaw VSLA groups took part in a key informant interview and data obtained from CARE was used to evaluate the groups.

It was judged that it was not needed, nor appropriate to interview/have discussions with survivors of GBV in order to inform this evaluation.

In addition, as is customary with qualitative research, data collected through key informant interviews and group and focus group discussions is self-reported and as such carries the potential for respondent bias. To minimize the impact of bias on the results of the qualitative research, the evaluator explained the purpose of the evaluation at the start of interviews and group discussions. To help secure respondents' neutrality, they were advised that their performance was not being evaluated. The Evaluator also explained their own independence from CARE Myanmar and ensured participants understood that discussions were confidential.

## **5.2 Ethical considerations**

The evaluation approach took full account of CARE's do no harm commitments and relevant CARE international gender strategies and policy documents to inform ethical considerations in approaching and delivering this evaluation. This included, where necessary, ensuring the privacy and confidentiality of participants of the evaluation and in the facilitation of private interviews if required.

CARE Myanmar was asked to advise and offer direction on specific ethical considerations that needed to be addressed and on any prevailing political sensitivities that needed to be taken account of in under-taking the evaluation.

## **6 FINDINGS**

### **6.1 Result 1 – KSWN capacity is built in areas of Management, Communication, Coordination and Advocacy.**

There have been over 25 activities provided under the project seeking to enable Network members to deliver on Result 1. These have been responsive to capacity needs, focusing-in on organisational development.

Training sessions and workshops contributing to Result 1 have been comprehensive and, importantly, responsive to needs. Network members have benefitted from support that has included, inter alia; project management, financial management, qualitative data collection, human resource management, office management training, good practice procurement processes, leadership skills; advocacy, participatory rural appraisal/assessment, (setting) standard operational procedure and strategic planning workshops. These have been accompanied by exposure visits enabling Network members to see how other organisations work through and manage similar operational challenges, and, where appropriate provided an opportunity to seek out mutually beneficial relationships or at least contacts. See annex attached for a full list of trainings.

### 6.1.1 End of Project findings in respect of Mid-term Review Result 1 recommendations.

***Mid-term Review finding - CARE should continue providing trainings with particular attention to M&E and clarify to members that only staff members responsible for the topic should attend.***

This end of project evaluation found CARE having continued to respond constructively and effectively in this area, investing further in management training, including focused monitoring and evaluation support to KSWN.

The Annual Review meetings between CARE and the Network, where 'best practice' in the implementation and successes of the project are subject to review and discussion have been beneficial as points of reflection, enabling adaptation to take place and any improvements identified and responsive plans put in place. Importantly, in August 2018, KSWN, with appropriate input from CARE, put together a *Five-Year Strategic Plan* that includes realistic monitoring indicators for each activity and means of verification for those activities. At the time of this End of Project Evaluation it was too early to judge the effectiveness of the Five Year Strategic Plan, but its elaboration is judged a positive step, and if utilised, will enable smarter monitoring and evaluation practice. As can be found in other environments where training opportunities are limited, there remains an open demand from Network members, simply stated as being for "*more M&E training*". It is worth noting that monitoring, evaluation and learning and related support are processes that require consistent, on-going investment in order to take account of staff changes and in enabling constructive reflection on implementation and in highlighting any adaptation and changes needed.

In respect of the Mid-term Review recommendation that *only staff members responsible for the topic should attend* [trainings], the end of project evaluation finds that this has been responded to and remedied. However, where resources are able to accommodate other staff members benefiting from monitoring and evaluation trainings, consideration should be given to others (for example, those who have expressed an interest in taking-on a monitoring and evaluation function) to attend training. This will contribute to enabling a future cadre of Network member staff being capable of taking-on monitoring and evaluation responsibilities.

***Mid-term Review finding - CARE should remind KSWN members of the benefits of creating and committing to a Network, and explicitly state CARE's goal in supporting KSWN.***

The end of project evaluation finds CARE to have continued to work diligently in reminding KSWN member of the benefits of the Network. The benefits of *creating a Network* was noted as having taken place in different fora, including training and on an individual level, with one-to-one discussions with individual Network members and at other meetings.

The engagement of the CARE Partnership Adviser has seen re-structuring that has sought to eliminated the duplication of roles in the Network's set up, making it's organisational structure more relevant to its needs.

Participants in end of project evaluation focus group discussions were clear in their statements recognising *the benefits of creating and committing* to a Network. However, there were differences of opinion expressed on what would be the optimal organisational structure of the Network.

***Mid-term Review finding - KSWN members need to build trust with one another. This includes ensuring that the EC is democratic and creating more network wide activities that involve the ownership of all KSWN members.***

CARE facilitated a series of workshops (three modules over three days) on 'Leadership and Management'. KSWN member participants in end of project evaluation discussions noted that the workshops were well received. Specific positive changes noted by KSWN members were that the

relationships between *most* members and leaders had improved and that this was due to the workshops. It can also be judged to result from CARE staff clearly understanding the importance of trust and shared ownership of Network members of its actions, and bringing this understanding to bear in CARE's broader, on-going engagement with Network members.

That these relationships are sound and enjoy mutual trust is critical in any Network. In the context of the Mid-term Review recommendation, the end of project evaluation finds that this has been responded to positively and with a reasonable degree of success. However, whilst *most* relationships were remarked upon as having been improved, it was reported that there remains room for improvement in some individual relationships. (Relationships in the Network are addressed further in the '*Partnerships*' and '*Sustainability*' sections below).

In relation to the recommendation on the need for the Executive Committee to be more democratic, Network members noted that they had benefited in evaluating and making changes to their personal leadership style. More than one Network Member noted that during the last *16 Days of Activism* improved examples of "*power sharing*" among Network members were visible, including a more positive approach to the delegation of responsibilities being identifiable. Numerous Network members noted that they were able to share and apply leadership and management training within their own organisations and it that it was well received and appropriate to their needs.

*"I am the chair of my organisation and after participating in the leadership training I can do more and understand what I have not been doing well. I now know how to make change for the better"*

Network Member - End of project evaluation focus group discussion.

***Mid-term Review finding - CARE should support KSWN leaders in facilitating between members to create ownership and commitment across all members.***

As noted above, whilst *most* relationships, including those between Network leaders and Network members have improved on the back of support from CARE, some relationships and a sense of commitment would benefit from further improvement. It should be noted that this is not an uncommon finding in the context of Network based or focused projects. Enhanced ownership and commitment in SNAP are clearly evident in shared advocacy and activity efforts – specifically noted as being beneficial to the Network's joint working were the shared efforts on the *16 Days of Activism* in 2016, 2017 and 2018; *International Women's Day* in 2017, 2018 and in *Kayah National Day* 2017 and 2018.

During the coordination of activities, the KSWN, with significant support from CARE, worked with the Myanmar National Committee for Women's Affairs (MNCW), different government committees, the DSW, KNWO, and UNHCR. In each of these, it was reported members were included in decision-making. In the course of end of project evaluation interviews and discussions, these are clearly viewed by stakeholders as activities and actions that contributed to creating greater ownership and commitment across all members.

As noted above, in the course of end of project evaluation focus group discussions, Network members specifically noted that they viewed the Five Year Strategic Plan as being a vehicle through which further shared ownership and commitment would be derived. The development of the Five Year Strategic Plan was noted by members as having been developed with support from CARE through a participatory, inclusive process making a strong and identifiable contribution to shared ownership and commitment.

## 6.1.2 Targets for Result 1:

Result 1 Targets cover a broad spectrum of organisational capacity; *management; coordination; communication* and advocacy.

Result 1 targets have been met.

This accomplishment should not be under-stated given the starting point of capacity in these areas possessed by Network members at the commencement of the project. This accomplishment can be attributed directly to the support inputs from the project as managed by CARE.

Evidence of the relevance of support in establishing both a Constitution and SOPs for the Network is that both have informed the policies and procedures of individual member organisations – i.e. both the Constitution and SOPs of the Network have been used at the level of individual member. This is a strong indicator of the relevance of each to the Network member organisations themselves, as indicating that they believe them *fit for purpose* for both the Network and their own individual organisation needs.

This end of project evaluation finds that advocacy capacity has been improved through 'evidence-based advocacy training'. This is evidenced through the Network's proven ability to engage in advocacy actions at both the community and State level (see below for more information on advocacy and the Network).

The findings of the end of project evaluation on each Target are set out below.

### **Target - "KSWN has a Constitution that outlines KSWN's purpose and members' responsibilities."**

A Constitution for KSWN was developed in 2017 and revised again in 2018 with the support of CARE.

In the course of the end of project evaluation, numerous respondents confirmed that the KSWN constitution includes clear statements of their goal, mission, vision, structure, roles and responsibilities, and management policies and procedures. Further, it was confirmed in end of project evaluation discussions that i) all Network members participated in the development of the constitution; ii) that it included procedural provisions for any future amendment, and iii) that it articulated an agreed vision of the aspirations and values of the Network members.

However, two Network member respondents (from different organisations) noted that the core values embedded in the constitution are not always seen in the way the Network *actually works*. This is the difference between statement (in this case the Constitution) and action – questioning whether the Constitution is 'living' its values. The specific point made here by the Network members relates to being '*respectful*' in working with others. This actually serves to confirm the value in having an agreed Constitution for the Network that sets out agreed expectations on how Network members should work together (and engage with each other). The relevant provision in the Constitution acts as a reference point where any Network member believes that the Network is falling short of its constitutional under-takings can legitimately ask for improvement.

In discussions with CARE it was noted that because of the limited individual membership of KWSN (as of December 2018, some 17 individual members) there are some individuals who are taking on multiple roles within the different Network committees and this has caused some issues in how decisions are arrived-at and the implementation of activities among members. It was also found that when individuals take on multiple roles it is often at the expense of roles and responsibilities not being carried out efficiently or in-line with the Constitution. One example given was that the Network Coordinator has been checking and signing off funds rather than the Secretary General of

the Network doing so. This can be viewed as a realistic response to working with limited human resources – where it is recognised as being unavoidable, and noted as not being in line with what is set out in the Network’s Constitution (and in doing so recognised that it is not an optimal way of working), it does not – of itself – undermine the value of the Constitution.

**Target - “Organisational management Standard Operational Procedures (SOPs) produced and complied with.”**

This target has been achieved.

There are four main SOP areas: i) Financial policy; ii) Human Resources policy; iii) Office management policy, and iv) Procurement. The SOPs were developed for KSWN with the support of CARE and have been operational since late 2017. Training in relation to the standard operating procedures has been followed up with on-going mentoring from CARE.

The formulation and adoption of the SOPs marked an important step in the support of the project. This was mainly as the conclusion of the SOPs meant that Network Members were then able to apply for small grants from CARE. Small grants were distributed over the course of the project, with two small grants directed specifically for KSWN members. The first grant to the KSWN for 28,000,000 MMK (+/- €16,000 depending on exchange rate) was given to the Network in 2017 and included activities for *16 Days of Activism*, including workshops in seven townships, and covering the costs of monthly coordination meetings and administrative costs. The second grant to the KSWN for 27,000,000 MMK (+/- €15,000) was given to the Network in 2018 and included activities for a strategic planning workshop, advocacy stakeholders meeting, events marking *International Women’s Day* and *16 Days of Activism*.

In the course of end of project evaluation discussions it was noted that CARE had provided substantial mentoring during the proposal writing and throughout the grant period. The grant writing process, and utilisation and accounting for these small grants (both financial and narrative) demonstrate the Network’s improved ability to both manage funds and work together in pursuit of joint objectives. The small grant examples, while involving relatively modest sums in financial terms, represented amounts appropriate for the Network’s goals which had been arrived at via a needs-based budget preparation process - this can be seen as a positive indicator of the enhanced capacity of the Network.

During focus group discussions for the end of project evaluation *most* Network members stated confidently that they understood and were compliant with the SOPs – in short, that the SOPs were, broadly speaking, ingrained in their ways of working and fit for purpose. At the same time, Network members recognised that certain circumstances – i.e. working in remote areas, with limited or no options in choosing service providers – it can be difficult to fully meet SOP demands and that this requires some flexibility, for example in not being able to obtain three quotations for goods or services, whilst being acting to minimise any risks in accounting for funds.

**Target - “KSWN is able to produce a short-term advocacy goal.”**

The target of producing a short-term advocacy goal has been achieved.

From end of project evaluation discussions with stakeholders, including Network members and CARE staff, it was noted that an ‘*advocacy goal*’ had been developed through advocacy support training.

However the status of an express advocacy strategy was not yet finalised (as of mid-December 2018). The strategic direction for the Network’s advocacy efforts is drawn from its own Five Year Strategic Plan and in its combined efforts under the GBV Working Group’s advocacy. These are discussed further below. In terms of evaluating advocacy, it is important to note that the context –

where democratic space for advocacy action is not a given; that State level officials (targets of advocacy actions) have only limited ability to change policy and practice and that while CARE can provide advocacy tools, support and advice on advocacy opportunities, the Network and its members are best placed to understand and target their advocacy efforts. Network members will understand the local power dynamics and who they need to 'get on side' in promoting women's issues and tackling GBV in their areas.

Key messages. There have been a number of advocacy actions over the course of the project that have included the use of agreed '*key messages*'; the end of project evaluation discussions revealed a sense of joint effort and ownership of these *key messages* among Network members. This is positive – in any advocacy strategy – having clear and consistent messages is critical.

#### Examples of short-term advocacy by the Network

The KSWN planned and under-took activities for the *16 Days of Activism* against Gender-Based Violence Campaign<sup>5</sup> and developed key advocacy messages for events in 2017 and 2018. In attendance were the Chief Minister (in 2017) and the Chairperson from The Myanmar National Committee for Women's Affairs (MNCW) in 2018. Both are sensible, strategic advocacy targets. The support of the MNCW in the future would be valuable in encouraging continued and increased support for GBV from Government line departments and agencies, including, the Police, the justice system, the Department for Social Welfare and health providers.

The Network helped to develop the policy recommendations for the publication '***Voices of the Karenni State Women and Peace: Politics, Security, Economy, Social, Land, and Environment***'. The Network worked together with other women's organisations, CSOs, ethnic armed organisations, and township level sub-committees in Kayah State during the development of the policy recommendations. The Network stated that "*the development of the policy recommendations will allow women's groups to be ready for State policy development*" and discussed plans of the development of a larger book which would include further information on the five sector issues.

These advocacy efforts are not insignificant in what is often a difficult operating environment. A few Network members noted - during focus group discussions - that it is challenging to secure "*permission*" to under-take advocacy actions in Kayah State. This is due to increased restrictions for CSOs (noted above in respect of permissions for meetings) and a complex social and political environment in Kayah State more generally. Registration as a civil society organisation also plays a role in whether you are allowed to engage in activities – for example, if an organisation is not registered they are not formally invited to government meetings and events/activities. This creates a barrier for advocacy on the part of grass-roots organisations. In order to work around restrictions, the Network noted that in order to reach higher-level advocacy targets they would look to partner with a registered organisation. Whilst not optimal, this is indicative of Network members taking constructive steps to adapt to local constraints.

Advocacy as part of the GBV working group. It is understood that after discussion with CARE, the Network took a decision to integrate advocacy efforts with those of the GBV (Kayah) Working Group – a move that makes strategic sense. This decision was arrived at to ensure greater success of KSWN in achieving its advocacy goals as part of a larger working group that can offer more support. In light of the constraints in the operating environment and the cross-over of advocacy goals, this decision can be judged sound.

The capacity of KSWN in delivering direct advocacy actions continues to develop with certain members having more experience than others; and in working with the GBV working group the KSWN could broaden its reach and experience – for example in gaining more advocacy

<sup>5</sup> From 25 November, the International Day for the Elimination of Violence against Women, to 10 December, Human Rights Day, the [16 Days of Activism against Gender-Based Violence Campaign](#) is a time to galvanize action to end violence against women and girls around the world. The international campaign originated from the first Women's Global Leadership Institute coordinated by the Center for Women's Global Leadership in 1991.

experience at a State and National level. The Network is also one of the core advocacy group members which will - along with a subset of others from the GBV working group - be responsible for the planning and coordination of activities, MEAL oversight, resource mobilization, and reporting.

Aside from engaging and contributing to the GBV working group advocacy strategy. longer-term advocacy goals of the Network are anchored in the Network's Five Year Strategic Plan: around the key goals of: reducing GBV; raising women's participation in politics and peace; and to empower women leaders, with specific advocacy actions noted under the first and third of the Strategies' goals.

(To Note. Support for advocacy work is also included in another stream of funding to CARE, this was not subject to direct appraisal in the course of this end of project evaluation but is complementary).

### 6.1.3 Recommendations and Lessons Learned for Result 1:<sup>6</sup>

1. The KSWN is a diverse group and would further benefit from **more 'soft' training** that would challenge and explore better ways of working together.
2. Consideration should be given (by CARE and Network members) to **different and better ways of working together** and/or individual members taking forward advocacy that is specific to their areas, with duty bearers (persons in authority) in their areas. This will enable very site and issue specific advocacy but should be under-taken maintaining a link with the wider, joint advocacy strategy and its messages.
3. CARE should consider support to continue to promote the **facilitation of information sharing among KSWN members**. Information and understanding of other members' actions can support smarter, sharper individual member advocacy efforts. An indirect benefit of this should see more collaboration and more trust between Network members.
4. Members should continue to invest in the **GBV working group to help strengthen advocacy within the KSWN**. In the GBV Working Group members will be working as part of a larger network and should take any opportunities to both learn and have new information (for example on new central Government policy proposals) that will help to achieve Network Members' advocacy target and goals.
5. Consideration should be given to supporting the costs of an **assessment scoping funding and fund raising opportunities for KSWN and member organisations**. The assessment would identify and weight funding opportunities, including fund-raising and the availability of small grants from wider partners involved in supporting actions countering GBV.

## 6.2 Result 2 – Karenni State Women's Network members have increased capacity and experience to deliver social services.

Based on the findings of a preliminary mapping of GBV and of women's organisations in Kayah State under-taken by CARE in 2015, the need for greater skills capacity building for the delivery of GBV services in communities was identified.

Prompted by these findings and other research on GBV issues, the SNAP project activities looked to improve knowledge and skills for stakeholders in handling and responding to GBV cases more

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<sup>6</sup> Recommendations and lessons learned for Result 1 are consolidated in Section 8.

effectively. The training and support – outlined below – delivered under this project have categorically increased the capacity and experience of Network members to deliver social services.<sup>7</sup> The training has – as far as can be assessed under the end of project evaluation - been universally well received; repeat themes in the interviews for this evaluation were that the training was a) useful and framed to meet participant needs and b) that participants want more training, more often.

Deliverables set out for Result 2 were achieved with details on each set out below in the *targets* section. The deliverables for Result 2 were as follows;

1. The development of a **case management manual** – *GBV Case Management Manual and Training Guidelines: caring for adult and child survivors*.
2. Trainings – **counselling** (five), **case management** (one), and **GBV awareness-raising** in communities (three communities).
3. **Support for safe houses** through provision of materials, and financial support to survivors (supporting basic needs as well as access to health and legal services).

Below are activities that CARE has implemented under another stream of funding – a project funded by NORAD – that complements activities under the BMZ SNAP project. Although the NORAD funded work is not the subject of assessment under this final project evaluation, the results and outcomes of NORAD activities are important to note and to understand how its activities are complementing and contributing to outcomes under the SNAP project. In the judgement of the end of project evaluation, the complementarity of the NORAD and BMZ funded work streams was excellent, with each benefitting from the other. With this in mind, it is worth briefly setting-out the objectives of the NORAD funded, complementary work.

***NORAD funded CARE GBV Kayah project – key objectives***

1. *State level workshop to develop and validate GBV referral pathways and guidelines (standard operating procedures).*
2. *Township level consultation and validating workshop on GBV referral pathways and guidelines.*
3. *Case management and referral guideline/pathway training for government service provider.*
4. *TOT case management and referral guidelines and pathway training for partners*
5. *GBV referral awareness raising trainings in communities.*
6. *Vocational and reintegration support to GBV survivors.*

### **6.2.1 End of Project findings in respect of Mid-term Review Result 2 recommendations.**

***Mid-term Review finding - CARE should consider providing support to KSWN members in providing refresher trainings to [wider] community members and expand trainings to be more in-depth.***

CARE has identified refresher training for KSWN under another stream of funding (the NORAD project). Trainings to be included are - GBV awareness-raising; engaging men; establishing/reinforcing referral pathways; paralegal support, and counselling. Activities that have been identified will complement and support the activities from the BMZ project. In targeting wider community members and expanding trainings to be “*more in-depth*” – this Mid-term Review finding has been fully responded to.

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<sup>7</sup> Note - In the end of project evaluation in respect of work and support delivered in pursuit of Result 2, it was necessary to approach GBV related issues with sensitivity and discretion. In line with this, it should be noted that ethical considerations meant that the evaluator did not directly interview any GBV survivors.

***Mid-term Review finding - CARE should continue to follow up with KSWN members to ensure they are implementing and understand the referral guidelines created.***

Comprehensive referral guidelines have been developed for the seven townships in Kayah State. Various workshop and trainings took place to develop and finalise the GBV referral guidelines with input from – CARE, front line GBV responders, the KSWN, the GBV working group (Kayah State), and stakeholders from communities and government. Monitoring of, and feedback on this work were routinely under-taken by CARE with the KSWN, aiding the development and optimal use of the referral guidelines.

BMZ activities feed into the development of the referral guidelines through GBV awareness raising activities - including legal awareness and case management training. It is judged that this finding has been met.

***Mid-term Review finding - CARE should continue to provide financial support to safe houses.***

Four safe houses received supplies from the project. On-going living and referral costs for survivors at each of the safe houses was provided by CARE for the duration of the project. The Mid-term Review finding has been met.

This support was deemed “*very valuable*” by safe house managers.

Future support for living and referral costs for GBV survivors has been included in another of CARE’s projects, which will see a smooth transition of services to survivors and safe houses.

## **6.2.2 Targets for Result 2:**

***Target – “KSWN members’ GBV case management guidelines and their implementation reflect a survivor centred approach”.***

A **survivor centred approach** prioritises the rights, wishes and needs of the GBV survivor. This means ensuring that survivors have access to appropriate, accessible, and good quality services including: health care; psychological and social support; security, and legal services.<sup>8</sup>

Throughout the project period there have been 143 survivor cases handled by Network member organisations and other partners’ of CARE such as, KNWO and Good Shepard Myanmar Foundation (GSMF).

The final project evaluation judges that the GBV case management guidelines (manual) and their implementation do reflect a survivor centred approach and have been diligent in doing so.

### GBV case management training

Case management training was conducted once for this project with the following objectives:

- 1) to understand the basic concepts of GBV;
- 2) to know the basic principles in giving referrals and relevant services to GBV survivors;
- 3) to learn the basic case management steps, and
- 4) to build the capacity of service providers in listening, assessment, analysis, and referral skills.

Participants for the training included KSWN members, the GBV working group – which includes all safe house groups - *Law Home* (a legal aid provider), and the Medical Social Department from the local public hospital.

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<sup>8</sup> <http://www.endvawnow.org/en/articles/1499-survivor-centred-approach.html>

A few participants from the case management training noted in end of project evaluation discussions that they found the training to be “*very useful for their work*”.

One participant gave the example stating “*I now understood that there are five types of GBV – physical, sexual, psychological, economic, and harmful traditional practices – when I thought GBV was only physical violence before*”.

CARE noted in the *Interim Report for 2017* that participants “*gained knowledge on case management and the basic guidelines for managing cases such as, respect, confidentiality, non-discrimination, and safety with case management guidelines produced.*” Discussions undertaken in the course of the end of project evaluation re-affirm this – that case management and knowledge on tackling GBV of the participants was subject to on-going improvement and was survivor centred.

### Case Management Manual

The ‘*GBV Case Management Manual and Training Guidelines: caring for adult and child survivors*’ was produced, published, and translated into Burmese. This was understood to be a long process, concluding in 2018.

Training on case management was delivered to Network members and the other GBV coordination groups (such as safe houses GSMF and KNWO) in 2017 with a refresher training provided in 2018 (under the NORAD funding).

The manual is strong on the core principles of respect, non-discrimination, privacy, confidentiality, and safety and security – ensuring a survivor centred approach that respects survivors’ rights. All participants interviewed in the end of project evaluation gave positive feedback on the information contained in the ‘*GBV Case Management Manual and Training Guidelines: caring for adult and child survivors*’. Whilst generally regarded highly by users as being comprehensive and meeting their needs, a few comments noted that some of the case management forms within the manual were not always easy to use and this precluded their use in their organisation. This point is covered further below.

The case management manual “*was developed to introduce standards for quality and compassionate care for GBV survivors, with a particular focus on case management services. In Myanmar, some front-line responders and service providers have limited knowledge and experience in using a survivor-centred approach to GBV case management that ensures that the survivor is at the centre of the intervention, and any action taken is in their best interests*”.<sup>9</sup>

KSWN member organisations and other GBV coordination groups (including safe houses, legal aid providers, and health representatives) had evidently been using the ‘*GBV Case Management Manual and Training Guidelines: caring for adult and child survivors*’. The KSWN noted that they use the case management manual for information on GBV related issues, planning activities, and the documentation of cases. One safe house Manager interviewed in end of project evaluation was clear that it was a good resource and reference point for their needs:

*“The case management manual is very helpful – it is filled with good learning and knowledge. There are good modules and we refer to areas that are relevant to our needs often when needed. We also regularly use the GBV case management forms provided in the manual.”*

*Safe house manager – End of project evaluation*

Participants of the case management training noted that they felt they had learned positive skills that have helped them when dealing more professionally and systematically with GBV survivors and ensuring the appropriate steps are taken in accessing health facilities and/or pursuing legal

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<sup>9</sup> CARE Myanmar, *GBV Case Management Manual and Training Guidelines: caring for adult and child survivors*.

redress. The confidentiality of GBV survivors in case management documentation was noted as being assured by all safe house interviewees in the end of project evaluation interviews.

However, some organisations, as noted below, were not using the manuals' forms in a routine way or not using the forms contained in the manual at all. Two out of the four safe houses CARE has been supporting during the project stated that they *routinely* use the GBV case management *forms* provided in the CARE manual and noted that they found the forms "*useful and comprehensive*". However, the third safe house noted that they use the GBV case management forms *only for the survivors which are financially supported by CARE* and that they are not using the forms systematically. Reasons for *not using* the GBV case management forms were 1) *the forms are too long and complicated* – the time taken to fill out all the forms is time consuming 2) *there is a high turn over of staff/volunteers and limited opportunity to train new staff/volunteers on how to fill the forms correctly* and, 3) *literacy is poor with some of the volunteers and therefore difficult to read through and answer the forms with confidence*.

The fourth safe house stated that they are using a different GBV manual and related forms with one of their principle INGO donors – the International Rescue Committee. They are routinely recording cases.

In conclusion, for GBV case management documentation, most of the safe houses are recording cases *although not all are using the same system or are systematically recording cases*. It was also noted that the police, hospital, and legal responders have their own forms and systems of recording cases. Although there are different methods of recording and documenting cases taking place it is positive that evidence is being recorded, however the use of different forms and templates limits cross-comparison or a single file being accessible by different duty bearers involved in responding to GBV. For the purposes of this end of project evaluation, the impact of this is not clear, however it is reasonable to suggest that greater co-ordination and harmonisation on the production and use of GBV manuals – at least between INGO actors – may have been warranted.

**Target – “KSWN members are able to provide counselling to GBV survivors without endangering their own well-being”.**

During the course of the project 126 GBV survivors have received counselling from project trained partner organisations, *without endangering their own well-being*.

A *counselling* training of trainers (TOT) was conducted with Network member organisations and other women's organisations involved in GBV related partnering with CARE. The training takes account of the case management guidelines (noted above). CARE noted in the *2017 Interim Report* that the counselling TOT was too technical for a first time training of participants and refresher counselling was provided in order to make training *more practical* for participants.

During the end of project evaluation, interviewees noted that they found the counselling trainings beneficial for their organisations and safe houses and that including the "*second trainings were good to help fully understand how to use the skills learned for counselling*". This reflection and adaptation by CARE on the counselling training and how to ensure its effectiveness clearly aided the Network members and safe houses in being able to provide *better quality* counselling services.

Participants of end of evaluation interviews noted that "*we use the skills learned during trainings all the time*" and in seeing the utility of the refresher trainings for their own work *and* that in order to continue with a positive, survivor centred approach they "*would like to take part in refresher trainings more often*".

Network member organisations who attended the counselling TOT were able to then rollout **22** counselling trainings in their communities targeting influential community leaders (village administrators, community elders, women leaders, youth leaders, village health volunteers, and

auxiliary midwives). Of the 22 community counselling trainings **four** were funded under BMZ - SNAP activities.

From end of project evaluation discussions, it was clear that GBV counselling is viewed as a centrally important, survivor-focused aspect of the work under-taken by Network members and safe houses in helping to tackle GBV, and one which they will continue to invest in but also very likely to seek further external support on, particularly in further training.

### GBV training to community members

A series of GBV awareness trainings targeted at the wider community took place three times under the project with Network member organisations facilitating the training. Topics included: gender; gender and power relationships; GBV; first aid for GBV survivors, and referral pathways for GBV survivors. Participants of the training included: VSLA members; GBV first responders (i.e. auxiliary midwives); village leaders; members of women's clubs, and individuals from the community (both men and women).

In end of project evaluation discussions community members who participated in the GBV training all stated how suitable and advantageous they felt the trainings were for them personally but *also for their families and community in general*.

One village administrator in Demosoe Township stated in an end of project evaluation interview that *"there has been great success in understanding the different types of power and that being a leader and using power requires doing so in an appropriate way"* and that *"as a leader I can encourage people in my community"*. In Demosoe Township, community members and leaders, AMW, VSLA, the General Administration Department (GAD)<sup>10</sup>, women's club, and health officers who took part in end of project interviews and focus group discussions were able to show how coordination, communication and action taken between different groups has given them the confidence to support GBV survivors.

Other participants in focus group discussion noted that they were able to see a positive change in some men who attended the training – for example, one participant stated *"[she] noticed how her neighbour had stopped being aggressive (shouting and hitting) with his wife"*.

Participants in end of project evaluation discussions were quick to point out the relevance of the training in their communities – not least as *before the training* - a lot of women were unaware of the options for countering GBV related issues in their communities. Many of the focus group participants in the end of project evaluation stated that participating in the training gave them confidence to speak out against incidences in their community that they might have been too afraid to speak out against before. For example, one participant noted being able to discuss with a husband better ways of communicating with her (his spouse). The continued targeting of men for awareness training was discussed by most of the participants in end of project evaluation discussions. Although many respondents noted change in *some of the men* who attended training, a few noted that there were examples of men who *"would not accept what they learned about men and women"*. One male village administrator interviewed noted that there were arguments with some men during training and he recommended more awareness-raising sessions to give participants greater time and opportunity to change their behaviour.

As noted above, Myanmar remains culturally a patriarchal society, and making in-roads towards positive change in power relations between men and women is going to be an inter-generational under-taking. The comment noting that some men *would not accept what they learned* is testament to this. However, if the anecdotes that do set out modest change are understood in this context, they are not insignificant and are attributable to increasing the capacity of Network members to raising and tackling GBV in the community.

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<sup>10</sup> The GAD is an administrative, civil service body that has staff at all levels of the Myanmar administrative structure, including all of the country's Townships. A Cabinet decision at the end of 2018 saw the GAD move from the Ministry of Home Affairs – a Military run Ministry – to the Ministry of the Union Government – a civilian run Ministry.

As with other training inputs, the **response by participants to the community awareness-raising training** – when subject to an end of project evaluation focus group discussions - was **overwhelmingly positive**. Again, most participants expressed a wish for “...*more training*.” When asked to specify what specific training would be beneficial, it was noted that further GBV training that included men as participants and targeting village administrators in GBV awareness training was needed. Continued exposure and training of community members was expressed as important by both members of the community as well as KSWN member organisations.

*“We need more awareness raising. We have only targeted a few communities and there are many more. In order to move forward with GBV case management we need the support of the community and we don’t always have their full support.”*

*KSWN member – End of project evaluation focus group discussion*

### **Target – “Two safe houses have basic supplies”.**

During the course of the project **80 survivors accessed safe houses** that the project provided with supplies. CARE supported **four safe houses** with basic supplies under the SNAP project. These were understood to be the only four safe houses in Kayah State at the time of project commencement. Including all four in CARE support allowed *all active* safe houses (in 2017) in Kayah State to be supported with supplies and GBV survivor financial assistance. The decision to support all four existing safe houses was rational and equitable and the change was supported by BMZ.

All four safe houses stated that the supplies provided were relevant to their needs and delivered in a timely way. One of the interviewees noted that “*the supplies were ordered according to the needs of our own shelter*”. This level of responsiveness to needs is critical, it demonstrates attention to individual partners’ needs and is a smarter use of resources (there was no budget implication in supporting four safe houses over the two safe houses originally targeted for support). This level of responsiveness was acknowledged by safe house partners.

*“The support CARE has offered our safe house has been very relevant and we use all the supplies. In fact, all the support CARE has offered us – with training - has had very positive results for us.”*

*Safe house manager – End of project evaluation interview*

Two of the safe houses are members of the KSWN and are run by volunteers. Working on a basis that relies on volunteers has been challenging, not least in maintaining consistency in case management documentation as well as facing the repeat loss of trained staff as volunteers move on. This includes the loss of volunteers who have participated in various training opportunities (for example counselling and case management). Whilst the volunteer staff turn-over presents challenges it has not had a profound impact on the running of the safe houses who are still able to provide services for GBV survivors. It should be noted that high staff turnover is often problematic for many CSOs operating in Myanmar where low wages and volunteering see employees taking jobs that have more job security and better wages.

Safe house – mutual support. All four of the safe houses work together to ensure there is space for survivors of GBV. They communicate and coordinate with each other and refer survivors between each other. Safe house managers stated that “*they can easily call on each other to refer survivors*”. That CARE supported all four safe houses will have contributed to this positive co-ordination and mutual support (even if in only a small way). Finding ways to encourage and support further coordination between the safe houses would be in the interests of GBV survivors and is recommended as an area of support for CARE to consider.

### Further support for survivors through the safe house

During the course of the SNAP project **25 GBV survivors** had their **living and referral costs** supported by CARE. Meeting these costs ensured access to essential services for GBV survivors.

These costs extend to travel costs for witnesses in litigation and wages for caregivers if needed when survivors need to travel to the hospital or attend court proceedings (the shelter staff often prepare the survivors in advance of court appearances).

In both the Mid-term Review and in this end of project evaluation it was found that the safe houses were able to provide all necessary referrals for survivors and **CARE's financial support was noted as a key factor in this.**

Costs for supporting living and referral cost for survivors will continue under another stream of funding in the future.

*"With the support from CARE we are able to have survivors stay longer-term in our safe house and can offer counselling and greater support – this has been very good to give us time to help survivors."*

*Safe house Manager – End of project evaluation interview*

Looking to the future of support to safe houses, it should be noted that CARE and the DSW are working together on the construction of the first government run safe house in Kayah State.

Although not directly part of this project, *how* CARE looks to support the CSO run safe houses and government run safe house in the future will be important – including on the inter-relationship between the existing CSO run safe houses with the government safe house (are the CSO run safe houses content to have *any* working relationship with the government run safe house?), the consistency in norms and standards and other issues.

### Access to, and links with, service providers (CSOs, health services, legal, Police and other) for GBV survivors

Under Result 2, there are no express targets around GBV survivors' access to services, however it is important to consider how wider service providers have been involved in the project, the success of their involvement and any recommendations arising from their involvement. It should be noted that *service providers* in Myanmar are seriously under-resourced and their ability to respond to GBV survivors' needs are limited (and in this, there is an inability to respond more pro-actively with the project). However, the action of identifying and linking with *service providers* remains critical for the project - and GBV response work – and is an action that requires on-going relationship building and engagement with those *service providers*.

"*Service providers*" for GBV survivors can be quite wide-ranging in what it encompasses, in discussion with CARE it was noted that "*service providers for GBV should include - access to a safe house, psychosocial care, health, police, legal officer and others.*" Access to a safe house and psycho social care (counselling) is covered above, links with health providers, legal advice and police are covered below.

CARE have taken steps to ensure that a link has been made between **Network members, service providers, and communities**. One example is the Demosoe Township Women's Club, which shows the relationship of a community organisation linking with service providers *and* increasing the geographical reach of their work through those links. The Women's Club has a GBV action plan and holds monthly coordination meetings, they support GBV cases and conduct awareness sessions in communities *and* identify communities that need more support. A member of the Women's Club stated, in an end of project interview, that "*because we have many service providers as Club Members we are able to reach out to a lot of people and communities*".

The importance of the interaction between increased capacity and linking with *service providers*, is also demonstrated by an interview with an auxiliary mid-wife from Demosoe Township, (also a member of the VSLA group in her community) who has received training from CARE in counselling and on GBV. Through her involvement with the project she noted that she has not only gained the skills and understanding to respond to GBV but she also became more self-confident to intervene in GBV cases and offer advice *and* knew when to provide a link to specific services. These links to wider services for GBV survivors in the community were provided through CARE or the KSWN member organisations.

In respect of access to/links with health services, during the course of the project 10 GBV survivors were supported by CARE and/or the KSWN in accessing health services. Safe house managers, Network member organisations, and community members would help to facilitate and actually accompany survivors in accessing the health care they needed. End of project evaluation participants noted that survivors preferred to have someone they trust and are familiar with GBV issues accompany them when accessing any services (i.e. not only health services).

### **Training leads to smarter referrals**

*Before I started taking part in the trainings offered by CARE and its partners I didn't have awareness in dealing with cases of GBV. For example, if there was a rape case I would only give the emergency pill and couldn't help link the survivor to other services. Now that I have the knowledge from all the trainings, I know how to personally give better service to GBV survivors – for example, I can give physical checks to GBV survivors if needed. I also now know what other services are available for survivors and understand where and how to refer survivors for further support.*

*Nursing Officer – Public Health – End of project evaluation*

However, it is important also to note the **constraints on accessing health services**, these include survivor decisions on when and under what circumstances *they wish to seek health services*. A nursing officer, who was interviewed in the end of project evaluation, noted that “*some people in the communities are unable to come to health centres and would prefer to solve GBV cases in their own communities*”. Basically, that if travel outside their community is required, they may not seek health care, it was suggested that survivors might be reluctant to travel to a community they are not familiar with.

Auxiliary mid-wives and community health workers are another health contact point, and often a first responder for GBV survivors in communities. On this basis, CARE has ensured that they are included in community awareness raising sessions on GBV conducted by CARE and KSWN member organisations (noted above). The auxiliary mid-wife (see above) interviewed in the end of project evaluation noted that after she responds to a survivor she then “*calls CARE or the KNWO for further support*”. This is a strong indicator of the trust that CARE and KSWN member organisations enjoy with community first responders.

With respect to **links with the police**, throughout the project CARE and partners have sought to work with the police as necessary. Police (who oversee work tackling human trafficking) do attend the local GBV working group and have participated in GBV awareness-raising sessions. During the end of project evaluation participants from police were not available for interview. It is important to note that the court and prosecution system in Myanmar do not enjoy optimal levels of trust from victims of crime, among a number of problematic issues are the costs of attending court to give evidence - CARE shared the challenges of one GBV survivor they were working with noting “*I have to go to court four times a month and simply can't afford the costs.*”

CARE has taken positive steps in bringing communities, CSOs, and government agencies together with law firms providing legal aid to access justice and legal counselling. CARE noted that “*before*

*the project many of our partners did not know that they were able to access justice for GBV survivors*". In respect of **access to justice, legal advice and legal services**, during the course of the project 22 GBV survivors were supported in accessing legal counselling. Of the 22 cases three cases progressed to court action against perpetrators, with each sentenced to jail time (two cases received custodial sentences for 1.5 years and the third case received a custodial sentence of 16 years).

*Law Home* – a law firm that offers pro bono legal aid for GBV survivors in Kayah State – has been working with CARE by offering free services for GBV survivors. Most participants in the end of project evaluation noted that the relationship and partnership with *Law Home* has been invaluable in creating links to 'formal' justice that had previously not been accessible for GBV survivors. *Law Home* has attended trainings on GBV and stated, in end of project interviews, that they "*work in collaboration with the KSWN on community legal awareness training*." This has improved knowledge at the community level of what legal action might be pursued in GBV cases. *Law Home* has a female lawyer that handles GBV cases and provides legal counselling to survivors of GBV. During end of project interviews with *Law Home* they noted that "*clients often come to seek legal advice when they are not satisfied with the community solution*". It was also noted that although clients may seek advice the cases are often resolved at a community level.

In terms of future relationships with CARE and legal aid services, *Law Home* stated that Legal Support Committees will likely be set up at the State, District, and Township level and would be responsible for dealing with cases of GBV. *Law Home* would look to refer GBV cases to these committees in the future. It will be in the interests of GBV survivors for this transition to take place as smoothly as possible - CARE should consider playing an active role in supporting and facilitating training, as well as linking partners and organisations with the new committees as they are established.

Support for accessing services will remain an on-going commitment for CARE and includes a variety of activities from other projects that complement the work that the SNAP project has achieved. Seeking to ensure that the legal system supports survivors and encourages them to bring their cases to court is going to be an on going, long-term process in Myanmar.

#### *GBV case resolution at the community level*

*"Before I took part in the project trainings I used to walk away when I saw a man fighting his wife. Now, after the training I feel more self-confident and free to intervene. I have even been able to help negotiate with the husband"*

*AMW – End of project evaluation interview*

In the context of Myanmar, as noted above, where the formal system mandated to respond to GBV is under-resourced and may not enjoy the confidence of survivors, a community-led response, may, in certain circumstances, be a route to the resolution of GBV cases. Given the lack of trust in how the judicial system works in Myanmar it is not uncommon for individuals to seek community resolution in an environment they know.

During the course of the project there were **37 GBV cases resolved at a community level**. In fact, it is often found that GBV cases are '*resolved*' at a community level. For a GBV survivor to be referred to a safe house, legal services, or health services, their case is often presented in the first instance to a community member who has received training on GBV – this is the basis of community involvement and, in some cases, maybe represent the strongest level of response to an individual case.

Ensuring that communities are actively involved in GBV awareness raising activities and understand referral mechanism options is critical if there is to be progress in countering GBV. This

does not mean that communities can or should bear the duty or burden of resolving GBV cases – it is simply the reality that community engagement on the issue is needed to make headway in tackling GBV and the more informed the engagement of the community, the better the potential responses for survivors. To this end, CARE has ensured that activities, training and on-going support of communities - either directly or through their partners - has included GBV awareness and understanding of referral mechanisms. A number of community member participants in end of project evaluation discussions (including VSLA members, on which see Result 3 below) noted that there was a **greater understanding in their communities of the rights of the survivor**, as well as alternatives – such as legal action – that could be potentially be accessed.

Having a greater understanding of GBV survivor rights and the potential for legal redress has seen, as one KSWN participant stated, “*cases being solved more fairly in the community*”. For some communities actions taken by community members and groups have helped shaped what are viewed as successful resolutions to GBV cases. This end of project evaluation does not have sufficient information to judge the ‘quality’ or ‘fairness’ of resolution at the community level or indeed what form ‘resolution’ at the community level has taken. **It is recommended that CARE consider further research and analysis on community level ‘resolution’ of GBV cases, specifically whether survivors view any claimed resolution as ‘fair’, and if so, against what standards /reference points of ‘fairness’.**

### 6.2.3 Recommendations and Lessons Learned for Result 2:<sup>11</sup>

1. **Vocational training and reintegration strategies for GBV survivors**– more practical training opportunities should be explored (i.e. training that will meet both the aspirations of participants and match these with realistic market opportunities) and provided by the safe houses with the support of CARE.
2. **More awareness-raising activities at the community level** – TOT for the Network to further support community awareness raising (targets to attend training include wider community members, men, village administrators and service providers).
3. Continued **financial support to safe house survivors** for living and referral costs. Whilst not sustainable in the long-term, this support is judged critical in enhancing the quality of response to the needs of GBV survivors and is not amenable to being resourced from other funds at this time.
4. **Training and support for the proposed (new) Legal Support Committees** who will be dealing with cases of GBV. CARE should consider playing an active role in linking and facilitating GBV actors with these new Committees, seeking to ensure the Committees are able to fulfil their role in accessing legal remedies for GBV survivors.
5. CARE should consider further **research and analysis on community level ‘resolution’ of GBV cases**, specifically whether survivors view any claimed resolution as ‘fair’, and if so, against what standards /reference points of ‘fairness’.
6. **Recording GBV cases and the use of forms** – to the degree possible, it is recommended that CARE seek to harmonise their format/template case management forms with those of IRC *and* when engaging with government duty bearers / service providers for GBV survivors, make the case for harmonisation of recording practices, at least of key data points to better facilitate referrals.

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<sup>11</sup> Recommendations and lessons learned for Result 2 are consolidated in Section 8.

### 6.3 Result 3 – Women's Groups at the community level are able to prioritise their needs and gain more economic independence.

CARE Myanmar has been continuing to contribute to the empowerment of women in Kayah State, correctly seeking to deliver specific interventions of support to contribute to economic independence. This support responds to needs articulated by women's group partners.

A part of the *Theory of Change* – shared by other women's groups across the country - is that economically independent women will be less at risk from violence in the family.

There is also an opportunity in the economic empowerment of support – where people are coming together to collaborate in pursuit of goals of mutual benefit, to bring GBV issues into discussion.

If we take the OECD definition of social capital “*as networks together with shared norms, values and understandings that facilitate co-operation within or among groups*” and view this as a public good, then the VSLA groups working together with the Network can be judged to have been high value producers of social capital. This is of greater consequence than the loss/profit metric visible in small businesses supported, as without this successful building of social capital the principal goals around women's empowerment and tackling GBV would simply not have been possible. This thinking framed the approach to the end of project evaluation for this Result.

To this end Village Saving and Loans Associations (VSLAs) and their members have been supported under the project, enabling women to prioritise their needs and access economic support not otherwise available (or at least not without incurring prohibitive interest rates) and to seize the VSLAs as an opportunity of collaborative action by women to engage on GBV issues within their communities.

The goal and objectives for the work supporting VSLAs are:

CARE - VSLA Goal: To develop VSLA group by women self-help group members through systematic management and good leadership practices for their group sustainability.

CARE objectives for the VSLA:

1. To improve the safety of the family fund through saving money
2. To fulfil some family's need and to get capital for their family income by using VSLA's loans.
3. To establish a social fund to get support for any emergence cases as needed.

Overview of actions under Result 3. During the course of the project, 35 different VSLA groups were set up in three Townships in Kayah State with the support of CARE and five Network member organisations.

There have been approximately five trainings to deliver on Result 3 during the course of the project.

A training of trainers was delivered to Network member organisations who are working *directly* with VSLA groups. VSLA members received training on proposal writing, book-keeping, and training to respond to and counter instances of GBV.

Throughout the course of the project CARE and partners organisations mentored VSLA groups and for 25 groups, those who were able to show they had a basic capacity in management, small grants for self-selected livelihood projects were given.

This end of project evaluation finds that CARE's continued support to both the partner CSO and the VSLA groups has shown significant results in delivering on Result 3. This is evidenced in the

comprehensive assessments undertaken by CARE (covering, among other criteria – attendance; savings and lending practices and quality of records, accuracy of loan books, meetings procedures, use of passbooks, effectiveness of the governance arrangements and related criteria). A combined – and impressive – performance score of 85% was arrived-at under these assessments for all VSLA groups.

Four KSWN member organisations support the VSLAs in their communities - *Shining Star*; *Women Development Centre (WDC)*; *Kayah Baptist Association (KBA)*; *Kayaw Women Association (KWA)*, and the *Community Youth Centre (CYC)*.

### **6.3.1 End of Project findings in respect of Mid-term Review Result 3 recommendations.**

The Mid-term Review concluded that CARE's activities in economically empowering women could be seen to have had a positive impact.

To strengthen that impact, the Mid-term Review made the following recommendations:

***Mid-term Review finding - CARE should consider supporting KSWN members in providing training to women on entrepreneurial skills.***

The end of project evaluation finds that this recommendation should continue to be looked at in future planning and support of VSLA grant recipients, and accommodated in any follow-up budget for activity implementation.

Small grants livelihood activities were found to be well supported during the project but for longer term success – as is often the case in maximising initial investments of support – active, on-going participation and support from CARE and the CSO should be made available to build the capacity of the VSLA groups who are, or intend, to pursue livelihood ventures. This should not discount the efforts for sustainability already put in by CARE; for example, the targeted support to VSLA groups in their livelihood activities in linking them with private sector companies for fertilizer purchasing and with the Livestock Breeding and Veterinary Department for technical advice on pig breeding. It is however a working reality that more of this sort of tailored support that builds links and opportunities will assist in sustaining the impact gained to date.

Other ways of encouraging women to continue to build their skills included organising exchange or 'cross visits' where stronger VSLA groups and grant recipients share successes and ways of working and act as mentors to groups that were not as strong.

With respect to the small grants, livelihood activities groups were monitored regularly with visits and progress reports submitted which allowed for any concerns to be addressed and followed up accordingly. For example, new grant recipients that were looking to set up a pig raising business would visit groups who had already started pig raising and look to share and learn from each other. Whilst this is a basic intervention of activity-specific support, it was a timely and effective opportunity which enabled cross-partner learning to be benefitted from.

***Mid-term Review finding - CARE could consider supporting KSWN members in connecting women on a community level to basic literacy skills.***

The BMZ project did not have the budget for additional activities focussing on literacy. For CARE, the continued capacity building of the VSLA groups has remained a continuous focus throughout the duration of the project and where an opportunity for VSLA capacity building presents itself CARE can be judged to have looked to support them either directly or through linking the VSLA groups with other CBOs or NGOs in their communities. During the course of the project a few

VSLA groups were able to attend a government run literacy course – the course came to an end in 2018. It is not possible to comment on the value and use of this course.

Scheduled to start in 2019, the Information and Public Relations Department (IPRD) is beginning a mobile reading initiative and with the support and facilitation of the Women’s Club in Demosoe, VSLA members from Demosoe will take part in reading lessons.

If women’s groups members note that literacy courses available from local providers are insufficient or inaccessible due to cost, CARE may wish to consider whether it contracts-in basic literacy classes in the course of any follow-up support.

### 6.3.2 Targets for Result 3:

#### **Target – “VSLAs are in operation in villages”.**

During the course of the SNAP project **35 VSLA groups were set-up in three Townships** – Demosoe, Loikaw and Shadaw – in Kayah State. As of December 2018, 34 VSLA groups were still operating.

Most participants of focus group discussions in Loikaw and Demosoe noted that they were aware of some form of savings groups in their villages before the SNAP project – some with NGO support with others organised among community members. A few respondents noted that previous to support from CARE, *and in distinguishing the quality of CARE support to VSLAs*, community funds were viewed as often being corrupt and not well organised or supported by members.

Most VSLA focus group respondents for the end of project evaluation viewed CARE’s approach and support for the VSLA as being more systematic and providing longer-term capacity building and mentoring support, enabling them to derive greater benefit more from the fund. Importantly, many participants noted a direct positive change to their economic, social, and personal self-confidence as a result of their membership in the VSLA.

It was clear in the course of numerous end of project evaluation discussions that the relationship and continued support of CARE and the CSO (KSWN member organisation) was highly valued by the VSLA groups. In turn, most CSOs have been able to support the VSLA groups that they set up.

The three VSLA groups in Shadaw Township have been difficult for CARE to monitor due to travel restrictions in this Township. Areas in Shadaw Township are controlled by an Ethnic Armed Organisation – the Karenni National Progressive Party - and Government permission is needed to visit and has, at least since 2017, rarely been granted to international organisations. Further, the Network member ‘CYC’ who helped set-up and supported the VSLA groups in Shadaw Township made the decision to leave the Network and therefore communication with CYC is now limited. One of the VSLA groups in Shadaw Township is known not to be active anymore.

Technical support for the VSLA through the TOT training offered support on *saving money; organising as a group; conducting monthly meetings; developing and implementing a constitution for their VSLA; developing rules and regulations; book keeping – recording savings and loans and accounting; and agreement on the interest rate for borrowing money*. The technical support from CARE and the Network member organisation was noted by most participants as being thorough and positive in the development of sustainable savings and loans associations. This achievement is noteworthy when taking account of the starting point and can only have resulted from a significant investment in the development and institution of systems that are owned and run by the VSLAs.

The VSLA constitution and rules and regulations outline strict systems of membership that need to be adhered to which – importantly - has provided clear guidelines on how the VSLA is to be run and, as one interviewee noted, *“ensures that it does not become corrupted and everyone is clear*

*about what it means to be a member*". In respect of this targeted support around organisational development, many of the focus group participants discussed their satisfaction with the training and support received from CARE, noting that it had contributed to the effectiveness of the VSLAs they were involved with. For example, one women discussed the benefits of the accounting skills she has learned and improved on as a result of being part of the VSLA in her community.

Skills developed through the VSLA have also been useful for members in other areas in their community - a consequential benefit for the wider community, but a benefit which was not subject to assessment in this end of project evaluation.

*"I now have a lot of capacity and have gained the trust and recognition from my community – including from men. I have been brought in for community work and my voice is respected and valued. I make money for my family and can rely on myself financially"*

*Focus group participant – Demosoe Township – End of project evaluation*

The VSLAs have been supported by the CSOs through monthly meetings and monthly data collection. Most VSLA members noted that they felt supported by the CSO.

With the longer-term sustainability in view, a few CARE staff stated that they felt the partner CSO needed to be stronger in supporting the VSLA and not be so reliant on CARE in the future. The relationship/partnership between CARE, the CSO, and VSLA will need to be clearly defined for the future in order to see the best outcome for the VSLA and to manage expectations well in advance and in order to avoid any confusion on where responsibility rests in respect to on-going VSLA support.

Specific CARE support to the VSLA groups saw; -

- *meetings with VSLA groups every six months (reflecting on what was working and what needed improvement and/or support);*
- *the collecting and analysing of VSLA data;*
- *group performance review;*
- *identifying, collecting success stories (qualitative data collection);*
- *organising exchange/ cross-visits to help support weaker VSLAs with visits to strong groups for a learning exchange;*
- *facilitation of an annual action audit with each VSLA group;*
- *training in book keeping;*
- *GBV and,*
- *general mentoring when needed.*

Most VSLA groups noted in discussions that they found the support and relationship with CARE to be valued and valuable to their operation, recognising it as key to their success.

When looking to the future, VSLA focus group participants felt secure that they would be able to continue successfully with one participant stating *"we will continue to follow the procedures learned from CARE and will conduct our monthly savings and loans meetings"*. However, a few of the VSLA groups noted that they would like to have CARE continue mentoring and coaching them and feared that without CARE's support *"we will not be strong"*. Another area that many VSLA members noted they would like continued support in was the annual *'action audit'* that CARE has helped facilitate for the last two years. This can be judged to speak to the value that the VSLAs attribute to CARE's support – not indicative of an inherent lack of sustainability in the capacity and operation of the VSLAs.

End of project evaluation discussions suggested that one of the challenges of the VSLA fund lie with the education level of many members and that the most educated are often the one's who are attending the more *technical trainings*. This is not of itself problematic, nor unusual, it should though be kept in view in any further VSLA support as a potential risk to a VSLA becoming exclusively run or captured only by the more educated.

Another issue discussed by a few VSLA focus group participants was the difficulty in saving money each month – many people are day wage labourers taking work opportunities as and when they arise and find it hard to save money. This is an economic reality in much of rural Myanmar where livelihoods strategies are multi-faceted with income from mixed, seasonal and sometimes erratic sources.

#### The VSLA as a platform for GBV and women's empowerment

Many VSLA members who took part in end of project focus group discussions noted that the women's empowerment and GBV awareness raising activities has "*opened doors for them*", made them realise their potential and learn new knowledge and skills. The information provided under the project was noted as having been valuable to the community more generally. Critically, men have been positively engaged and included in awareness-raising sessions. One focus group participant noted that she "*was able to see a change in the men who attended the training*". Even if modest attitude changes are being identified, against a cultural backdrop of a society that privileges men, this is important, and is a qualitative indicator of the link between VSLA support and gender relations.

As noted above, the VSLA members have also been able to use their platform for learning and sharing themes for GBV and women's empowerment. This can be judged a success in targeting the larger community in training and awareness-raising sessions with VSLA members using their influence to leverage greater community awareness. Monthly meetings are used to discuss and raise awareness for GBV in the community. Many VSLA members expressed an interest in further training noting that they "*need more GBV awareness in our communities to help reduce cases of GBV*".

Participants of end of project focus group discussions also discussed (with great enthusiasm, it should be noted) the self-awareness and self-confidence they have personally gained as a result of GBV awareness raising trainings and participation in the VSLA groups. One participant stated that "*I understand now that women should allow be allowed to go to meetings and participate in the community more*". Another stated that "*I now have confidence to speak out in public where I dared not to in the past*". A few participants shared examples of how their husbands were now helping to look after the kids, helping out with the chores at home, and allowing them to attend meetings – even if it was in the evenings. These are strong and positive responses, and categorically attributed by respondents to support under the project – they are though, unfortunately, unlikely to be reflective of wider change in gender relations in their communities. It is out of the scope of this end of project evaluation however, should funding be made available, consideration might be given to Kayah State site specific in-depth qualitative analysis of changes of the sort described above, potentially comparing control groups (i.e. those who have been in receipt of support that included economic support and GBV and women's empowerment and those which did not.)

#### **Target – “Women VSLA members are able to borrow to improve the economic situation of their family”.**

Through membership of the VSLA and the small grants livelihood fund many of those interviewed during the end of project evaluation were categorical in noting that they were in a better position financially than they were before the project started and that this was attributed to the VSLAs. This (self) assessment of their financial position also included a strong sense of enjoying greater economic security. The table below – derived from all VSLA groups - notes a stable and sustainable - savings to loan ratio.

**Breakdown of progress of saving of all VSLA groups for the BMZ project period (amount in Myanmar Kyat)**



The critical by-product of increased self-confidence and greater community and *familial recognition* was noted by many focus group discussion participants. One participant noting in her community, resulting from the project, that out of the 10 household leaders, four were now women. Another participant noted that as a result of the visibility of the VSLA “*women are seen as good workers in the community*”.

All focus group participants noted that the VSLA interest rate was much lower than with other community lenders (i.e. on average the VSLA interest rate was 3% and the money lender was at least 10% or significantly higher). This has enabled members of successful VSLA groups to borrow and grow their own businesses with rates of interest that support success rather than the cycle of debt dependency and unsustainable debt burden that often makes community members economically vulnerable. This appropriate and sensibly calibrated interest rate is a key part in the success of the VSLAs and should remain at an appropriately attractive rate.

Below is an example of how one focus group participant was able to use her membership in the VSLA to borrow money and expand her business.

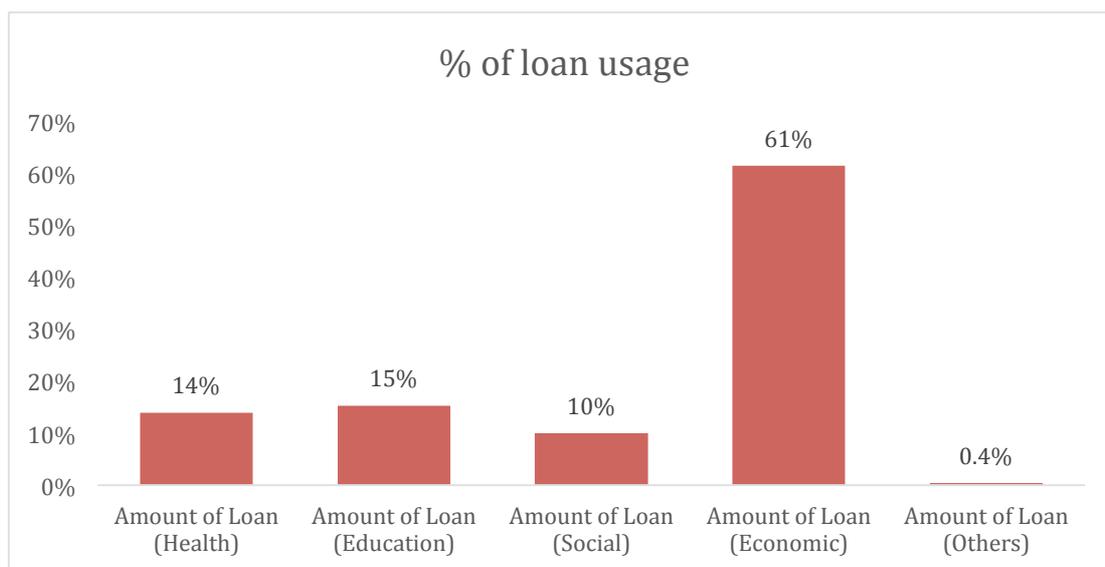
**VSLA member shares her success in business**

*“In my community the rate of interest for loans from money lenders is between 10 -15% interest rate on loans borrowed. Within our VSLA we charge only 3% for interest on loans. I run a beauty shop in my village and have never been able to expand my business due to high interest rates. Since I have become a member of the VSLA in my community I have been able to borrow 3 lakhs [approximately 210 USD] to add more services to my beauty parlour. I added new services and was able to buy better quality products that my customers wanted. Before I took the VSLA loan and expanded the business I was making approximately 3 lakhs each month and I am now making 6 – 8 lakhs each month. I can pay back the loan (with the 3% interest) and I am able to support all the needs of my family”.*

VSLA member from Loikaw Township – End of project evaluation focus group discussions

Importantly, the VSLA has seen positive results in members’ ability to access affordable funds *not only* for meeting their small business needs *but also in meeting health and education needs*. The table below shows the breakdown of use of VSLA accessed fund where health and education use is detailed.

## Breakdown of how the VSLA used funds; economic, social, health, education



Many participants who took part in the end of project evaluation noted that the financial security offered by the VSLA has seen positive benefits for themselves personally and *also for their families*. Numerous VSLA members discussed how they have been able to send their children to school and are able to access health care faster and without the fear of on-going, high interest debt. One focus group discussion participant said that she *“has eight children and being a member of the VSLA has provided a safety net for [her] family by being able to borrow for education, health and sometimes for food”*. In a context where social protection is highly limited, and high interest debt often incurred when households are faced with routine costs but also ‘shocks’, for example illness and attendant medical expenses, this use of VSLAs acts as an *‘insurance’* is significant. A specific social fund has been set up as part of the VSLA and has been useful to VSLA groups in cases of emergency and helping in the community when necessary. One focus group participant gave the example of being able to help a family pay for funeral expenses. Interestingly, the social fund has positively increased the visibility of the VSLA groups in their communities, and as one participant noted, *“has changed the way people view me in the community”*.

*“Before I was a member the VSLA in my community I had very little confidence and did not feel useful. I now feel confident and I have gained more trust from my husband – he even looks after the children and helps with household chores”*

*VSLA member, Demosoe Township – End of project evaluation focus group discussions -*

### VSLA small grants

25 VSLA groups received a small grant from CARE during the course of the project. These small grants are an important component of support to the VSLAs. The selection process for small grants was based on discussions with the Network member organisations (CSOs) that are working directly with the VSLA, the group performance of the VSLA, participation in trainings and meetings, and an assessment of saving habits (including book keeping).<sup>12</sup>

CARE ensured the proper steps and procedures were in place for the VSLA before the grant was given. Through a workshop, guidelines for VSLA groups on how to prioritise appropriate livelihood opportunities and ensure relevance to members’ capacity took place before the small grant

<sup>12</sup> CARE Intern Report for fiscal year 2017

distribution took place. CARE worked with the groups on completing small grant proposals, work plans and budgets. Grant recipients had to open a bank account which some noted as difficult, in respect of covering transportation costs to get to the Bank branch (although all recipients managed to open a bank account). CARE's format for procurement and finance policy was used for small grants - which required three quotes and a few noted that this was difficult to manage in small communities and without access to transportation or other resources (i.e. mobile phones). It should be noted that this is a familiar constraint faced by many community-based organisations operating in more remote, rural areas – whilst necessarily good practice, obtaining quotes in a limited market of suppliers in these areas is understood to be difficult.

Calculations on profit and loss for all recipients of the small grants saw a **profit** of 4% in 2017 and 8% in 2018. Of the 25 small grants recipients **56% were successful** in earning a profit over the project period. The most successful livelihood activities were selling fuel, fertilizer and traditional clothes. One group not only sold traditional clothes but also rented clothes and jewellery and found that having a more diverse portfolio of activities was beneficial to their groups overall success. **44% of VSLA groups reported a loss in earnings.** Common problems reported for the loss ranged from the death of pigs, the price of pig food increasing and difficult to buy, low yield and price for potato and garlic (due to weather conditions), and textile weaving profits and skills were low. Whilst a higher success rate is of course desirable, given the constraints faced by small businesses this ratio of success to failure is not out of line with general success rates for small businesses in their first years of trading.

Pig raising was a popular choice for livelihood activity with 13 of the 25 grants recipients raising pigs. It is understood that this is a popular sector for investment in rural communities in Kayah State. More than half of the pig raising livelihood activities were unsuccessful. Although CARE facilitated grant recipients visits to pig raising groups, further understanding should be sought on reasons for failure (i.e. potentially scoping whether the price of food increased and become scarce because there were too many new pig raising livelihood activities taking place?; was there an over-supply in pig sales for the local markets?).

A complete breakdown of each VSLA group and related grant information is attached in this report in the annex.

#### Grant Recipient - Pig Raising

*“When we first received the grant from CARE the food for the pigs was cheap but this changed and the food became expensive and difficult to buy. We had to travel as well but the food and transportation was expensive. Our pigs got seasonal disease and we lost 6 of our 11 pigs. We did not make a profit yet.”*

CARE sought to mitigate problems with livelihood activities by organising exchange or ‘cross visits’ with other, more successful livelihood groups for sharing and learning, connecting grant recipients with the Livestock Breeding and Veterinary Department for technical advice on pig breeding. End of project focus group discussion participants noted that even if they were having difficulties with their livelihood activities they *“have been able to learn a lot about how to run a business and organise ourselves as a group”* and others noted that *“the lessons we have learned are valuable in how we continue in the future and we have learned a lot through trying”*.

During focus group discussions with the VSLA group who had received grants from CARE, most participants expressed an interest for continued support from CARE. Specific examples include - one participant explained that the accounting procedures for her groups business of rice selling required a more complicated system of accounting that they were finding difficult. Another example was given noting that within the group there were some that had the capacity to manage and others did not and that the *“capacity of the whole group should be targeted in order for us to be more successful”*.

One example of a women who is a member of a VSLA and also a small grants recipient stated that she was able to get a job out of the grants scheme and she looked after the pigs. The economic benefits for her has seen a steady income and job security.

*"Before I did not have a steady job and was not able to earn money. Now that I have a job and look after the pigs I have been able to renovate my house"*

*VSLA member – focus group discussions*

### 6.3.3 Recommendations and Lessons Learned for Result 3:<sup>13</sup>

1. The small grant proposal format and other **forms** that VSLA members use should be **simplified** further, where possible. CARE's target is vulnerable rural women, therefore, the standing skills of VSLA members maybe limited and, without deviating from sound financial management practices, procedures should be adapted as necessary to ensure success.
2. Consideration should be given to **strengthening KSWN member organisations to work more closely with their VSLA groups** and increase their ownership of the VSLA. This could be done through additional training or on-going financial support. After the project ends, **relationships** between CARE, the CSO, and the VSLA need to be **clearly defined** to manage expectations, avoid confusion and ensure optimal support for the VSLA groups continue.
3. **Closer support of the VSLA groups needs to take place in the start-up phase** – to ensure tailored, timely, appropriate support and guidance can be provided to work through the initial stages which can often see 'teething' problems. If monitoring and support cannot be done routinely (because of location or other) CARE should look to a strong, trusted partner who can do so. As a general point there should be continued support for VSLA groups – in targeted mentoring for groups that are weaker and for all groups to support on the end of year 'action audit'.
4. In respect of the VSLA small grants, **alternative livelihood opportunities should be explored further** – ensuring potential positive market opportunities are fully scoped. Existing value chain and market assessments (for example under-taken by other INGOs or rural livelihoods development actors) should be appraised, with potential sector gaps and opportunities subject to assessment. Timing of the grant should be in line with what livelihood activity the group is interested in and has the capacity to do. For example, if the group is looking at small-scale farming, ensuring that the grant is allocated in time to purchase items in line with the planting season is essential - seasonal work needs proper planning and is less flexible on timing for inputs and start times. Support for livelihood grant schemes with the VSLA groups has to be commensurate with needs. Sufficient time is needed to ensure success and support of livelihood activities; with a sound small grant system in place and over 50% of recipients are reporting profits, continued tailored support will help consolidate and build on successes to date.
5. **Training on entrepreneurial skills for VSLA groups.** Entrepreneurial skills training could be identified based on livelihood activities (i.e. food, agriculture, textiles or other). This was recommended in the Mid-term Review and would be beneficial for the long-term success of livelihood activities with the VSLA small grants recipients. There are development partners who can be approached on this – for example, Winrock or the ILO sponsored network of SME *master trainers* across Myanmar who can be accessed for this sort of training.

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<sup>13</sup> Recommendations and lessons learned for Result 3 are consolidated in Section 8.

## 7 ANALYSIS - Assessment of the project's achievements and performance

### 7.1 Relevance

*Defined in the end of project evaluation ToR as “the extent to which the project suited the priorities of the target group”.*

The end of project evaluation has found that the project activities for all three results were relevant to the needs, capacity and *priorities* of the target groups. CARE took steps to ensure that the project design was framed in such a way as to reflect the priorities of the *target groups*. This was based on field research that included interviews with KSWN member organisations and other stakeholders on their needs – the research provided the basis for the project design, including the specific activities of support to different target groups. In the course of the end of project evaluation discussions Network member individuals noted their *perception* of inflexibility on the part of CARE in amending support inputs to project activities. Whilst the core activities remained unchanged over the course of the project, CARE's adaptation in meeting individual needs, for example in providing additional training inputs for KSWN, was evident.

“*Relevance*” related points in respect of activities implemented to deliver on the Results are also set out in detail above in the *Findings* section. “*Relevance*” in relation to *the priorities of the target group* are set out below.

#### KSWN

As noted above (in *Findings*), evidence of the relevance of support in establishing both a Constitution and SOPs for the Network is that both have informed the policies, procedures, and practice of individual member organisations, this is a strong indicator of the relevance of each to KSWN. CARE was also able to respond to the Mid-term Review with targeted leadership training, this was positively received by Network members who noted its relevance in improving their leadership and management style.

#### Safe houses

CARE sought to respond to the specific functions under-taken by the safe houses, in this, relevant training on psycho-social support and counselling was provided. The safe house managers, in the end of project evaluation, noted specifically that “...*the results of working with CARE have been very relevant to our safe house. All support has had a positive result.*” Providing basic supplies to the four safe houses and meeting the financial costs of GBV survivor referrals and their living costs were all under-taken on a case-by-case, needs basis – as such all were tailored (*relevant*) and responsive to the particular needs of these *target groups*.

Throughout project implementation there is evidence of understanding the need to link with wider service providers and actors responding to GBV issues. This may be taken to be indicative of *relevance* in the positioning of CARE's support; i.e. understanding the context and the specific needs of CARE's target group partners in respect of, and linking with, others (*CSOs, health services, legal, Police and other*) working for GBV survivors. The point here is that if an external intervention of support fails to understand the operating context – who is doing what for GBV survivors – then the support will fall short of being relevant to target groups. The project was clear from the outset that it needed to link with and engage other GBV actors and this contributed to the relevance of support.

An example that demonstrates relevance of support to target groups is the *GBV case management manual and training guidelines*. The *manual* is strong on core principles, derived from international

norms – relevant for supporting GBV survivors and ensuring a survivor centred approach – but importantly has also been framed to respond to the Myanmar context and the needs of actors countering GBV in Myanmar.

Following from the point above, the project’s implementation recognised that community action is critical in seeking to tackle GBV and tailored its support – i.e. sought to ensure it was relevant – in order to engage and mobilise communities on GBV issues. For example, an adapted community-focused GBV training module/curriculum was used as a *Training of Trainers* for the Network members, who then rolled out three training sessions in Kayah communities in 2017. CARE also sought to actively draw-in front line responders to GBV issues in their training, this, importantly, included Auxiliary Mid-wives.

“*Relevance*” can also be found in the understanding evident in the project that men needed to be specifically engaged and targeted if in-roads were going to be made on challenging and changing prevailing attitudes. This focus on men is highly relevant. Some projects seeking to counter GBV fail to target men sufficiently in their activities. The SNAP project can be seen to have taken considered and positive steps to ensure men are included in its actions, including ‘persons of influence’ at the local level.

In respect of VSLAs, small businesses in Myanmar struggle to find loan finance, at least on interest rates that are attractive. The SNAP project responded to this, in allowing a group VSLA decision to be arrive-at at a reasonable interest rate (often between 2% and 3%) and also in setting-up a fund system that would be accessible to people who might otherwise struggle to raise even modest capital for small business start-up. As noted above, the small grants to VSLA groups were given to those judged to have the capacity to manage funds and report on its use. This criteria of a small grant eligible VSLA is also an indicator of relevance – a particular form of support, in this case a small grant, was not deemed suitable or manageable for all VSLAs, instead being allocated when the relevant capacity of the VSLA was achieved.

## 7.2 Effectiveness

*Defined in the end of project evaluation ToR as “the extent to which the project achieved its objectives”.*

**Project Objective:** *The Karenni State Women’s Network is able to advocate for the needs of their constituents with decision-makers and provide community education and services through their members.*

The project has achieved its Objectives. In respect of **effectiveness**, the end of project evaluation has found that the project’s learning approach and targeted, need-responsive activities have made a significant contribution to the project achieving its Objectives.

It is judged that the advocacy capabilities of the Network are on a reasonable footing and will likely remain so.

In respect of providing community services – and whilst noting constraints on funding and the expressed wish for more capacity-building training – it is also found that Network members are in reasonable position to take forward this work.

(As discussed further, below in the *Sustainability* section) there remain questions on the ‘harmony’ enjoyed among member organisations in the Network; if relationships among Network members deteriorate further it will risk their ability to function effectively as a *Network*. Individual Network member organisations will very likely continue their community-based work even without the support of the Network, but this, of course, would be sub-optimal and would forego the multiplier benefits enabled by working together.

Detailed assessment of effectiveness is discussed in detail below set against the three project Results.

**Result 1: The Capacity of the Karenni State Women's Network is built in areas of management, communication, coordination, and advocacy.**

Individual member organisations of the Network commenced engagement with the project already having established their Network, the base levels of capacity were mixed and it was recognised that there needed to be focused support and investment in *management, communication, coordination and advocacy*.

In terms of *management* capacity building, the starting point for the individual organisations saw limited or no management systems in place. By way of focused and responsive training from CARE for all Network member organisations over the three year period of the project, *management* capacity was built in *all* Network member organisations. The end of project evaluation revealed that the *management* systems, including grant management, set-up under the project are fit for purpose and underpin the member organisations day-to-day work. This accomplishment can be attributed to the support inputs from the project as managed and delivered by CARE.

On the capacity building for *communication, coordination and advocacy* (addressed together on the basis of the cross-over between the three), it is noted that the respective capacity in each of these areas at the beginning of the project was again low. The end of project evaluation finds that the Network was able to work together on State-wide women's empowerment campaigns and in doing so demonstrated their improved capacities in *communication, coordination and advocacy*. The Network's active engagement in the annual "16 Days of Activism" against GBV is further evidence of both their ability to *communicate* and *coordinate* as a group and to arrive-at consistent, clear "key messages" in their *advocacy*.

CARE have been diligent in facilitating relationships between Network member organisations and key government stakeholders, namely the Department for Social Welfare. This contributes to improved *coordination* in the delivery of services and establishes relationships and positive links, which may enable future *advocacy* efforts.

**Result 2: KSWN members have increased capacity and experience to deliver social services to women.**

Overall, capacity building of the KSWN, VSLA groups, community members, and service providers has enabled better support for the needs of constituents. 'Capacity' under this Result relates to providing tools to improve the professionalism of Network members in their work as it relates to GBV case management and referrals and more generally in terms of awareness-raising on GBV issues and in being able to provide quality counselling services to GBV survivors. This has taken the form of the development of a case management manual, which introduces *standards for quality and compassionate care for GBV survivors, with a particular focus on case management services*. This manual is being used by Network members – a testament to its utility. The manual is judged comprehensive and user friendly (with the exception of some template forms which some Network members deem too complicated).

Safe house support by CARE has been effective, in significant part because it has been tailored and responsive to individual safe house needs - as opposed to a standardised package of support. This was recognised by partners as being key to the effectiveness in CARE's safe house support.

**Result 3: Women's groups at the community level are able to prioritise their needs and gain more economic independence.**

There is a high level of effectiveness of the work and support that contributed to this Result.

The establishment of and support for VSLAs included community education in basic business and grant management – it is noteworthy that all but one of the VSLAs established under this project are still active.

In terms of the Objective, the main contributions under this Result relate to Network members *being able to provide services*. The *services* here are twofold; a contribution to women's economic independence through the VSLA support and small grants assisting small business *and* in seizing the opportunity presented by the VSLAs to provide community-level information and advice on GBV issues, including referral pathways.

Whilst this achievement is impressive, a more important key outcome in respect of support to the VSLAs and the provision of small grants relates to the significant social capital that has been generated between community partners. This has enabled work countering GBV to be taken further than it might otherwise have and is central to the sustainability and future successes of those groups CARE has been working with.

### 7.3 Efficiency (value for money)

*Defined in the end of project evaluation ToR as "the extent to which the project managed to get value for money from inputs of funds".*

The total budget for the 36-month project was €575,423. For the purposes of assessing *efficiency* in the end of project evaluation, budget lines that represent a larger percentage allocation of the total budget were focused on.

Overall, the project can be judged to demonstrate efficiency.

A general point to note in terms of civil society capacity-building projects is that benefits sometimes materialise after the lifetime of the project cycle, making the cost benefit, input costs versus output/outcome appraisal derived from *a time bound project document* an incomplete calculation. The Mid-term Review noted the following;

*"Increased efficiency through leveraging their numbers in community programs and allowing some CSOs to specialize in certain areas due to their comparative advantage, which in turn reduces CSO costs and prevents duplication of efforts."* The final project evaluation concurs with this finding in respect of inputs under the project supporting the KSWN. Additionally, at the level of the individual working in a Network member organisation, should an individual person and/or individual member move on from a role contributing to the Network, it is very likely that the skills, knowledge and competence that they have gained from the project will continue to be deployed to the benefit of the community and to advancing rights and opportunities for women in Kayah State.

CARE staff costs at €192,297 represent 33% of the overall budget. For a capacity-building partnership support project – heavily reliant on staff inputs (as opposed to other projects with budget lines for, for example, the purchase and distribution of commodities and/or provision of infrastructure), this ratio of staff cost versus non-staff cost can be judged very reasonable. A budget line and activity that included 'hard costs' – 'the equipping of women's shelters (safe houses)' – for which there was an allocation of €26,667 – noted by respondents in the end of project evaluation to have benefitted four shelters/safe houses, and that all the equipment, furniture, fittings and basic household items provided was relevant, useful and much needed in

enabling the shelters / safe houses to function as intended. On the basis of being valued by project partners, this scored highly and on the basis of input costs can be judged an efficient and effective use of funds.

An allocation for €34,786 for small grants to the KSWN is set out in the project budget. As noted above in Result 1, CARE have invested significantly in the procedural capacity of the Network to elaborate and cost small grant budgets that meet the needs and goals of the Network, and, importantly, to see that these are accounted for, including by way of monthly reporting. From the information received in the course of the final project evaluation on the management of these small grants and the capacity of Network staff built in grant management, these small grants seem to have been *efficient* in value for money terms.

Related to the point above on building procedural capacity, a number of Network respondents noted in the course of the end of project evaluation discussions that their understanding and application of accounting and procurement procedures had improved during the course of the project. Budget lines dedicated to training on the development of standard operating procedures and organisational development were designed from the outset to invest in the financial / grant management capacity of the Network and representative staff members. On the information available, this can be judged to have been a strategic, valued and *efficient* investment on the part of CARE.

A budget allocation – *small grants for community livelihood projects* – is for €91,156, nearly 16% of the total budget allocation. Details of these 25 individual small grants show all recipients to have made (relatively modest) profits over a two-year period. Whilst there are questions over whether too many grant recipients (13 of the 25) *crowded into* pig raising as a livelihood opportunity (see below in the Sustainability section), on a metric of simple profit, this budget allocation for community livelihoods can be judged as being efficient.

## 7.4 Sustainability

In respect of sustainability, the end of project evaluation finding is that significant progress has been made over the course of the project ensuring sustainability in key areas and that this was attributable directly to support inputs delivered by CARE. Key areas of sustainability include enhanced advocacy and project/grant management skills of Network members (Result 1); improved services for women, particularly in response to GBV (Result 2), and improved economic independence of women's groups (Result 3). Detailed assessments of sustainability are set out below against each of the three Results.

### ***Result 1: The Capacity of the Karenni State Women's Network is built in areas of management, communication, coordination, and advocacy.***

Whilst sustainability is clearly identifiable in a number of areas of the project, these are accompanied by outstanding questions on the sustainability of the Network itself. The conundrum is captured succinctly by an interviewee for the final project evaluation - "*KSWN is weak but its members are strong*".

The project document centres-in on the Network – sustainability of the Network requires on-going commitment of those members whose capacities have been enhanced (by way of support from the project) to remain in the Network. Across the spectrum of Network members it is not clear – from end of project evaluation discussions and interviews – that all members will remain engaged with the Network. Reasons quoted for individuals *not* remaining engaged with the Network include wanting to focus on the needs of their own communities and – in the course of organising and engaging on Network activities – feeling dominated by other Network members. Differences of opinion within the Network are evident. These were noted in end of project evaluation discussions by a number of stakeholders. This limits the ability of the Network to effectively implement activities *as a group*. Issues include – how the Network is managed (with some members wanting greater

independence from the Executive Committee versus some members wanting more integration and oversight by the Executive Committee); some members noted they did not feel that their views were valued by others, at least in respect of final decisions; the pros and cons of formally registering the Network with Government of Myanmar authorities (some members viewing registration as being restrictive). It is important to note that these sorts of difference are common to Networks, consortia and other ways of co-ordinated working.

How this evolves remains to be seen, but it is worth noting (as mentioned above) that the skills, experience and competence of individuals who have benefitted from training and support under the project will very likely remain engaged in advocacy and action seeking to improve services and rights for women in Kayah State.

***Result 2: KSWN members have increased capacity and experience to deliver social services to women.***

Work and activities under Result 2 have produced some strong examples of sustainable outputs that are critically important to social services, including women's rights and welfare. End of project interviews with key stakeholders revealed a step-change in the development and adoption of 'case management manuals' for care and referral for survivors of GBV over the course of the project. The use of these manuals and the improved services for women that result from their use are significant. The baseline for the project was that relevant laws and procedures, including for referral, were unknown or unclear to many seeking to assist GBV survivors in Kayah State. This has been fundamentally changed for the better as a result of activities and support under the project. On the basis that take-up by members have been high, knowledge and understanding has been increased and the costs for manuals to be developed and distributed have been met and that follow-up is low cost - it can be judged to be sustainable.

***Result 3: Women's groups at the community level are able to prioritise their needs and gain more economic independence.***

Evidence in the form of CARE's capacity assessment and income/profit statements of *Village, Savings & Loans Associations (VSLAs)* - the small livelihood grant recipients shows sound sustainability among a majority of the groups, with a majority on assessment (some 12 of 20 groups in 2017), being scored as 'excellent' on a number of criteria. Feedback from representatives of VSLAs in end of project evaluation focus group discussions included many noting that they were confident that they would manage their association successfully after the conclusion of the project, noting that the VSLAs relationship with the KSWN member will continue.

## **7.5 Partnerships**

The end of project evaluation ToRs asked that the evaluation "*identify lessons learned and recommendations to improve future programming in terms of partnerships and sustainability.*" *Sustainability* is dealt with above, this section considers the partnerships involved in the project, doing so on the basis that the depth and quality of these partnerships are integral to the project and its chances of success.

In general terms, it is worth noting that many project partnerships have to work through differences of opinion and accommodate distinct organisational cultures and backgrounds. If sufficient mutual trust and confidence can be built, differences of opinion and ways of working can be addressed in a way that can be constructive and positive for the project. This is often easier said than done, especially when set against a timetable for project delivery and the imperative to deliver results and when INGO/local CSO relations can be viewed as fundamentally unequal (due to size, capability, the funding relationship and other issues).

As with other partnerships, individual personalities can determine relationship dynamics - as long as colleagues and partners remain respectful of and listen to others' opinions and views, differences can be accommodated.

Interviews for the end of project evaluation demonstrate that CARE and KSWN member organisations were all aware of the critical importance of constructive, trusted partnerships and for the most part, both took steps to engender partnerships of this sort.

The KSWN and CARE partnership. As the basis of the project, the quality of this partnership was and is crucial. Interviews for the end of project evaluation provided insights on this relationship, noting it as broadly positive, noting specifically that CARE invested in seeking to ensure that the partnership was founded on a strong relationship. To this end, one Network member noted "*CARE has worked hard at trying to help manage and nurture relationships throughout the project period*". This makes the important point that 'nurturing relationships' cannot be a one-off under-taking and CARE's on-going investment in the quality of the partnership should be acknowledged. However, this does not mean the KSWN and CARE partnership has been easy. A reported 2017 misunderstanding over respective roles and responsibilities took "*a lot of discussion and time*" to overcome, the important point here is that the investment was made in order to overcome misunderstanding and in order to (re)establish mutual trust and confidence. Whilst not an optimal use of time, it was a necessary one.

KSWN and the member organisations. These partnerships are addressed above in the *Sustainability* section. One of the main points here is that a few Network members are not certain they wish to remain as Network members, citing among other issues differences of opinion and not being listened to. It is important to remember that any Network is the sum of its member parts, and that it is at risk if it doesn't work in-line with the interests of its members (they will simply leave). In the course of the end of project evaluation, issues were raised in respect of some Network members' discontent with the workings of the Network – as noted above, these sorts of disagreements are common on Network and consortia joint working arrangements. The important point is that differences are managed constructively with joint aims and goals in mind. CARE noted that more ownership over the project from KSWN members was evident in 2018 and that "*KSWN recognises how much they have accomplished together as a Network*".

The partnerships between Care, the VSLAs, Network member organisations, and community members. These 'layered' partnerships have under-pinned the ability of the project to expand its coverage. Specifically, this has enabled the targeting of a greater number of communities through individual Network member organisations. The individual Network organisations enjoy longstanding links at the community level, allowing awareness-raising and other activities countering GBV to take place in places, which would otherwise not be reached.

The relationship between the Network member organisations, CARE, and the VSLAs has been crucial for the success of Result 3 (see above). The support from CARE to both the Network member organisation (CSO) and the VSLA has been very well received – and stands as an example of a successful three-way partnership. It was however noted in end of project evaluation discussions that the weight of support to the VSLAs fell significantly to CARE and that the Network member organisations might have taken a greater role in support to the VSLAs. This does not however appear to be a fundamental issue in terms of this three-way partnership. It does prompt a question on the balance of support to VSLAs in any future project commitment (addressed in Result 3 above).

## 7.6 Monitoring & Evaluation

The end of project evaluation Terms of Reference asks that “...*the effectiveness of the monitoring and learning system and framework accompanying the implementation of the project is assessed.*”

As a starting point, the over-arching logical framework for SNAP is clearly and plainly set out, with straightforward, verifiable targets. Means of verification are also clearly stated at the Outcome level.

The monitoring and evaluation timetable over the three-year lifetime of SNAP has included monthly activity and data collection reports, an internal annual review and a mid-point Mid-term Review conducted by an independent consultancy (Emerging Market Consultants). The monitoring and evaluation system is strong, and in-line with the length of the project and the funding commitment.

The end of project evaluation notes that the level of detail provided in the annual donor reports is indicative of the ability to systematically track and reflect on project implementation progress. This system is assessed as being strongly embedded in the life-cycle of the project.

The organisational assessments – for example of the VSLAs and of KSWN member organisations – combined with the advance (i.e. prior to project commencement) research on needs and priorities – are indicative of a project implementation culture that takes both qualitative and quantitative progress monitoring seriously.

The Mid-term Review and its recommendations were subject to careful consideration by CARE and its partners, adapting appropriately in light of these in project implementation.

CARE can take pride in the judgement of this end of project evaluation that it has exercised consistent and conscientious commitment to learning and adaptation throughout the course of the project to the benefit of the project and its partners.

## 7.7 Impact

Impact is defined in the end of project evaluation Terms of Reference as “ *the extent to what lasting and significant changes have occurred, and what the particular project contributes to these changes*”.

Comprehending the full impact of the SNAP project may take sometime, and certainly beyond the period of the end of project evaluation. The main reason for this is that the skills, capacity, confidence, and social capital produced by the project will take time to be fully seen and felt in the Kayah State communities where Network members seek to empower women and combat GBV.

Among the strongest impact resulting from the project is the change than can be identified in the strengthened *social capital* that has been produced under the work supporting the VSLAs. In this, community-based groups and Network members have come together to promote women’s economic empowerment and to jointly seek to counter GBV. The shared values around these goals, combined with the energy of individuals, can be seen to have entrenched a sense of ‘*ownership*’ and drive in taking forward work on women’s economic empowerment and countering GBV. It is plausible that this *could* have happened without the support of the project, but in the judgement of the end of project evaluation, the specific and sustained support provided by the project catalysed and consolidated this important change.

There is an identifiable change in women’s empowerment among target groups under the project. As noted above under Result 3, a majority of women who have participated in and benefitted from project activities have expressly noted that their self-confidence levels have increased as a result of support from the project. CARE undertook qualitative interviews with some 17 women participants in the VSLAs – all of whom noted categorically that since their involvement with the

VSLA, their self-confidence (broadly defined) had increased. Under the same qualitative interviews, the impact of involvement with the VSLAs on accessing health, education and livelihood opportunities was also noted as being significant. Related to this is an important and notable impact that sees an attitude change in the communities where GBV awareness-raising and economic empowerment activities took place. Interviews and focus groups discussions for the end of project evaluation repeatedly noted the increase in community action and activity around GBV issues, noting in particular a noticeable, steady increase in engagement of women in community decision-making processes between the start of the project and its conclusion.

This increased engagement in community affairs by women can be taken as a strong indicator of increased empowerment. Without reference to the statistics for the project's three year period, a Network member organisation was clear – in an end of project evaluation interview – that more GBV cases are being reported to the police and referred into the criminal justice process. This was suggested to result, in part, from the project investing in GBV legal awareness in communities. Whilst the evidence base and attribution are not clear, this shows a *perceived* positive impact resulting from the project and illustrates that people engaged with the project are *now* seeing that there are legal routes and means to addressing GBV, and this *can* be attributed to the project.

The causal relationship between self-confidence and attitude change was neatly summarised in an end of project evaluation focus group discussion with women project participants

*“ ...I now have more confidence, this means the community invites me to more meetings and I am more active in speaking out on issues I care about.”*

A very important and lasting impact is that Network member organisations and VSLA members both reported (again, in end of project evaluation focus group discussions) that they had greater confidence in dealing with cases of GBV. Given the complexities involved in responding to GBV cases in Myanmar (in rural Kayah State) an outcome that sees key partners being capacitated and gain the confidence to bring that capacity to bear on a problem – through advocacy, awareness-raising, referrals or other actions - is a transformative outcome.

Whilst anecdotal and not representative, in the course of the end of project evaluation discussions, there were a number of examples of change that were cited relating to the attitudes of men in understanding gender and GBV. As noted above, it is perhaps not possible to characterise this as being a *lasting and significant change* but it is a modest indication of what is possible, and importantly, was identified as such by women who participated in the project.

## 8 LESSONS LEARNED AND RECOMMENDATIONS

### 8.1 Result 1 lessons learned and recommendations

1. The KSWN is a diverse group and would further benefit from **more ‘soft’ training** that would challenge and explore better ways of working together.
2. Consideration should be given (by CARE and Network members) to **different and better ways of working together** and/or individual members taking forward advocacy that is specific to their areas, with duty bearers (persons in authority) in their areas. This will enable very site and issue specific advocacy but should be under-taken maintaining a link with the wider, joint advocacy strategy and its messages.
3. CARE should consider support to continue to promote the **facilitation of information sharing among KSWN members**. Information and understanding of other members' actions can support smarter, sharper individual member advocacy efforts. An indirect benefit of this should see more collaboration and more trust between Network members.

4. Members should continue to invest in the **GBV working group to help strengthen advocacy within the KSWN**. In the GBV Working Group members will be working as part of a larger network and should take any opportunities to both learn and have new information (for example on new central Government policy proposals) that will help to achieve Network members' advocacy target and goals.
5. Consideration should be given to supporting the costs of an **assessment scoping funding and fund raising opportunities for KSWN and member organisations**. The assessment would identify and weight funding opportunities, including fund-raising and the availability of small grants from wider partners involved in supporting actions countering GBV.

## 8.2 Result 2 lessons learned and recommendations

1. **Vocational training and reintegration strategies for GBV survivors**– more practical training opportunities should be explored (i.e. training that will meet both the aspirations of participants and match these with realistic market opportunities) and provided by the safe houses with the support of CARE.
2. **More awareness-raising activities at the community level** – TOT for the Network to further support community awareness raising (targets to attend training include wider community members, men, village administrators and service providers).
3. Continued **financial support to safe house survivors** for living and referral costs. Whilst not sustainable in the long-term, this support is judged critical in enhancing the quality of response to the needs of GBV survivors and is not amenable to being resourced from other funds at this time.
4. **Training and support for the proposed (new) Legal Support Committees** who will be dealing with cases of GBV. CARE should consider playing an active role in linking and facilitating GBV actors with these new Committees, seeking to ensure the Committees are able to fulfil their role in accessing legal remedies for GBV survivors.
5. CARE should consider further **research and analysis on community level 'resolution' of GBV cases**, specifically whether survivors view any claimed resolution as 'fair', and if so, against what standards /reference points of 'fairness'.
6. **Recording GBV cases and the use of forms** – to the degree possible, it is recommended that CARE seek to harmonise their format/template case management forms with those of IRC *and* when engaging with government duty bearers / service providers for GBV survivors, make the case for harmonisation of recording practices, at least of key data points to better facilitate referrals.

## 8.3 Result 3 lessons learned and recommendations

1. The small grant proposal format and other **forms** that VSLA members use should be **simplified** further, where possible. CARE's target is vulnerable rural women, therefore, the standing skills of VSLA members maybe limited and, without deviating from sound financial management practices, procedures should be adapted as necessary to ensure success.
2. Consideration should be given to **strengthening KSWN member organisations to work more closely with their VSLA groups** and increase their ownership of the VSLA. This could be done through additional training or on-going financial support. After the project ends, **relationships** between CARE, the CSO and the VSLA need to be **clearly defined** to manage expectations, avoid confusion and ensure optimal support for the VSLA groups continue.

3. **Closer support of the VSLA groups needs to take place in the start-up phase** – to ensure tailored, timely, appropriate support and guidance can be provided to work through the initial stages which can often see ‘teething’ problems. If monitoring and support cannot be done routinely (because of location or other) CARE should look to a strong, trusted partner who can do so. As a general point there should be continued support for VSLA groups – in targeted mentoring for groups that are weaker and for all groups to support on the end of year ‘*action audit*’.
4. In respect of the VSLA small grants, **alternative livelihood opportunities should be explored further** – ensuring potential positive market opportunities are fully scoped. Existing value chain and market assessments (for example under-taken by other INGOs or rural livelihoods development actors) should be appraised, with potential sector gaps and opportunities subject to assessment. Timing of the grant should be in line with what livelihood activity the group is interested in and has the capacity to do. For example, if the group is looking at small-scale farming, ensuring that the grant is allocated in time to purchase items in line with the planting season is essential - seasonal work needs proper planning and is less flexible on timing for inputs and start times. Support for livelihood grant schemes with the VSLA groups has to be commensurate with needs. Sufficient time is needed to ensure success and support of livelihood activities; with a sound small grant system in place and over 50% of recipients are reporting profits, continued tailored support will help consolidate and build on successes to date.
5. **Training on entrepreneurial skills for VSLA groups.** Entrepreneurial skills training could be identified based on livelihood activities (i.e. food, agriculture, textiles or other). This was recommended in the Mid-term Review and would be beneficial for long-term success of livelihood activities with the VSLA small grants recipients. There are development partners who can be approached on this – for example, Winrock or the ILO sponsored network of SME *master trainers* across Myanmar who can be accessed for this sort of training.

## 9 OVERALL CONCLUSION

From end of project evaluation discussions and interviews with Network members and community representatives, a strong and recurring theme was that – on-the-ground – there was significant value and appreciation placed on the both *what* CARE delivered under this project and, importantly, the *way* it was delivered. CARE is viewed as taking the time to invest in individual member organisations and community groups, providing specific advice and mentoring *and* being available for follow-up support. The extent to which this *way of working* contributed to overcoming – to the extent possible – a context that was not always easy and never simple *and* to the successes of the project, cannot be over-stated.

Whilst acknowledging the difficulties faced by the KSWN *working as a Network*, the progress that has been made over the course of this project, in establishing itself, with guiding systems to support its work, and taking forward *joint* advocacy and other activities, can only be viewed as a significant accomplishment. A key consideration noted in this end of project evaluation and drawn from multiple interviews is that the sustainability of the Network *itself* is in question. The specific area of concern is the future standing of the Network *working and operating as a Network*, at the time of the end of project evaluation, a number of Network members voiced that they are considering leaving the Network, for different reasons. There are no easy answers to this, not least as individuals and individual organisations are of course free to decide their future, including membership of Networks and the partnerships they enter into. What is important – and what the SNAP project shows – is that working as a Network, working in unison with others who share your aims on women’s empowerment and tackling GBV, will very likely increase your impact than working alone. From end of project evaluation discussions, this point is recognised by a majority of partners under this project and it is hoped is sufficient of itself to maintain commitment to the Network.

# 10 ANNEXES

## 10.1 Terms of reference for the SNAP evaluation



### CARE International in Myanmar

**Terms of Reference:** End of Project Evaluation consultant

**Project:** Strengthening Non-State Actors for Peace in Kayah

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Location of assignment:	Yangon and Kayah State
Duration of assignment:	Estimated 30 working days
Responsible to:	Nilar Shwe (Program Director – Vulnerable Rural Women Program)
Main counterparts:	Dr. Kyi Zaw Win (Program Manager- Vulnerable Rural Women Program)

#### 1. CARE International in Myanmar

CARE is an international development and humanitarian aid organisation fighting global poverty, with a special focus on working with women and girls to bring lasting change to their communities. As a non-religious and non-political organisation, CARE works with communities to help overcome poverty by supporting development efforts and providing emergency assistance. We believe supporting women and girls is one of the most effective ways to create sustainable outcomes in poor communities.

CARE International in Myanmar's programs focus on gender-based violence; food and livelihood security; disaster risk reduction; sexual reproductive health rights; peace-building; and policy and law reform in related areas.

#### 2. Background

The Strengthening Non-State Actors for Peace in Kayah (NSAP) project, funded by BMZ, is implemented by CARE International in Myanmar in Kayah State, over a three year period from January 2016 to December 2018. The aims of the objectives are **to enable non-state actors in Kayah State to better support their constituents and represent their interests in governmental and peace processes**. The target groups in these projects are particularly the Karenni State Women's Network, and their grassroots member organisations and partners, eight women's organisations and approximately 160 individuals. Through them, government, economic actors, ceasefire group and communities, including approximately 5,000 individuals directly engaged.

The specific objective of the project is to strengthen the capacities of Karenni State Women's Network in order to enable them to advocate their needs to decision-makers and support their member organizations in the provision of educational work and social services on community level. Key interventions include (1) The Karenni State Women's Network's (KSWN) capacity is built in areas of management, communication, coordination and advocacy, (2) KSWN members have increased capacity and experience to deliver social services to women, (3) Women's groups at community level are able to prioritise their needs and gain more economic independence.

Regarding the NSAP project the baseline data was collected in May 2016 to assess the capacity of each individual organization's capacity through Organizational Capacity Assessment questionnaire. A Mid-term Review of this project has been conducted in August 2017 in order to assess the project's progress in achieving its objectives and outcomes, in addition to facilitating a process to increase the capacity of key stakeholders in all steps of the learning cycle. In final year of the project, CARE has put significant effort on sustainability of the project emphasis on close mentoring of KSWN and its member organizations to ensure that they are able to continue with the majority of the activities beyond the end of the project.

An end of project evaluation is required at this time. The results of this evaluation will be reported to project participants, host government, other development partners, donor, CARE Luxemburg and relevant CARE members. The findings contribute to CARE's accountability and will be used to inform project quality improvements and CARE Myanmar's long term program design and quality improvement. In response to the evaluation, CARE International in Myanmar will develop a management response to the recommendations provided. Lessons learned and good practice identified will be highlighted, and used for future program design.

### **3. Objectives and Scope**

The overall objectives of the evaluation are:

1. To assess the project's achievements and performance against the below criteria for standard evaluations.
2. To identify lessons learned and recommendations to improve future programming in terms of partnerships and sustainability.
3. To engage project stakeholders throughout the evaluation to ensure participation, ownership, reflection and learning.
4. To build evaluation capacity of CARE staff and stakeholders in evaluation design, implementation and reporting.

The criteria for this evaluation are:

1. Relevance, Effectiveness, Efficiency, Impact
  - Relevance: The extent to which the project suited the priorities of the target groups
  - Effectiveness: The extent to which the project achieved its objectives
  - Efficiency: The extent to which project was managed to get value for money from inputs of funds, staff and other resources
  - Impact: The extent to what lasting and significant changes have occurred and what the particular project's contribution to these changes
2. Higher level changes (Impact): The positive and negative changes produced by the project, directly or indirectly, intended or unintended, for women and men and for the most vulnerable.
3. Sustainability: To assess whether the benefits of the project are likely to continue after the project ends.
4. Monitoring and learning: The effectiveness of project monitoring and learning processes.

Criteria should be assessed with reference to promote gender equality and address gender-based violence, and with a view to analyzing lessons learned. In addition, criteria should be analysed with reference to partnership.

### **4. Methodology**

The consultant will be required to design the methodology for the evaluation in the first phase of the consultancy, in consultation with CARE staff. The consultant should draw up evaluation plan that will ensure the evaluator can answer the evaluation questions. This may include a mix of quantitative and

qualitative instruments. It is expected that a participatory approach should be reflected in the evaluation plan, capturing the perspectives of key stakeholders. The methodology, tools and scheduling will be reviewed to ensure they are gender and target group sensitive.

Key documents will be provided by CARE as background information, and can be used as source of information to be reflected in evaluation plan. These include:

- Project documents, including proposal, baseline data, other evaluation studies such as mid-term report; annual reports
- Results of project monitoring, reviews, reflection processes, and annual assessments
- Other relevant CARE tools and policies, for example CARE International Gender Policy, CARE Australia Partnership Policy
- CARE Myanmar's program strategies, such as Gender Strategy, Partnership Strategy
- CARE Myanmar's long term program strategy summary documents, and framework

## 5. Roles and responsibilities

In consultation with CARE staff, the consultant is responsible for:

- Developing the key evaluation questions and designing the evaluation methodology
- Implementing the agreed methodology
- Analysing data
- Documenting outcomes of the evaluation

CARE will ensure effective administrative support for the assessment and provide inputs into the evaluation process, as determined by the agreed methodology. CARE will also make available preparatory documentation on the project, as per section 4., above.

## 6. Deliverables

- Draft methodology and work plan
- Briefing or workshop of key findings with the project staff/senior management
- Briefing or workshop of key findings with key partners
- Draft report on the findings of the evaluation
- Other: specify
- Final report of the evaluation, based on feedback from the initial draft. The report should cover, but is not restricted to:
  - a. Cover sheet
  - b. Table of contents
  - c. List of abbreviations and acronyms
  - d. Executive summary (maximum two pages with recommendations)
  - e. Introduction and background
  - f. Summary of methodology including limitations
  - g. Results, analysis and discussion as per evaluation criteria. This must include a discussion of approaches, as well as analysis of other specified themes.
  - h. Analysis of key lessons learned
  - i. Conclusion and recommendations
  - j. References
  - k. Annexes – Including tools used in the evaluation.

## 7. Timing

To commence on 25 October, with the final report due on 7 December. It is anticipated that approximately 10 days will be field based.

#### **8. Selection criteria**

- Must have sufficient facilitation skills and ability to use participatory tools for evaluation processes
- Minimum ten years of continuous professional experience in the design, monitoring and review of community development projects
- Demonstrated successful experience in learning participatory, capacity assessment, gender evaluation projects
- High level English language skills are required (written and spoken). Myanmar language skills are desirable
- Experience in Myanmar or in the region is preferred.

#### **9. Submission of Proposal**

Interested Consulting firms or individuals are expected to submit a detailed expression of interest (technical and financial proposal) with the following components:

- Proposed methodology and work schedule
- Proposed Budget (Including daily consultancy rate, international travel cost (if applicable), domestic transport and accommodation will be covered by CARE International. Perdiem or meal costs will not be provided).
- A profile of the firm including full name(s), physical addresses, telephone numbers or a copy of CVs of the individual consultant who will undertake the evaluation
- An analytical writing sample of max. 5 pages from a previous evaluation report, preferably of strengthening the capacities of Civil Society Organizations

CARE is an equal opportunity employer committed to a diverse workforce. Women, ethnic minorities and people with disabilities are strongly encouraged to apply. CARE is committed to protecting the right of children. CARE reserves the right to conduct screening procedures to ensure a child safe environment. Interested applicants are requested to submit above-mentioned documents to the address below not later than **9<sup>th</sup> October 2018**.

Human Resources Department  
CARE International in Myanmar  
No.17A, PyiHtaung Su Street,  
Sayarsan Road, Sayarsan North West Ward,  
Bahan Township, Yangon  
Email: [MMR.Recruitment1@careint.org](mailto:MMR.Recruitment1@careint.org)

## 10.3 List of persons interviewed in the end of project evaluation

Schedule and list of participants who took part in interviews and focus group discussions – field work.

\* During the field work / data collection in Kayah State an employee from the Department of Social Welfare - Daw Nang Cho Lay Moon - joined for most focus group discussions and interviews.

	Date	Time	Place	Person/s	Remark
	Dec. 12/18	9:30 – 2:00	CARE Office Yangon	Daw Nilar Shwe	Programme Director
	Dec.13/18	9:00 – 5:00	CARE Loikaw Office	1. Daw Ni Lar Shwe – Programme Director 2. Ediveges (FOC) 3. Mardalay Nar Khin Cho – GBV Project Officer 4. Lucia - VSLA Project Officer 5. Reena - M&E Project Officer 6. Ri Ta Tu Myar - Logistic Officer 7. Ha Mon Julia - Finance Officer	CARE Loikaw Office Staff
	Dec. 14/18	9 – 10	GSMF Office Loikaw	Sister Beneditt	Shelter Coordinator (KII)
		10 – 12	WWF Office Loikaw	Daw Hnin Mu May Htoo Paw	Case Manager (KII) Case Worker
		1 – 2	CARE Loikaw Office	Daw Angellar	AMW (KII)
		2 – 3	CARE Loikaw Office	Daw Nang Hnin Yee	Coordinator SCOEWBA (KII-Phone Interview)
	Dec. 15/18	9 – 5	KSWN Office Loikaw	KSWN & Partner Staff • 11 participants	Partner FGD
	Dec. 16/18	9 – 12	CARE Loikaw Office	VSLA (Loikaw Group) • 21 female participants	FGD • 12 VSLA groups represented
		1 – 3	WDC Office Demosoe / Kayah State	VSLA - Demosoe Group Demosoe / Kayah State • participatns - male 1, female 32	FGD • 17 VSLA groups represented
		3 – 4	WDC Office	Daw Mu Kyar	VSLA

					member (KII)
Dec. 17/ 18	9 –11	Loikaw Office	U Kyaw Wa NA Aung	Law Home - Coordinator	
	11 – 12	CYC Office	Khu Lay Reh	CYC Director	
	1 – 2	KYWO	Mu Angellar	KYWO Secretary	
	2 – 3	KNWO Safe House	Maw Byar Myar	Safe house Staff	
	3 – 4	CARE Office	Daw San San Myint	Township Nursing Officer	
Dec. 18/18	9 –10	WDC Office (Demosoe)	U Graberal	Village Administrator Saung Du villages Tract	
	10 –11	WDC Office Demosoe	May New Ni Aung	Deputy Staff Office Township Women Club	
	11 –12	WDC Office Demosoe	U Shar Reh	Community (Daw Nagn Kha)	
	1 – 3	WDC Office Demosoe	WDC Staff	WDC Member	
	4 – 7	CARE Loikaw Office	CARE Staff • 4 CARE staff from SNAP project	Preliminary finding briefing	
Dec. 19/18	3 – 5	Yangon	Annami Lofving Advocacy, case management manual, safehouse review, Kayah GBV mapping	Consultant for project	
Dec. 20/18	9 – 1	CARE Office Yangon	CARE Yangon Staff 1. Moet Moet Than – Partnership Program Advisor. 2. Dr. Kyi Zaw Win, Program Manager (Operations). 3. Nang May Phu Mon, Technical Advisor GBV. 4. Stav Zotalis - Country Director.		

Participants of Focus Group Discussion with **Karenni State Women’s Network (KSWN)**

	KSWN	Destination with KSWN	Organization	Remarks
1	Rosy Kyaw	Coordinator	WWF	
2	Daw Khin Hla	HR	Lin Lett Kyaw Pwint	
3	Rose Mary	Project Officer	WWF	

4	Cherry Moe	Coordinator	KWA (Kayaw Women Association)	
5	Marry	Chairman	WDC	
6	Daria Hlaing	Coordinator	WDC	
7	Catherine	Finance	WDC	
8	May Htoo Phaw	Member	KNPLF / Kalalata	
9	Doris	Member	KNPLF / Kalalata	
10	Eh Mu Shine	Member	KBA	
11	Pray Myar Soe	Chairperson	Lin Lett Kyae Pwint	

Focus group discussion participants - Loikaw Township Village and Saving Loan Groups

Sr	Name	Destination	Group Name	Supporting Organization
1	July Phaw	Member	Ka Yaw Tha Zin	Kayaw
2	Hsar Ka Paw Htoo	Bookkeeper	Ka Yaw Tha Zin	Kayaw
3	Su Myar	Member	Kit Thit Ngwe Tha Zin	Shining Star
4	Khin Sun Kyi	Treasure	Kit Thit Ngwe Tha zin	Shining Star
5	Ku Khu Ag	Chair Person	Lady Star	KBA
6	Bi Byar Nar	Member	Shwe Ka Yaw	Kayaw
7	Angellar Paw	Auditor	Shwe Ka Yaw	Kayaw
8	Daw Khin Hla	Auditor	Kyae Zin Lin	Shining Star
9	Daw Mi Mi	Treasure	Kyae Zin Lin	Shining Star
10	Grace Win	CMemberhair Person	A Mar Nway La	KBA
11	Thu Lay Phaw	Member	A Mar Nway La	KBA
12	Maria	Chair Person	Saung Oo Tha Zin	Shining Star
13	Daw Khin San Dar	Member	Saung Oo Tha Zin	Shining Star
14	Daw Pray Moe	Member	Ba Wa Pan Taing	Shining Star
15	Daw Ng Noon	Key Holder	Ba Wa Pan Taing	Shining Star
16	Daw Mya Aye	Member	Pan Tha Zin	Shining Star
17	Daw TinTin Oo	Member	Truth Light	Shining Star
18	Angellar	Member	Truth Light	Shining Star
19	Daw Oo Mae	Secretary	Pan Tha Zin	Shining Star
20	Daw Saw Myar	Member	Htay Nga Lyar	Shining Star
21	Daw Ko Myar	Chair Person	Htay Nga Lyar	Shining Star

Focus group discussion participants - Demosoe Township Village and Saving Loan Groups

Sr	Name	Destination	Group Name	Remarks Organization
1	Daw Si See Lyar	Secretary	A Lin Thit	WDC
2	Ah Ka Tar	Member	A Lin Thit	WDC
3	Ro Fi Nar	Secretary	Ah Mon Thit	WDC
4	Angelar Pint	Secretary	Swae Daw	WCD
5	Daw Raw Zar Ngin	Treasure	Swae Daw	WDC
6	Daw Naway Ri Phaw	Chair Person	Dway Mae Naw	KBA
7	Daw Di Eh Kaw	Secretary	Dway Mae Naw	KBA
8	Daw Mu Ko	Secretary	Shwe Ka Yan	WDC
9	Daw Ro Pee Shar	Chair Person	Ah Mon Thit	WDC
10	Daw Hso Gay Phaw	Chair Person	A Din Oo	KBA
11	Daw Shar Ta Lu	Member	A Din Oo	KBA
12	Daw Lucia	Member	ka Yan Pan Phyu	WDC
13	Daw Domae Ni Kar	Member	Ka Yan Pan Phyu	WDC
14	Daw Nu	Secretary	Ngwe Zin Kyae	WDC
15	Daw Shar	Member	Ngwe Zin Kyae	WDC
16	U fran Sis Co	Member	Kar May Lo	WDC
17	Ma Mi Ngae	Chair Person	Kar May Lo	WDC
18	Daw Maw Ni Kar	Secretary	A Lin Lwin Pyin	WDC
19	Daw Aganess	Secretary	Ka Yan Cherry	WDC
20	Daw Mu Pint	Chair Person	Ka Yan Cherry	WDC
21	Daw Htar Kyi	Member	Ka Yan Cherry	WDC
22	Daw Esabella	Chair Person	Ka Yan Hnin Si	WDC
23	Daw Swee Di Phaw	Treasure	Lin Lett Kyae	WDC
24	Daw Catherine	Chair Person	Lin Lett Kyae	WDC
25	Daw Aye Yu Htay Myar	Secretary	Hnin Si Phu	WDC
26	Daw Lwi Zar	Treasure	Hnin Si Phu	WDC
27	Daw Tu Tu	Secretary	Moe Pwint Phyu	WDC
28	Daw Maria	Casher	Moe Pwint Phyu	WDC
29	Daw Htoo Thar Phwee	Chair Person	Wife Star	KPBA
30	Daw Flo ra Ju	Secretary	Wife Star	KPBA
31	Daw Catherine	Secretary	Ka Yan May	WDC
32	Daw Reh Jee Nar	Member	Ka Yan May	WDC
33	Daw Mu Hto	Member	Ka Yan Hnin Si	WDC

Women's Development Centre interview participants

Sr	Name	Destination	Group Name	Remarks Organization
1	Daw Mu Line	Co ordinator	Women Delopment Center	WDC
2	Daw Mary	Secretary	Women Delopment Center	WDC
3	Daw Catherine	Book Keeper	Women Delopment Center	WDC
4	Khun Peter	Member	Women Delopment Center	WDC

## 10.4 VSLA small grant statistics

Status of VSLA Small Grants (2017 & 2018)

Sr.	Group Name	Township	Village	Group Members		Grant Received		Income/ Livelihood Activity	2017		2018		Remarks
				Initial	Present	Date	Amount		Current Grant Amount	Profit and loss	Current Grant Amount	Profit and loss	
1	A Lin Thit	Demose	Dau Kalo Du	20	20	Apr-17	4,720,000	Pig raising	4,920,000	200,000	4,100,000	(620,000)	2 pigs death, labour cost
2	Wife Star	Demose	Dau Soe Kalaw	19	19	Apr-17	6,092,500	Pig raising	6,499,000	406,500	5,460,000	(632,500)	3 pigs death, labour cost
3	Moe Pwint Phyu	Demose	Daw Ngan Kha	16	16	Apr-17	5,201,100	Pig raising	5,590,000	388,900	5,312,000	110,900	
4	Lady star	Loikaw	Nar Nat Taw	20	20	Apr-17	5,785,000	Rice & Oil selling	5,683,000	(102,000)	5,997,600	212,600	
5	Dwe Mae naw	Loikaw	Htay Nga Lyar	30	27	Apr-17	6,000,000	Fertilizer	7,200,000	1,200,000	8,190,000	2,190,000	
6	Thet Tant Yaung Zin	Demose	Dau Ngan Kha	20	19	Apr-17	5,584,700	Weaving	5,120,000	(464,700)	5,402,000	(182,700)	Skill for weaving, low profit
7	Ka Yan Cherry	Demose	Dau Ngan Kha	25	25	Apr-17	4,894,700	Weaving	4,450,000	(444,700)	4,787,200	(107,500)	Skill for weaving, low profit
8	See Sun Star	Demose	4 Mile Ka Phu	21	17	May-17	4,064,900	Pig raising	3,700,000	(364,900)	3,802,700	(262,200)	4 pigs death
a	Camelo	Demose	Phu Pha	19	19	May-17	4,018,000	Pig raising	4,035,500	17,500	3,470,000	(548,000)	6 piglets death
10	Lin let Kyal	Demose	Htay Pa Ah hu	20	20	May-17	4,079,500	Pig raising	4,190,000	110,500	4,341,500	262,000	
11	Dwe Mae naw	Demose	Naung Palae	25	25	May-17	4,020,000	Pig raising	5,089,250	1,069,250	4,470,000	450,000	
12	Edin Oo	Demose	See Mi So Dah	18	18	May-17	4,069,600	Rice selling	4,600,000	530,400	5,624,000	1,554,400	
13	Ngwe Zin Kyal	Demose	Pu Pha	20	20	Oct-17	2,062,000	Garlic Cultivation	1,000,000	(1,062,000)	1,350,000	(712,000)	very low price (no market)
14	Ah Man Thit	Demose	Dau Paw Ku	21	21	Oct-17	2,500,000	Fuel seling	2,900,000	400,000	3,512,100	1,012,100	
15	Kayan Hnin Zi	Demose	Dau Nang Kha	20	20	Oct-17	2,098,000	Potato Cultivation (now-pig raising)	1,975,000	(123,000)	2,200,000	102,000	low harvest (heavy rain), low price
16	True Light	Loikaw	Nar Nat Taw	28	24	Oct-17	2,102,000	Rice + Traditioanl cloth selling	2,125,465	23,465	2,496,400	394,400	
17	Shwe Ka Yaw	Loikaw	Bar Doh	30	27	Oct-17	2,112,000	Traditional cloth selling	2,512,000	400,000	3,455,500	1,343,500	
18	Kyal Zin Lin	Loikaw	Ma Taw Khu	24	24	Oct-17	2,065,000	Rice & Oil selling	2,165,000	100,000	2,432,800	367,800	
19	kayan Pan Phyu	Demose	Li Woe-1	30	27	17-Nov	2,190,000	Pig Raising	2,200,000	10,000	1,600,000	(590,000)	6 pigs death
20	Swe Daw	Demose	Li Woe-2	21	21	17-Nov	2,190,000	Pig Raising	2,250,000	60,000	3,250,000	1,060,000	
21	kayan May	Demose	Li Woe-3	20	20	17-Nov	2,190,000	Pig Raising	2,360,000	170,000	2,090,500	(99,500)	5 piglets death
22	Kayaw Tha Zin	Loikaw	Dau Oo Khu	22	30	17-Nov	2,190,000	Pig Raising	2,835,000	645,000	2,935,000	745,000	
23	Saung U Thazin	Loikaw	Nang Naut	27	25	17-Nov	2,190,000	Pig Raising	2,500,000	310,000	2,875,000	685,000	
24	Kit Thit Ngwe Tha zin	Loikaw	Kan Ni	30	28	17-Nov	2,190,000	Pig Raising	2,300,000	110,000	1,580,000	(610,000)	2 pigs death, food and labour cost
25	Ka Yaw Hnin Zi	Demose	6 Mile	30	30	17-Nov	2,214,000	Fertilizer	2,435,200	221,200	3,044,000	830,000	
<b>Total</b>				<b>576</b>	<b>562</b>		<b>86,823,000</b>		<b>90,634,415</b>	<b>3,811,415</b>	<b>93,778,300</b>	<b>6,955,300</b>	
				<b>% of profit</b>						<b>4%</b>		<b>8%</b>	

## 10.5 Training list for the duration of SNAP

List of Trainings that took place between 2016 - 2018 for the SNAP Project

2016	Month	Training	Male	Female	Total
	30, March	Project Kick Off Workshop	8	15	23
	27-28, June	Finance Training	2	3	5
	15-17, May	VSLA TOT	2	14	16
	20-22, July	Project Cycle Management Training	7	15	22
	Aug	Design Thinking Advocacy Training	3	6	9
	18-20, Aug	Qualitative Data Collection Training	2	25	27
	3-5 OCT	Psycho Social Support & Counselling Training	1	23	24
	10-12, Oct	HR Finance Policy Training	1	14	15
	18-20, Oct	Basic Financial Management Training	2	15	17
	8-9 Nov	Program Design & Implementation		16	16
	13, Dec	Annual Review	3	20	23
	5-6, Dec	Office management Training	4	17	21

2017	Month	Training	Male	Female	Total
	16, Jan	Procurement Training	1	12	13
	1-3, Feb	Procurement Policy Workshop	3	16	19
	14, Feb	VSLA Training	1	12	13
	21-24, Feb	GBV Case Management Training	4	27	31
	14, March	Office Management Training	2	12	14
	23 - March.	Proposal Writing Workshop	3	16	19
	29 - March.	Proposal Writing Workshop	2	13	15
	26-28, April	Leadership Training	3	13	16
	6, 7, 21, April	GBV Training (community members)	79	179	258
	18-19, April	Evidence Base Advocacy	2	11	13
	19, May	Exposure Visit (Networks GEN and WON)	2	9	11
	9-10, May	Project Design & Implementation Training	2	15	17
	(24, 26, 25, May) (8 July)	Counselling Training x 4	27	74	101
	23-24, June	M&E Training	3	15	18
	15-17, June	Organizational Development Training	2	10	12
	13-17, Aug	PRA	4	18	22
	28, Aug	Mid Term Review Discussion Workshop	4	49	53
	24-25, Sep	Standard Operation Procedure	1	14	15
	26 - Sept.	VSLA Proposal Writing	2	14	16

2018	Month	Training	Male	Female	Total
	20, Feb	Proposal Development Agreement Review Orientation	1	21	22
	10, May	Leadership & Management Training (Module 1)	2	14	16
	25, July	Leadership & Management Training (Module 2)	1	11	12
	21, Aug	Strategic Plan Workshop	1	13	14
	10, Aug	Constitution Review & Revise	1	8	9
	12, Nov	Leadership & Management Training (Module 3)	1	12	13

