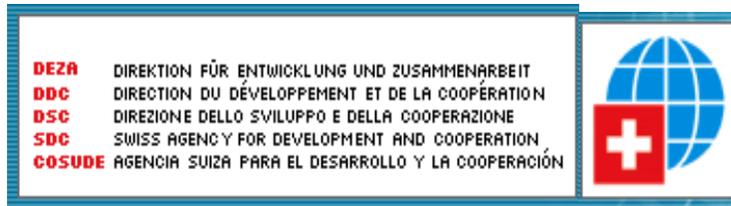




## Evaluation e-Library (EeL) cover page

<b>Name of document</b>	MMR047 - Emergency Food Support Phase 3 08-06
<b>Full title</b>	Emergency Food Support Programme For Children Of Internally Displaced Kayah Ethnic In Kayah State
<b>Acronym/PN</b>	MMR047
<b>Country</b>	Myanmar
<b>Date of report</b>	August 2006
<b>Dates of project</b>	July 2005 – August 2006
<b>Evaluator(s)</b>	[not given]
<b>External?</b>	No (internal)
<b>Language</b>	English
<b>Donor(s)</b>	Swiss Agency for Development and Cooperation (SDC)
<b>Scope</b>	<i>Project</i>
<b>Type of report</b>	<i>final evaluation (summary report)</i>
<b>Length of report</b>	10 pages
<b>Sector(s)</b>	Humanitarian action, food security, nutrition, ANR
<b>Brief abstract (description of project)</b>	<p>Phase III of the Emergency Food Support Programmed for Children of Internally Displaced Kayah Ethics Project was implemented in Phrusoe Township in Kayah State, using the experience of Phase I &amp; II that were implemented from 1st November 2003 to 30th June, 2005 .</p> <p>In phase III the project moved to the most needy &amp; remote area such as Hoya, Gaykaw, area from Phrusoe Township, which shares the border with the Kayin &amp; Shan State, where these areas are still in the conflict zone. Mostly Kayaw &amp; Bwe' kayaw ethnics are majority &amp; kayah , kayin are minority. Transportation &amp; communication is not accessible for the outsider or strangers and which have been restricted from the local governments, ceased fire group &amp; also from the insurgent group. (p.2)</p>
<b>Goal(s)</b>	To increase access to food, and access to resources for food production, for children under five years of age and their mothers, in displaced and vulnerable households in food-insecure areas of Kayah State. (p.3)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>- To increase the quantity and quality of food intake for up to 1500 children under 5 and for 300 pregnant and lactating mothers through supplementary food and feeding program.</li> <li>- To increase access to inputs for the establishment and increased diversity of home garden food production for at least 1,500 women.</li> <li>- To provide informal education and training sessions on</li> </ul>

	nutrition, positive health practices, and home garden production for at least 2000 mothers and caregivers. (p.3)
<b>Evaluation Methodology</b>	[not specified]
<b>Results (evidence/data) presented?</b>	Within text
<b>Summary of lessons learned (evaluation findings)</b>	<p>Even though some of the security constraints were encountered during the period of implementation in some of the village, the project team monitored closely &amp; identified the level of the security condition of the project villages changed the strategies necessarily generated the targeted out puts.</p> <p>A total of 1719 children of under 5 yr &amp; 465 pregnant &amp; lactating mothers from 40 villages had received increase access to nutritive food and 1309 of these households had improved production of home garden, improved quality of food intake , awareness on nutrition. &amp; access to resources for food production within the project implementation period. (p.10)</p>
<b>Observations</b>	Internal end-of-project report
<hr/>	
<i>Additional details for meta-evaluation:</i>	
<b>Contribution to MDG(s)?</b>	<i>1a:Income / 1b:Hunger</i>
<b>Address main UCP “interim outcomes”?</b>	
<b>Were goals/objectives achieved?</b>	<i>1=Yes</i>
<b>ToR included?</b>	No
<b>Reference to CI Program Principles?</b>	No
<b>Reference to CARE / other standards?</b>	No
<b>Participatory evaluation methods?</b>	No
<b>Baseline?</b>	Yes
<b>Evaluation design</b>	<i>Formative (process) Before-and-after (compared to baseline)</i>
<b>Comment</b>	<i>Internal self evaluation &amp; summary report</i>



## **FINAL REPORT FOR PHASE 3**

**July 1, 05 – August 31, 2006**

## **EMERGENCY FOOD SUPPORT PROGRAMME FOR CHILDREN OF INTERNALLY DISPLACED KAYAH ETHNICS IN KAYAH STATE**



**CARE Myanmar**

**CARE MYANMAR  
EMERGENCY FOOD SUPPORT PROGRAMME FOR CHILDREN OF INTERNALLY  
DISPLACED KAYAH ETHNICS IN KAYAH STATE**

**The Final Report**

**Submitted the Swiss Agency for Development and Cooperation (SDC)**

**1. General Information**

**1.1. Project Name**

Emergency Food Support Programme for Children of Internally Displaced Kayah Ethnic in Kayah State

**1.2. Location of Operation**

Loikaw, Demosoe and Phrusoe Townships, Kayah State, Myanmar

**1.3. Amount of Contract:** 159900 USD

**1.4. Duration of Operation:** 14 months

**1.5. Funding Agency:** Swiss Agency for Development and Cooperation, Switzerland Embassy, Bangkok (SDC)

**1.6. Period covered by this report:** 1<sup>st</sup> July 2005 to 31<sup>st</sup> August 2006

**2. Operational Framework**

Emergency Food Support Programmed for Children of Internally Displaced Kayah Ethics “Project of Phase 3 was implemented in Phrusoe Township in Kayah State from 1<sup>st</sup> July, 2005 to 31<sup>st</sup> August, 2006. by using the experience of Phase I & II , that was implemented from 1st November 2003 to 30th June , 2005 .

In the phase III, the project is moving to the most needy & remote area such as Hoya, Gaykaw, area from Phrusoe Township, which is sharing the border with the Kayin & Shan State ,where these areas are still in the conflict zone. Mostly Kayaw & Bwe' kayaw ethnics are majority & kayah , kayin are minority .Transportation & communication is not accessible for the outsider or the strangers and which have been restricting from both of the local governments, ceased fire group & also from the insurgent group.

The remote population lives on subsistence agriculture mainly shifting cultivation with very primitive practices and limited variety of vegetable and crops in the very isolated geographic condition. .The food shortage was observed for the whole year round. Some of the years, there have some crisis came because of the unreliable weather condition. The vegetables and fruits were not available in winter and summer. Staple food was insufficient particularly in the rainy

season, starting from March to November, i.e. the next harvest time. To cope with the food shortage, they substituted rice with locally available bamboo shoots, banana trunks, and some tree leaves and barks from nearby forests. Among others, the children under 5 were suffering most.

## **2.1. Type of Intervention**

It is an emergency and/or rehabilitation type of intervention which is focusing to improve the nutrition status of vulnerable children under 5 and pregnant & lactating mothers through supplementary food feeding, health education & home gardening practices.

## **2.2. Target Beneficiaries**

The target beneficiaries were a total of 1500 children under 5 living & 300 pregnant & lactating mothers, in severe food shortage, IDP households and a total of 2000 mothers and / or care givers. Actual feeding beneficiaries were 1719 under 5, 465 pregnant & lactation mothers and at least 6500 people from 1321 house hold ,who are directly benefiting from the project both nutrition ,health education & home gardening program .

## **3. Implementation of Operation**

### **3.1. Overall Objective**

To increase access to food, and access to resources for food production, for children under five years of age and their mothers, in displaced and vulnerable households in food-insecure areas of Kayah State.

### **3.2. Specific Objectives**

- To increase the quantity and quality of food intake for up to 1500 children under 5 and for 300 pregnant and lactating mothers through supplementary food and feeding program.
- To increase access to inputs for the establishment and increased diversity of home garden food production for at least 1,500 women.
- To provide informal education and training sessions on nutrition, positive health practices, and home garden production for at least 2000 mothers and caregivers.

### **3.3. Achievement of objectives up to end of August, 06', the end of the phase 3 project**

Up to the end of August, 06, the food intake of a total of 1719 vulnerable children under 5, & 465 no: of pregnant & lactating mothers have the proper feeding, that is using the nutrition balanced formula recommended by the National nutrition unit, and it was fed 4 times per week, The feeding period was varied from 7 to 11 months, starting from October.

### *3.3.1 Nutritional Status Improvement*

During the baseline data collection, 20% (228 children) of the under 5 children from 40 villages were randomly selected and collected the growth status data of those children. It is found that, 21%(48 children) are severely malnourished, 41%(93 children) are moderate level & 38 %(87 children) are standard level.

The Same Growth status data of these children were collected again in the evaluation survey and the data shows that severely malnourished percentage down to 9%, moderate 40%level & at the standard level the percentage increased to 51%. (see Fig.1)

When looking particularly at the improvement of severely malnourished 48 children during the evaluation survey. Out of those 48 children, 8 children improved their growth status into standard level, 27 children improved into moderate level, only 13 children are still remaining in the severe level.

### *3.3.2 Improved Food production*

1309 no: of household ,including 1016 Mothers, 101 women headed house hold & 192 other household have received the new varieties of crops for winter crops cultivation & rainy season cultivation , tools and fertilizers to increase access to inputs for the establishment and increased diversity of home garden food production.

As per data from Final evaluation survey, 84% of the household have grown the 12 different varieties of the vegetables seeds provided and 73% of the households consumed their home garden products. Previously those households only consumed one or two local varieties of the vegetables.

In one focus group discussion in **Hoya** village, the mothers have mentioned that, previously they have never grown potato and could not effort to buy for their consumption. Now a day, The children dig the potatoes by themselves from their backyard garden (which was grown with the seeds provided by the project)and they can eat potato as snack or during the meal or store as a dry ration.

### *3.3.3 Health Knowledge Improvement*

2104 mothers & caregivers, who attended the informal health education training, improved the selective health knowledge including nutritious value of locally available food groups, food preparation and proper way of cooking method, the proper way of hand washing ,regular nail cutting and ORS preparation for emergency replacement of salt and water for children with diarrhea and dehydration ,diarrhea prevention, cause & effect of the unsafe disposal of stool of young children, and prevention for worm infection.

Evaluation survey for the health education knowledge indicated that 93% of the mothers aware of the nail cutting and hand washing practices, 92% of the mothers& caregivers aware of the practices of diarrhea prevention, 69% of the participants aware of the nutritious value of the locally available food & only 41 % of the mothers & caregivers received the information of the immunization plan.

### 3.3.4 Home garden Knowledge Improvement

2139 mothers & caregivers, who attended the informal home gardening training , improved knowledge on home gardening practices such as proper use of manure & compost making, advantages of using seed bed preparation instead of broadcasting method , appropriate integrated pest management technique , advantages of hill side farming practices and also improved knowledge on soil erosion problem linking with environmental degradation.

Evaluation survey for the home gardening knowledge indicated that 99% of the mothers aware of the advantages of using manure, 88% of the mothers & caregivers know how to the practical compost making, 91 % knows how to make seed bed preparation, and 97% of the mothers & caregivers aware of the using of pesticide and integrated pest management and 95% of the mothers & caregivers knows the consequences of the environmental degradation.

### 3.5. Achievement per Outputs

- 1719 children of under 5 yr & 465 pregnant & lactating mothers from 40 villages of Gaykaw , Hoya area & Mosoe village tract from Phrusoe Township , have received regular supplementary feeding(4 times per week ), multivitamins tablets (for every day during the feeding period)& also de-worming tablets for once every six months for children under 5 .
- 2104 mothers & caregivers, including 1104 no: of mothers, 757 of fathers & 243 of caregivers attended informal health education training on selective topics such as personal hygiene linked with diarrhea prevention , hand washing and regular nail cutting , three food groups, especially focusing on locally available food .
- 279 health education sessions with selective topics as personal hygiene, the proper way of hand washing & diarrhea prevention, ORS preparation for emergency replenishment of salt and water for children with diarrhea and dehydration were conducted in 40 villages from Hoya, Gaykaw & Mosoe village tract of Phrusoe Township.
- 2139 participants, including 1277 mothers & 862 caregivers attended the informal home garden training on seed bed preparation, integrated pest management, cultivation method of winter crops as kale, radish, carrot, rainy season crops as potato, okra, snake gourd & water-crust, and sweet corn ,and also training on Sustainable Agricultural Land Technique to improve home gardening production.
- 303 home garden informal education sessions were conducted in 40 project villages.
- Altogether 40 feeding committees were formed in 40 villages from Gaykaw & Hoya area to supervise and monitor the supplementary food feeding and to organize for the informal education activities in 40 project villages.
- 6 New varieties of winter crops(as carrot, radish, green mustard , green soybean, kale and long yard bean ) 6 new varieties of rainy season crops (as amaranth, potato, okra, snake-gourd, ginger, sweet corn ) , tool sets (such as knife, hoe , watering can , garden tools & rake) & Bio-fertilizers and Essential –one ( effective micro-organism especially for making compost) were distributed to 1016 Hh of mothers & caregivers , 101 women

headed Hh , & also to other 192 Households of those who are interested in home gardening from the project villages. Hence, altogether 1309 Hh from the 40 project villages have received the seeds ,tools & fertilizers for home gardening establishment .

- 40 home gardening working groups with at least (1309 ) mothers & care givers from 1309 house holds were formed in 40 villages
- In every project villages, cross visit within the villages was conducted occasionally and mothers & caregivers had participated to share and exchange their experiences of home gardening . 1 Cross visit also organised to more developed area as Kalaw- Aungban from Shan State to promote cross-learning and exchange within mothers & care givers.
- 4 Monitoring trips with the local partners from four groups as Catholic, Kayah Baptist (Kayah Phu & Kayah Mobwar) & Buddha (Animism) group were organized and during the those trip, care staff and partners had meeting and discussions with and Village leaders, Mothers & care givers from the project.
- **3.6 Strategies of Implementation** Three main activities such as blanket supplementary food feeding for children under 5 , and feeding for pregnant & lactating mothers, informal education related on personal hygiene & nutrition to mothers & care givers, and introducing new varieties ,tools and techniques to increase the home gardening food production especially for women have been implemented to achieve the objectives.

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### ***3.6.1 Project Site selection***

The project was implemented in 40 villages, 17 villages from Gaykaw area, 19 villages from Hoya area and 4 villages from Mosoe zone. 10 villages from Gaykaw area, 9 villages from Hoya area & 4 villages from Mosoe zone ,altogether 23 villages were selected during this phase and 17 villages are from the previous phase. During the previous phase, the permission to work these villages was granted only in the last months of the project life. Therefore, the feeding program was continued in those villages in this phase.

### ***3.6.2 Feeding***

- 1) In the targeted project villages, early weaning practice is very common and it usually starts even only when the children is one week old, and the mothers normally substitute the breast milk with khaung traditional rice wine, since mothers need to be back to their heavy work such as collecting the fire woods, working in Upland the paddy cultivation (taung ya) usually those fields are not very close to the village. It was also found, the lack of proper feeding is one of the underlying causes for the malnourish status. Therefore the project provided the cereal packages (4 packages per month) to address under 1 children malnutrition.
- 2) Children of 1 to 5 years have been provided supplementary feeding (4 times per week), multivitamins tablets (everyday during the feeding period) & also de-worming tablets for once every six months.

- 3) Pregnant & lactating mothers have received regular supplementary feeding (4 times per week) and multivitamins tablets (everyday during the feeding period).
- 4) Feeding for lactating mothers started from after birth until the baby is 3 months old and cereal packages provision is for the children from 3 months to 1 yr to maintain the child's nutritional status.

### ***3.6.3 Growth Monitoring***

Growth monitoring was done by using weight chart and regular recorded the weight of all the feeding children on monthly basis.

Sometimes severely malnourished children were identified during the monthly regular growth monitoring process and were provided with the cereal packages till the status of children improved to the nutritional standard level. Those severely malnourished children were also referred to the clinics run by MSF-Switzerland.

MSF-Swiss clinic staff also requested CARE to provide cereal packages for the severely malnourished children are under treatment in their clinics. Until now, 6 malnourished children were provided the cereal packages as per request from the MSF- clinic staff of Nwar Le Woo Clinic.

### ***3.6.4 Health education sessions.***

Project team promoted personal hygiene by the formal and informal discussions/trainings on hand washing before eating & after toilet, regular nail cutting, diarrhea prevention, cause & effect of the unsafe disposal of stool of young children, and prevention for worm infection & the environmental hygiene link with the kitchen waste. (see section 3.3.3 for the detail knowledge improvement)

The water container, soap & napkin and also nail cutter were provided in every feeding centre to for the practical demonstration of the hand washing & nail cutting practices for the feeding children & mothers.

To improve the knowledge on nutritional value of the locally available food, the project provided food preservation training and cooking demonstration to Mothers & care givers who are the members of the feeding committee from the projects villages.

The project team also use the locally appropriate IEC such as diarrhea prevention posters, three food group playing cards during Health Education sections and also trained the peer educators to work with non-literate ethnically diverse populations .

### ***3.6.5 Home gardening trainings***

Hands-on home garden trainings were conducted for the mothers & caregivers, to improve their knowledge of home gardening, to grow new varieties of crops, to encourage using the bio fertilizers, making compost by using kitchen waste and also to introducing the appropriate tools (as hand set tools for mothers instead of using hands for weeding).

The team introduced the compost making & hill side farming to promote the permanent farming, also to improve the awareness on the disadvantages of the slash & burn practices in Taung ya,

To address the low production due to broad casting the mixed -seeds in small plot, the seed bed preparation method was introduced and demonstrated for more effective cultivation. The organic farming practices and IPM methods were also promoted among mothers and caregivers through trainings and practical demonstration to scale down the use the chemical fertilizers and pesticides.

### ***3.6.6 Home garden establishment***

The beneficiaries were provided the new varieties of seeds, trainings for appropriate cultivation methods and also the bio fertilizes, to establish the home gardening practices in these 40 project villages and thereby increasing the awareness of the proper feeding, and increase the amount of nutritious food available in the family.

To ensure the good practices of home gardening & to demonstrate the best practices within the communities, the project team organized the communities to set up the criteria for participatory model farming selection, and also facilitates to establish the model farming in every project villages.

Cross-visits were organized within the village, within the village tract (zone) to model farms and also to the other area as Shan State, to promote cross –learning and sharing the experience.

Home gardening working groups were organized to take the responsibility to organize & arrange the home gardening trainings, to facilitate the participatory problem solving, to transfer the messages to the illiterate mothers & caregivers, and also to monitor the weakness and strength of the home gardening activities.

## **3.7 Variation between the Planned and Actual Implementation**

During the course of implementation, the actual schedule of activity implementation varied from the planned schedule.

Project was focusing on the most vulnerable villages located in most remote area in Phrusoe, and Shadaw Townships. But for Shadaw Township, it was not allowed to implement as for the security reason in this phase.

### ***3.7.1 NCE period***

According to the late permission & approval for the project implementation, the project extended No- Cost Extension period, starting from May, up to August. During the NCE period, blanket supplementary feeding for the children of 1 to 5 yrs & feeding for pregnant & lactating mothers was continued in 23 new villages of phase 3 and was dropped in 17 old villages, which were carried over from the phase 2.

ORS packages and the cereal packages were also provided for the diarrhea patients because it was found that the most prevalent diseases among under five children are dysentery, diarrhoea.

These variations are presented in table 1.

**Table 1: Comparison of planned and actual activities (see attached – 1)**

#### **4. Difficulties Encountered**

During the implementation period, the project encountered the following difficulties:

- Delay of travel permission for the project staff
- New policy for permission & restrictions from the authorities
- Frequent and unexpected changes of security conditions.

##### *Delay of travel permission for the project staff*

The project is extending and focusing on the needier place which is in Phrusoe & Shardaw Township. The permission for the project implementation from the local authorities was only received at end of August 2005 and the project implementation has been delayed for nearly 2 months.

##### *New policy for permission & restrictions from the authorities*

Only locally recruited staff(native) can go without permission to the project area, for other staff non- local senior staff, it is necessary to submit the permission before the trip & the liaison staff from the Department of health accompanied the project staff during the trip.

Travelling out of the project area for the cross visits & training purposes, especial for the project's beneficiaries, those who do not have NRC, because they are not allowed to pass through the security gates. Even for those who has NRC card, it is essential to have the travel permission from the State level authorities.

##### *Frequent and unexpected changes of security conditions.*

The project villages are mostly located in hilly mountains & very remote area, where the security condition is changing from time to time.

Within the project implementation period, the changes in the political situation & offensive from the military affected the security condition of the project area, especially in Gaykaw zone, which is bordering with the Karen State.

Sometimes, the project's activities were temporarily stopped in some villages for at least one month according to the security condition.

Some other constraints for the project is no regular public transport to the project area. The road is limitedly accessible in the rainy season, the movement of the project team needs to inform to the local authorities and other groups for the staff's safety & security.

The villagers struggle and survive under the unstable condition, where the groups competed to control the area. Out migration was also common in some of the villages and there were some population movement during the implementation period.

## 5. Conclusion

The phase 3 of the "Emergency Food Support Programme for Children of Internally Displaced Kayah Ethnic in Kayah State" project has been successfully completed with the "three months no cost extension " .

Even though some of the security constraints were encountered during the period of implementation in some of the village, the project team monitored closely & identified the level of the security condition of the project villages changed the strategies necessarily generated the targeted out puts.

Therefore, total of 1719 children of under 5 yr & 465 no: of pregnant & lactating mothers from 40 villages of Gaykaw , Hoya area & Mosoe village tract from Phrusoe Township had received increase access to nutritive food and 1309 of these households had improved production of home garden, improved quality of food intake , awareness on nutrition. & access to resources for food production within the project implementation period.

## 6. Budget and Expenditure

The summary of the expenditure against the budget was presented in table 2. The overall budget is under-spent due to the delay in project commencement. Consequently all budget categories are also under-spent.

**Table 2: Status of Budget and Expenditure for the period from 1 July 2005 to 31 August 2006**

<b>Budget category</b>	<b>Total Budget US\$</b>	<b>Total Expenses US\$</b>	<b>Balance US\$</b>	<b>Burn Rate %</b>
Staff costs	60138.81	61128.19	-989.38	-0.09%
Transport/ Travel	2850.79	2505.90	344.89	12.10%
Activities costs	75608.35	75132.08	476.27	0.63%
Activity support costs	21301.78	21128.24	173.54	0.81%
<b>Total All</b>	<b>159899.73</b>	<b>159894.41</b>	<b>5.32</b>	<b>0.003%</b>

## 7. Attachments

- a. Annex 1: Comparison of planned and actual activities
- b. Annex 2: Financial Report
- c. Annex 3: Log frame
- d. Annex 4: Beneficiary Summary Data
- e. Annex 5: Activities Photos