

Myanmar: Final evaluation  
of the Southeast Infrastructure  
Rehabilitation Project (SIRP)

**MORE  
BETTER**

**ENGAGED,  
CONNECTED**

## Abbreviations

<b>AAM</b>	ActionAid Myanmar
<b>AMW</b>	Auxiliary midwife
<b>AUP</b>	Aid to Uprooted People
<b>CBO</b>	Community-based organisation
<b>CHAST</b>	Child Hygiene and Sanitation Transformation
<b>CHW</b>	Community Health Workers
<b>CSC</b>	Citizen Scrutiny Cards
<b>DEVCO</b>	Directorate-General "Development and Cooperation - EuropeAid"
<b>DKBA</b>	Democratic Karen Benevolent Army
<b>EU</b>	European Union
<b>EPI</b>	Expanded Programme for Immunisation
<b>FGD</b>	Focus group discussion
<b>KDN</b>	Karen Development Network (formerly known as Knowledge and Dedication for Nation Building)
<b>KDHW</b>	Karen Department of Health and Welfare
<b>KED</b>	Karen Education Department
<b>KII</b>	Key informant interviews
<b>KNU</b>	Karen National Union
<b>MNEC</b>	Mon National Education Committee
<b>MMK</b>	Myanmar Kyat
<b>MSC</b>	Most Significant Change
<b>NaTaLa</b>	Ministry of Border Affairs
<b>NCA</b>	National Ceasefire Agreement
<b>NMSP</b>	New Mon State Party
<b>NRC</b>	Norwegian Refugee Council
<b>NSA</b>	Non-state actors
<b>RHC</b>	Rural Health Centre
<b>RHsC</b>	Rural Health Sub-Centre
<b>ROM</b>	Result-oriented monitoring
<b>SA</b>	Sustainability assessments
<b>SDC</b>	Swiss Agency for Development and Cooperation
<b>SIRP</b>	Southeast Infrastructure Rehabilitation Project
<b>SRW</b>	Staff Reflection Workshop
<b>TA</b>	Trend analysis
<b>TBA</b>	Traditional birth attendant
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>VB</b>	Village Book
<b>WASH</b>	Water, sanitation, and hygiene

### Cover photo

A man in Taw Ta Li village (Tanintharyi Region) uses the new tap next to his house.

Thanks to a new water system provided with SIRP support, he and his family no longer need to walk to fetch water.

(Photo: S. Marr)

All photos in this report, except those on pages 25-34, are by Samadhi Marr, Banyaneer.

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## Executive summary

**Implemented between 2012 and 2017, the Southeast Infrastructure Rehabilitation Project (SIRP) contributed to the improvement of conditions in Myanmar's conflict-affected south-east. In particular, the EUR 7.0 million project brought benefits in education, health, and water access. As a result of the participatory process as well as infrastructure upgrades, communities are now more engaged and better connected.**

**The evaluation demonstrates the positive outcomes of the initiative and identifies lessons for future programming in similarly conflict-sensitive areas.**

The project was implemented by a consortium of Norwegian Refugee Council (NRC), the Swiss Agency for Development and Cooperation (SDC), the Karen Development Network (KDN) and Action Aid Myanmar (AAM).

### Evaluation approach

The SIRP evaluation was conducted in July-August 2017 and included field research in 19 sampled villages across the three target areas in Mon and Kayin States and in Tanintharyi Region. Complementing previous reviews, the study focused on relevance, impact and sustainability of project outcomes - applying a qualitative research design. In the absence of quantitative data, the study deployed a rich set of tools to address the evaluation questions. This included a Most Significant Change process, staff reflection workshops, key informant interviews, document review, and community workshops (with trend analysis, and focus group discussions). Newly built infrastructure was inspected as part of transect walks.

This summary gives an overview of the evaluation findings - presented in line with the evaluation criteria.

### Relevance & appropriateness

The project was based on a commendable framework model: while the overarching set of results was defined by the project proposal, communities engaged in a so-called 'village book' process that determined priority interventions. This model of planning was not only participative and engaging, it also ensured that actual interventions (e.g. the construction of a school) were relevant to and in line with community plans. Community facilitators (so called 'fellows') helped coordinate local engagements with consortium members and stakeholders.

Two additional observations are made in terms of relevance: first, it is found that the expected results (framework) are highly relevant to the needs of the remote, impoverished and post-conflict communities that SIRP targeted. Investments in health, education, infrastructure as well as water, sanitation and hygiene (WASH) are indeed relevant, given local conditions. Second, it was observed that in four of the eighty-nine target villages, the community-prioritised interventions were not provided (planning and budget constraints led to the provision of other structures).

In terms of appropriateness, it was found that the consortium members implemented the project with gender-sensitive consideration in mind: adequate targeting of women fostered their confidence in speaking and contributing to village affairs. Regarding disability inclusion, no specific elements were in place to engage persons with disabilities in village-level planning. However, most newly-built structures featured disability access such as ramps.

A key issue concerned the handling of sensitive information in a post-conflict setting: while the sharing of village books with governments is generally deemed beneficial to advance overall planning processes, many communities in dual-control areas were reluctant to share maps and resource informations with outsiders - fearing appropriations and negative repercussions (e.g. in the event of resuming conflicts). Uncertainty over sharing led to problems for fellows. These mainly young villagers should have been better supported in dealing with delicate and sensitive issues.

### Outcomes & impact

The analysis of trends as perceived by sampled communities shows a generally positive development in all assessed aspects. This uplift is partially attributed to SIRP (as well as to initiatives of the government and others).

In terms of the first expected result (**rights and citizenship**), communities identified clear improvements - both due to SIRP and the overall peace process. Communities are better connected to government agencies and non-state actors, identified an increasing level of collective action and social cohesion, and are more knowledgeable of their rights. Obtaining birth certificates and national registration cards is now easier and cheaper - the latter was attributed to Norwegian Refugee Council's 'one-stop' program.

Regarding **education**, the impact of SIRP extends beyond the actual construction of new schools with better facilities: with consortium members regularly meeting with the department of education and other actors (such as Unicef), advocacy also led to better levels of staffing and resourcing.

Communities with new schools are proud of them, and Most Significant Change stories indicate that more children attend school, and do so longer. The long-term impact of better and longer schooling is impossible to predict at this stage. However, as most government positions requires 10th standard, it is more likely that today's school kids will be able to assume important roles (teachers, health staff, administrators) in the future.

Concerning **health**, six rural health centres were constructed by SIRP in remote and needy locations. While health-seeking behaviour was not changed (according to communities, 'modern medicine' had already been sought for all but minor ailments), the barrier of previously difficult access was overcome. All visited villages with new centres reported greater accessibility to pre- and antenatal care, vaccinations, and for childbirth. In some places, staffing issues were identified (absenteeism of staff, reluctance to take up hardship posts).

The impact on eventual health outcomes remains to be seen but is likely to be positive.

With regards to **WASH**, the outcomes are mixed: all communities with new water systems reported sufficient year-round water (with one minor exception). Notably, other villages that prioritised SIRP support for non-water investments also added wells or water systems; in three of these villages, there were temporary water shortages.

Whether water from the new sources was safe to drink was not consistently checked - adoption of SPHERE standards for water testing (including for coliform) should have been adopted. In case water safety cannot be guaranteed, it needs to be treated. Communities need to be made aware of these concerns.

Sanitation and hygiene training was provided, but the outcomes and eventual impact is likely to be very minor: trainings were provided in on-off sessions and did not incorporate a wider framework to induce the necessary change in behaviours?

In terms of general **infrastructure**, the trend analysis identified the greatest increase amongst assessed aspects. New roads and bridges reduced travel times, gave better access to markets, hospitals and other services. Communities identified a strong positive impact on livelihoods.

### Sustainability

Addressing the willingness and capacity of local actors to continue pursuing or maintaining project outcomes, it was found that SIRP incorporated a range of suitable mechanisms. The village book process and - where applied - the community-led implementation ('CBO approach') enabled a strong sense of ownership.

Most fellows are highly motivated to drive community development further. In Kayin and Mon States, they will be engaged in future activities. In Tanintharyi Region, many fellows have formed an association ('Guiding Star') to better support further village development. In most sampled villages, the village books continue to be a reference for village development.

Regarding the structural investments, more than three quarters of sampled communities have committees (e.g. water or school maintenance committees in place that have been trained and are confident in maintaining buildings and systems. Almost all of these maintenance committees have well-developed plans and resources to address common technical faults.

Schools and health centres are managed by government departments; while some issues of staffing in health centres were identified, the continued operation of these infrastructure investments is not called into question.

In terms of closer connections with governments and non-state actors, it is found that both formal and informal relations are strong - however, it is difficult to predict how these will develop over time, given the high rates of staff rotation within government agencies.

### Recommendations

Based on the findings, the report makes 14 recommendations for future programming - arranged by priority. These are presented below - for underlying reasoning, see chapter 7.

#### CRUCIAL

**A.1** Address water quality issues to meet minimum standards in all villages that have been assisted with water interventions.

**A.2** Continue the village book and fellowship approach. Improve fellow support, coaching and mentoring structures.

**A.3** Ensure that consortium partners clearly understand who is responsible for managing and supporting fellows.

**A.4** Revise the village book (VB) document sharing procedures to ensure a "do no harm" approach in all settings.

**A.5** Amend the VB document to allow for dual village leader signatures (Government and KNU village leaders).

**A.6** Translate all completed village books into English to share internally and adopt appropriate data confidentiality protocols.

**A.7** All consortium partners should take responsibility to ensure villages in all areas are provided with a minimum standard of investments from the outset.

**A.8** Continue to advocate to the health department for proper staffing levels and support for newly provided health centres.

#### IMPORTANT

**B.1** Adopt the CBO approach wherever feasible to enhance community engagement and development.

**B.2** Plan thorough future WASH software interventions, with sufficient time investments for behaviour change.

**B.3** Ensure any health training for community health workers and auxiliary midwives aligns with established national timeframes and qualifications.

**B.4** Design suitable monitoring and evaluation systems from the inception of the project.

#### DESIRABLE

**C.1** Involve fellows in behaviour change initiatives in their own communities.

**C.2** Review efficiency and effectiveness of funding fellows long-term.

## Introduction

For many decades, Myanmar's south-east has been a particularly troubled region. Armed conflict shaped public life, and rendered towns and villages impoverished, badly served, and poorly connected. As a result, many had fled their homes to seek shelter and protection in neighbouring Thailand or further afield.

The country's reform process and ceasefire agreements with armed groups provided the opportunity to develop the area - improving conditions for the population and attracting refugees to return home. The task was huge, and remains considerable today despite the progress that has been achieved over recent years.

The Southeast Infrastructure Rehabilitation Project (SIRP) was designed to support this process of reconstruction and development: from late 2012 until mid-2017, SIRP focused on remote and badly conflict-affected areas in Mon and Kayin States as well as in Tanintharyi Region. Funded by the European Commission under its Aid to Uprooted Programme as well as Norwegian Refugee Council (NRC) and the Swiss Agency for Development and Cooperation (SDC), the EUR 7.0 million project was implemented by a consortium of NRC, SDC, the Karen Development Network (KDN), and Action Aid Myanmar (AAM).

The project was based on a participatory planning process, enabling the 89 supported communities to define their development priorities. SIRP then supported advances in health, education, water and sanitation, and infrastructure - while also promoting citizens' rights and engagement.

This final evaluation of the project was carried out in July and August 2017, complementing earlier reviews and studies. Based on a qualitative research design, the evaluation was to cover achievements, challenges and lessons learnt. Identifying such lessons enables the replication of what worked well, and the rectification of what did not. With a follow-up project ('SIRP 2') ongoing in Mon and Kayin States, the insights may be utilised in this context as well as in future programming elsewhere.

This report is presented in three sections. **Section A** provides the background - introducing the project (chapter 1) and describing the evaluation's objectives and approach (chapter 2). Section B presents the findings, along the lines of the three main evaluation criteria of relevance and appropriateness (chapter 3), impact (chapter 4), and sustainability (chapter 5). **Section B** also contains a 'first-person view' feature: ten beneficiaries tell their stories of change - how SIRP made a difference to their lives. These stories were collected through a Most Significant Change (MSC) process. Based on the evaluation findings, **Section C** presents lessons learnt (chapter 6) and recommendations for future programming (chapter 7), and ends with concluding remarks (chapter 8).

Additional information is provided in the various appendices of the stories from beneficiaries - these include disaggregated data as well documentation of the evaluation process.



## SECTION A | BACKGROUND

Paddy fields in Tanintharyi.

### 1. Project overview

The target area of the Southeast Infrastructure Rehabilitation Project (SIRP) can be easily identified on the map of Myanmar - covering the States of Kayin and Mon as well as Thanintaryi Region, the area roughly equals the elongated strip from Yangon to the Myanmar's southernmost point on the Malay peninsula (see map overleaf).

The country's south-east has seen more than 60 years of armed conflict - notably between the Government of Myanmar and the KNU along with other groups like the New Mon State Party (NMSP), as well as between KNU and KNU splinter groups, in particular the Democratic Karen Benevolent Army (DKBA). Following the country's launch of reforms and ceasefire negotiations, it became feasible to bring dividends of peace to many conflict-affected areas in Myanmar's remote regions.

After decades of gunfire, the area was in disarray, impoverished and under-developed. The health situation in Myanmar's south-east was particularly poor due to the distinct socio-economic and environmental determinants that are commensurate with long years of conflict. Displacement of population, high levels of migration, landlessness, lack of education and job opportunities, difficult terrain, poor transportation systems and infrastructure: all impeded people's access to services and restricted the development of more resilient communities.

As a result of the conflict, thousands of people fled to Thailand in successive waves, starting in 1984. There are currently 102,000 refugees in Thailand,<sup>1</sup> while many others were resettled in third countries. Many have not yet come home - their return is expected but will depend on prevailing political and socio-economic conditions.

SIRP was launched in December 2012 and concluded in August 2017, following two donor-approved extensions. Funded by the European Commission under its "Aid to Uprooted People" (AUP) programme and project partners<sup>2</sup>, SIRP was carried out by a consortium of four organisations:

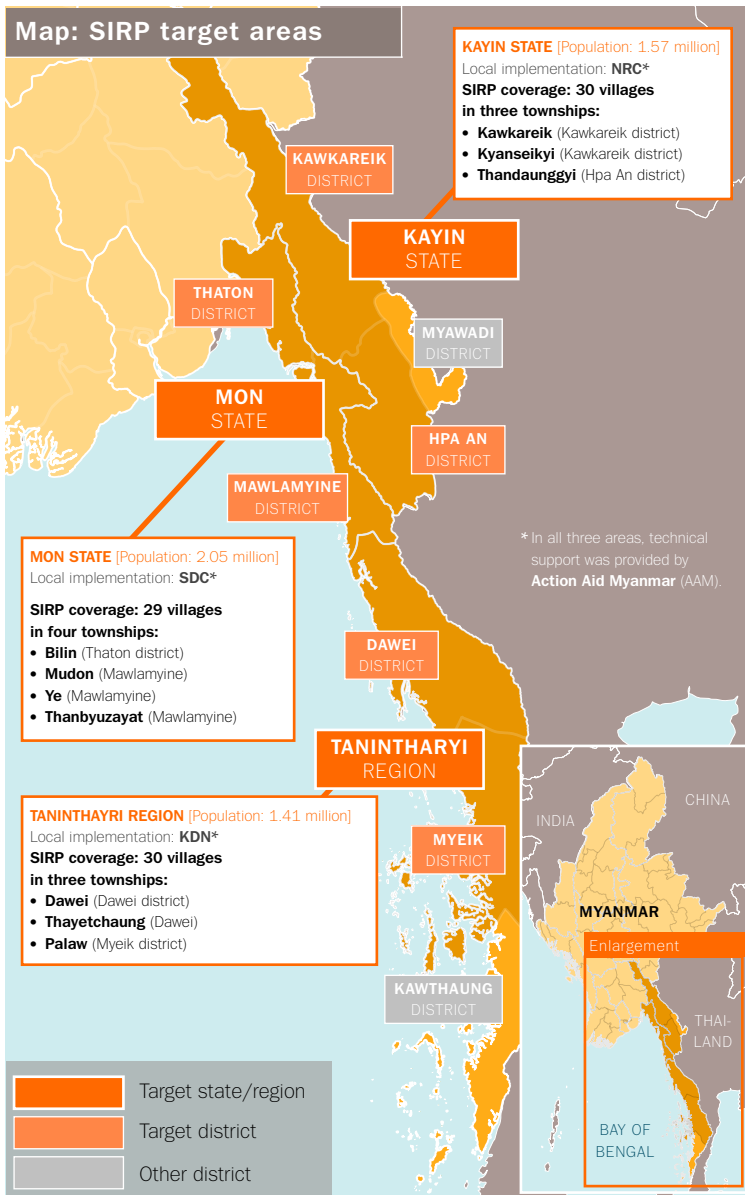
- Norwegian Refugee Council (NRC - grant holder, co-funding, implementation in Kayin State),
- Swiss Agency for Development and Co-operation (SDC - co-funding, implementation in Mon State)
- Karen Development Network<sup>3</sup> (KDN - implementation in Thanintaryi Region); and
- Action Aid Myanmar (AAM - technical partner in all three areas).

1. See UNHCR refugee and IDP map, April 2017 [here](#).

2. The project had an overall budget of EUR 7.0 million, 80% of which was provided by DEVCO (with NRC and SDC contributing the remaining 20%).

SIRP targeted 91,000 beneficiaries across 89 villages.

3. KDN was formerly known as 'Knowledge and Dedication for Nation Building'.

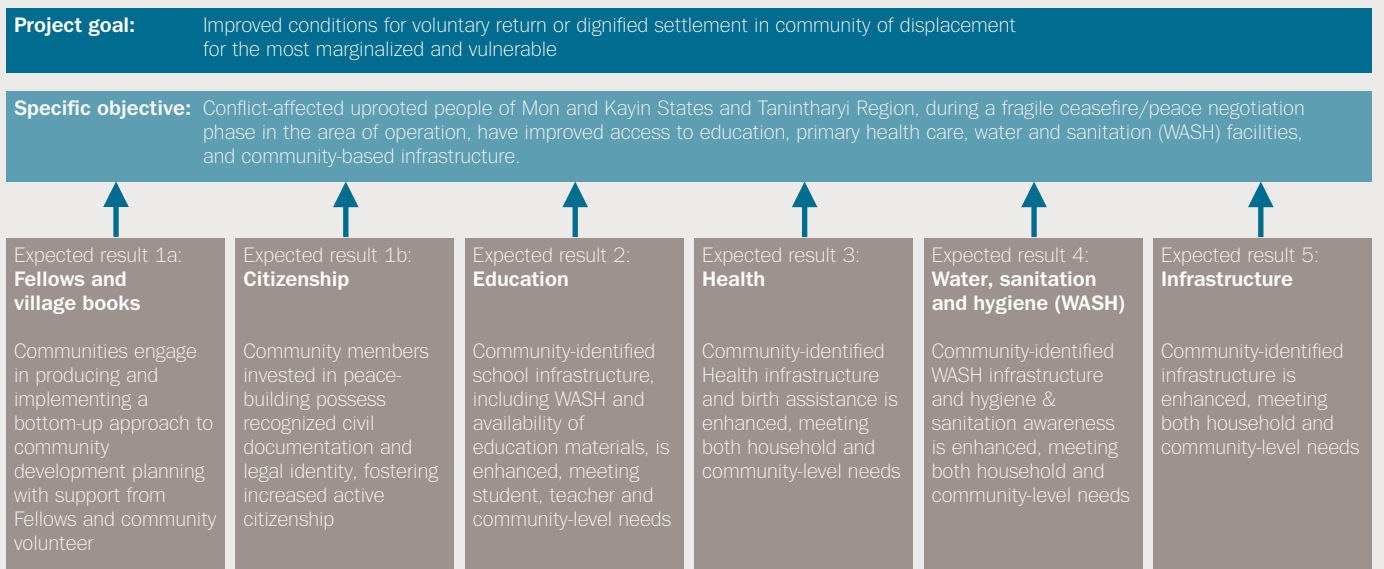


The project was overseen by a steering committee made up by the consortium partners, while the day-to-day management were governed by the secretariat. In line with its overall objective, the SIRP partners implemented a range of activities, including training of so-called Fellows (community-based mobilisers) and community-led development of Village Books (village development plans), training in active citizenship and peace-building, education, health, infrastructure, as well as with water, sanitation, and hygiene (WASH) and activities.

The project activities were designed to empower the targeted villages through a participatory planning process: Communities defined their priority needs via the Fellowship ('community-based mobilisers') and Village Book (Village Development Plan) approaches. The fellows were predominantly youth community mobilisers who were trained in facilitation, development and citizenship topics in two separate, one-month full time training events. They were provided with a monthly stipend of MMK 100,000 (USD 72.50) for the length of the project. This was not a salary but an attempt to assist the fellows in meeting their project related transport, meal and communication expenses. Through this process, the communities were provided with improved access to basic education, primary healthcare, water and sanitation facilities, and simple infrastructure, such as road and bridge improvements.

The implementation of 'hardware' and infrastructure was delivered through two different modes: the first included consortium members commissioning external building contractors ('contractor approach'), while the second involved community-based organisations (CBO), who would lead construction with village development committees (CBO approach). CBOs oversaw procurement of materials, building works and employment of workers. This was guided and supervised by partner engineering and finance technical staff.

Fig. 1 | Objectives and expected results





## 2. Evaluation background

### 2.1 Objectives

Norwegian Refugee Council commissioned the final evaluation of the SIRP to garner an overall picture of the situation upon project conclusion. The terms of reference stipulate the objectives as to:

- engage all partners in the EU required final evaluation for SIRP under DEVCO funds (AUP).
- conduct and complete a thorough final evaluation that covers the grant from December 2012 to August 2017, including two donor approved extensions.
- produce a final evaluation product/document that will inform achievements of the project, including lessons learned and sustainability of the project activities.

The evaluation team considered the relevant OECD/DAC<sup>4</sup> criteria for evaluating development assistance - namely: relevance, effectiveness, efficiency, outcome/impact and sustainability. During initial discussions and the document review, it was agreed that not all DAC criteria needed to be researched due to the previous evaluation from December 2016 that had already covered several criteria. To avoid duplication, the this evaluation focused on impact, sustainability and stories of change from beneficiaries.

Several studies have investigated the results of the SIRP project. They include:

- Mid Term Evaluation - External Consultant
- Result-oriented monitoring (ROM) Mission – EU Consultant, September 2015
- Interim Evaluation - External Consultant, October 2015
- Mid Term Evaluation - External consultant. September 2016

The present study builds on these studies and extends the knowledge base. Based on specific requests made by partners, and in line with the overarching project objective, the following three key questions were agreed upon during the inception phase:

- What was the overall impact on communities and individuals. Within those communities, who participated in SIRP?
- What is the level of sustainability and to what extent are there indications that project outcomes will be sustained? This was to include an assessment as to whether the programme was designed with sustainability in mind – and how has this been considered in the implementation including the CBO and the contractor approaches.
- How appropriate was the fellowship model according to the needs and priorities of the targeted communities and in line with the overall programme objective?

### 2.2 Approach

The evaluation was carried out in three phases of (a) preparation, (b) field research, and (c) synthesis. The research was qualitative in nature as specified in the TOR. The study was designed to be highly participatory, with staff and fellows involved in the research through the collection of stories and the identification of trends. The consultants conducted a three-day training in Hpa An for 26 nominated partner staff and fellows, enabling them to participate in the Most Significant Change (MSC) process. Attendance at the training included 7 NRC staff, 6 KDN staff and 2 fellows, 5 SDC staff, 2 AAM and 4 fellows. (See MSC training schedule and attendance lists in [appendices J & K](#))

#### Research approach and tools

The following tools were used as part of the evaluation approach:

- **Document review**<sup>5</sup>
- **Most Significant Change** process
- **Community workshops**, consisting of trend analysis (wider group of villagers involved), focus group discussions with relevant village committees and groups (village committees, water maintenance groups, self-help groups), and key informant interviews (KII) with community members, fellows, health volunteers, community health workers (CHW), auxiliary midwives (AMW), villages leaders, school principals).
- **Transect walks** to inspect water facilities, schools, roads, school latrines, and health centres,
- **Key informant interviews** with stakeholders (government partners, partner staff, and fellows).
- **Staff reflection workshops**: Staff from all consortium members (NRC, SDC, KDN, AAM) were consulted through participatory staff reflection workshops in the field.

- 
4. The Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD) has set standards for evaluations (criteria and guidance), available [here](#).
  5. The following documents were reviewed:
    - Interim evaluations 2016
    - Evaluation Management Response to Final evaluation,
    - Log frames, Maps, Donor reports,
    - Village Book Baseline data,
    - Sustainability Conversation, Sustainability Actions, Audit Documents,
    - M & E Matrix and assorted M&E documents,
    - Example Village Book in English (from Magway), completed Village Books from Wet Swe Phyu, Dawt Zan, Ka Meik, Kyaut Phyu, Ka Nyein Chaung, Kawt Hpa Ya, Ywa Taung Lay
    - Village Book training manual (English),
    - SIRP II Village Book Review – internal Action Aid report in Mon State)

Fig. 2 | Participants in community workshops

Township	Village	Participants		
		Female	Male	Total
<b>Mon State</b>		<b>97</b>	<b>111</b>	<b>208</b>
Mudon	Wea Ka Li	11	13	24
Thanbyuzayat	Pa Yaw He	8	14	22
Ye	Wet Swei Hpyu	14	22	36
Ye	Chaung Hna Kwa	24	19	43
Ye	Wei Pa Thea	18	19	37
Billin	Dawt Zan	10	14	24
Billin	Kyoe Waing	12	10	22
<b>Kayin State</b>		<b>150</b>	<b>110</b>	<b>260</b>
KawKareik	Kawt Hpan Ya	32	17	49
KawKareik	Mya Pa Taing Naing	40	19	59
Thandaunggyi	Mile 20 Si Pin Ka Lay	17	23	40
Thandaunggyi	Ohn Shit Kone	21	20	41
Thandaunggyi	Za Le (Upper)	22	17	39
Thandaunggyi	Thu Htay Kone Ywar Taung	18	14	32
<b>Tanintharyi Region</b>		<b>72</b>	<b>58</b>	<b>130</b>
Dawei	Ka Meik	11	9	20
Thayetchaung	Kyaut Phyu	8	14	22
Palaw	Khu Poke	13	8	21
Thayetchaung	Ka Nyin Chaung	18	2	20
Palaw	Taw Ta Li	12	15	27
Palaw	Wah Sune Oake	10	10	20
<b>Total sample</b>		<b>319</b>	<b>279</b>	<b>598</b>

The tools are described below - for additional details, see the inception report of the evaluation.

#### Most Significant Change (MSC)

Most Significant Change is a qualitative monitoring and evaluation technique. It involves collecting stories at the field level, where individual beneficiaries are asked what constitutes the 'most significant change' in their lives as a result of the project (see [appendix E – MSC Story Collection Guideline](#)). The beneficiaries tell their stories of change, and these stories are recorded. The stories are then read, analysed and selected through a participatory process with project staff – at the field level and at middle and senior management levels.

At its core, the SIRP mode of operation was based community empowerment through the village book and fellows process. Communities defined themselves what actions were required for development. Given this context, the MSC tool was well-suited to capture all intended and unintended changes, across a wide range of sectors and beneficiaries/stakeholders.

An additional benefit of this technique is that it also requires and values the input and participation of the project team to define the domains of change of the project, and to select the most important stories. This process allows the project team to participate, while learning lessons and processing the feedback from beneficiaries.

Finally, collecting stories and case studies is creative and open, and allows for all outcomes to be expressed and the beneficiaries themselves to identify programme impact. It can also draw out good practices and highlight "what worked" and the longer-term impact or influence of particular interventions. Overall, a total of 110 stories were collected.<sup>6</sup>

#### Community workshops

Community workshops were conducted in each sampled village with a mixture of men and women, as well as committee members and non-committee members. As figure 2 shows, there was a wide range of attendees across the regions (see also participant list in FGD results - [appendix F](#)).

For trend analysis - the first exercise in the community workshop - two groups were formed (male and female) from general members of the community. Each group was asked to complete the table below:

Aspect	2013	2014	2015	2016	2017	Change	Attribution
<b>Livelihoods</b>							
<b>Infrastructure</b>							
<b>Education</b>							
<b>Health</b>							
<b>Water</b>							
<b>Sanitation &amp; hygiene</b>							
<b>Rights and citizenship*</b>							
<b>Social cohesion &amp; participation</b>							
<b>Connectedness</b>							
<b>Women's participation and decision-making</b>							

The left column of the table lists several aspects of the villagers' situation that may or may not be relevant to the project logic. The next five columns each represent a year (2013-17). For each year, the groups were asked to assign a rating that best described this aspect in each of the five years. These ratings were: 5=very good, 4=good, 3=average, 2=poor, 1=very poor.

The ratings may or may not show a change (column 7). Finally, the groups were asked to list causal factors (column 8) behind these changes (e.g drought, new health centres, water points, hygiene education sessions). The consultants then probed for any external actors (e.g. NRC, SDC, KDN, other NGOs, local government) that may have played a role in changes.

6. Out of these stories, 26 were collected in Mon State, 46 in Kayin State, and 38 in Tanintharyi. Out of 110 story-tellers, 49 were women and 61 were male. Ages ranged from 10 to 72 years while the majority (66%) of story-tellers were between the ages of 20-50.

Upon completion, the two tables (of the male and female groups) were shared with all and discussed.<sup>7</sup> The results of the trend analysis are summarised in charts (see chapter 4).

#### Focus group discussion (FGD)

The FGDs provided an opportunity for the consultants to explore particular questions that were relevant to tackle the key questions of the study. The same national consultant facilitated this process in each village to ensure a standard approach (see [appendix F](#) for FGD questions and results).

#### Committee and sustainability assessments (SA)

Sustainability assessments were held with groups and committees associated with the project. These included village development committees, maintenance committees and water user groups. The assessments covered a) key group successes/achievements, b) group challenges, c) group willingness to continue relevant actions, and d) groups' capacity and resources to continue relevant actions (and what is still needed - see [appendix G](#) for results).

#### Key informant interviews (KII)

KIIs were conducted with managers and staff of all partner organisations at most levels. Village health staff and fellows were also interviewed (see the list of KIIs in [appendix D](#)).

#### Transect walks (TW)

Transect walks were arranged when possible in sampled villages to contextualise the project and to assess village conditions. These walks systematically observed newly constructed 'hardware' and infrastructure that lies at the heart of the SIRP project. The inspections looked for disability access, usage, and maintenance issues. These were not technical inspections.

#### Staff and fellows reflection workshop (SRW)

As project staff and fellows were the most familiar with the day-to-day operations along with the broader achievements and challenges of the SIRP project, staff and fellow reflection workshops were conducted in Hpa An, Dawei and Mawlamyine in conjunction with the MSC story short-listing process. The workshops' objectives were twofold: a) to learn more for the final evaluation, and b) to facilitate learning and reflection for the project teams before the completion of the project.

### Sampling

Random sampling of villages was not possible due to limited access. There were restrictions on the villages that the international consultant could visit (due to travel authorisation procedures) and also rainy season access challenges. To maximise the number of villages that both the international and national consultant could visit together, purposive sampling was used.

SIRP teams were asked to suggest villages with:

- A mix of active and less active villages
- A higher chance that a travel authority would be issued for the International consultant
- A mix of project interventions (water, education, health, roads)
- Geographical coverage and different levels of access (some remote and difficult to access, some closer to facilities)
- Villages that had not been sampled in the 2016 evaluation.

A total of 19 out of 89 villages were sampled (see figure 3). The consultants furthermore ensured that they covered areas that had been identified as problematic in previous reports and evaluations. For

Fig. 3 | List of sampled villages

Mon State		Kayin State		Thanintaryi Region	
Township	Village	Township	Village	Township	Village
Mudon	Wea Ka Li	KawKareik	Kawt Hpan Ya	Dawei	Ka Meik
Thanbyuzayat	Pa Yaw He	KawKareik	Mya Pa Taing Naing	Thayetchaung	Kyaut Phyu
Ye	Wet Swei Hpyu	Thandaunggyi	Mile 20 Si Pin Ka Lay	Thayetchaung	Khu Poke
Ye	Chaung Hna Kwa	Thandaunggyi	Ohn Shit Kone	Palaw	Ka Nyin Chaung
Ye	Wei Pa Thea	Thandaunggyi	Za Le (Upper)	Palaw	Taw Ta Li
Billin	Dawt Zan	Thandaunggyi	Thu Htay Kone Ywar	Palaw	Wah Sune Oake
Billin	Kyoe Waing		Taung		

7. To ensure standard explanations, the same facilitator (Myanmar Consultant) led this process in all sampled villages. Staff from all consortium members who assisted were trained in translations of key terms in Hpa An. Similarly, it was agreed in this training how to tackle sensitive issues such as asking about rights, citizenship and links with NSAs and the government.

example, the national consultant spent three days visiting two villages in Billin (Mon State) to follow up on the rural health sub-centres constructed there (in September 2016, one of the two RHsC had been found dormant). In Tanintharyi, fellows formed a CBO called 'Guiding star' and was identified for further research. Furthermore, Thandaunggyi in Kayin was sampled, as it had not been visited in any previous study. The KNU Brigade 2 only approved project interventions there in March 2017 for the extension period.

### **Ethical considerations**

The study took place in a sensitive post-conflict setting. Care was taken to ensure questions were asked in a suitable and appropriate manner in the community workshops and did not cause disturbances within communities. Project staff introduced the purpose of the study in each community to ensure community members agreed to take part willingly. For the story collection process, informed consent to publish stories with photographs was sought and documented at the start and at the end of each story collection process. Informed verbal consent is documented on the MSC story collection guide (see [appendix E](#)).

Interviewing students and children also followed strict ethical protocols. For the MSC study, only the consultants or the MSC team leaders were allowed to interview students. Interviewers were guided in the ethics of interviewing children, ensuring that teachers were present for every child interview.

### **Limitations**

#### **Lack of quantitative data**

NRC proposed that the evaluation use qualitative tools only. While mixed-method approaches (using qualitative and quantitative methods) are more robust, the team did its best to measure impact, sustainability and outcomes through qualitative means.

#### **Lack of interviews with non-state actors and government officials**

Due to the high fluctuation of government staff, no relevant government staff were available for interviews regarding the SIRP project - the most active officials had already been rotated to other locations. Similarly, no Karen National Union (KNU) members were interviewed officially, however a number of KNU representatives were available at the village level for informal discussions. This is a limitation of this study.

#### **Access limitations**

Due to travel authorisation requirements, only the national consultant was able to visit all the sampled villages across all regions. The international consultant was not able to visit one village in Tanintharyi, two villages in Kayin State (Kawkareik township) and six out of seven villages in Mon State. The study was conducted during the rainy season – and some of the sampled areas were flooded. All sampled villages were eventually accessed. However, it caused longer travel times and difficulties for the teams. The consultants appreciated the efforts of the SIRP staff to facilitate and participate in uncomfortable conditions.



## SECTION B | FINDINGS

Teachers can stay safely in the village thanks to newly constructed teacher housing in Tanintharyi.

### 3.Relevance and appropriateness

#### 3.1 Relevance

The project interventions were seen as highly relevant, especially given that communities identified their own individual needs and priorities - and that the project supported one of their top three primary concerns, (school renovations, health clinic constructions, water systems or roads/bridges.) Hygiene and sanitation activities were delivered across all villages. The 89 villages selected for the intervention were remote, marginalised - and many had been extremely affected by the long-standing conflicts.

#### **A bottom-up approach ensured relevant actions in most cases**

Most priorities identified during the village book process were supported. In some villages, more than one priority was met through the SIRP project - for instance water as well as education infrastructure. In some cases, SIRP granted one priority area, a school for example, and then the community was linked to other agencies or the state to address other needs. One example was linking communities with NaTaLa (Ministry of Border Affairs), which then provided solar panels and earth roads.

However, despite these positive results in the majority of project villages, four villages in Tanintharyi were provided with non-prioritised infrastructure. This was supplied due to planning gaps. Although 85 villages had their priority needs met, these four did not. These communities were provided teachers' houses, planned mainly due to the fact that they could be delivered within the time and budget restrictions of the extension period. These houses were useful for communities and had some positive outcomes, but were not a community priority. These villages expressed frustration at going through an extensive process to identify priorities through the village book, when finally they were provided infrastructure that was suggested by the supporting agency in a top-down approach.

#### **Livelihoods – an opportunity**

Infrastructure like roads provided benefits for livelihoods, opening up access to markets and improving selling and buying practices for farmers. Despite livelihood trends improving over the last five years (see trend analysis in figures 4a/b/c), people's livelihoods were vulnerable to weather events (such as droughts and floods) and subject to volatile market prices for paddy, betel, rubber and durian.

Addressing livelihoods to some extent within this project would have complemented the village book and fellowship approach. If partner agencies have future programming in the same villages (SIRP 2), this sector should be addressed where feasible.

## 3.2 Appropriateness

### Cross cutting themes - gender and disability inclusion

The project rightly ensured that women participated - and women were specifically targeted throughout the project. Some women reported in MSC stories that they felt more confident to attend meetings, but also to contribute, ask questions and make decisions around community affairs (see for instance the second story of change (see MSC story B, p.27).

The trend analysis shows a slight upward trend in women's participation and decision-making across all regions (see figure 4). Much of this positive change was attributed to the project, as the project encouraged women's participation in village affairs and development. The project is commended for ensuring women's participation and decision-making in village affairs. Furthermore, the training and mentoring of young female fellows encouraged women's leadership (see MSC story G, p.33).

### Inclusion was a by-product of the village book process

The village book process helped communities to identify and recognise vulnerable people within their communities and plan actions accordingly. For example, one village collected money for water usage according to the vulnerability of village households. Economically viable families contributed more than groups who were poor or disadvantaged in some way.

### Accessible infrastructure

Most newly constructed structures feature disability access. In Mon State, all newly built sites have disability access, mainly ramps. New toilets were constructed with wheelchair access. In Kayin State, 22 schools were built with disability ramps. Nine accompanying two-unit toilets were without disability ramps due to limited space. In Tanintharyi, all four schools feature disability access which however does not extend to the toilet units.

Due to the positive progress on gender and disability inclusion, there is now room for partners to develop and work with community attitudes on gender and people with disabilities in future projects in these villages. This would aim for even greater community inclusion.

### How appropriate was the village book and fellowship model?

The village book and fellowship approach was an appropriate and beneficial approach, however some elements were not implemented and managed aptly for the context. Future programming with this model in conflict-affected areas requires adjustments, stronger management and increased support to fellows.

### Achievements

The village book and fellowship model added a significant dimension to a project that mostly aimed to deliver "hardware" and community infrastructure. The approach ensured community participation, facilitated the communities to become aware of their own priorities and capacities and nurtured leadership among young people. This approach was the main driver of the "soft" outcomes and impact.

The approach helped to increase social cohesion, participation, unity, and youth leadership in conflict-affected villages. We can see some of these soft outcomes in the "domains of change" that came out of the MSC story collection. These domains of change included change in confidence, skills and trust, change in village links with others (the Government of Myanmar and non-state actors), change in community participation and leadership, change in community self-reliance and maintenance capacities.

### Challenges

Some elements of implementing the village book process were not appropriate for the post-conflict setting. For example, the mapping of land areas and resources created tensions and risks in communities. At least four sampled communities (two in Mon State and two in Tanintharyi Region) reported that they were reluctant to map due to the fear of land grabbing or resource appropriation.



Two students walk to their newly renovated school in Za Le village, Kayin State.

They also feared creating evidence for unofficial land taxes from either side (government or NSAs). They were asked to outline where natural resources were and how to enter the village, which communities felt exposed them to further risks if conflicts were to resume. However, the mapping was completed in all villages despite these misgivings. Historical timelines completed in the village book were also problematic. Many communities outlined the history of forced labour, threats, displacement and oppression from the Government or NSAs and violent relocation events. These events are extremely sensitive, and having them officially documented and shared outside the village was not appropriate and not suitably handled. Staff reported that these issues also affected other villages that were not sampled for this study.

Furthermore, this study found that the village that dropped out at the start of the project in Mon State (Kyaut Taung Lay village in Billin) did so due to the above-mentioned sensitivities.

The village book process was delayed in Kayin for 8-10 months due to the State's Chief Minister not approving the approach. Later, the Kayin Chief Minister became a strong advocate of the approach. However, with these delays, the other regions had to wait for the process to be completed, for the combined planning and budgeting to be finalised in line with village identified infrastructure needs, before all project activities could start. In Tanintharyi, where the VB process was completed on time, villagers became disadvantaged and lost momentum when no action was taken after their VB had been completed.

Sharing of the village book with the government in government-controlled areas has a sound rationale, as it helps to create links and relationships and advocates for the government to provide necessary resources for village development. However, in areas where there is an effective dual-control administration, as in many of the project villages, sharing this information and advocating to the government for resources has implications that need to be considered carefully.

Providing community infrastructure in dual control areas can have both negative and positive repercussions. In a region where there are two acknowledged actors providing services and control, this is a political dance that needs to be treated with extreme care. NGOs working in these areas also need to ensure they are not seen to be favouring one side over the other, or may face challenges to work in certain regions at best, or at worst may create a harmful environment for communities.

The sharing of the Village Book with KNU/Government officials in dual control areas was not conducted appropriately in Mon and Kayin States.<sup>8</sup> This created undue stress and risk for fellows. It also created reputation risks for partner organisations. Fellows were placed in a dilemma on how to share village book information. The AAM approach was to share the Village Book in most situations; it held official ceremonies to present the Village Books to government staff. However, even outside these events, NSA and government bodies heard about the books and requested a copy from fellows.

- 
8. In Kayin State, eleven full Village Books were shared in Kawkaik township, seven in Kyainseikkyi, and none in Thandaunggyi.

In Mon State, after receiving feedback from this evaluation Action Aid stopped the planned official sharing of village books to government officials in most dual control areas. It is not clear what was shared during the first years of the project in Mon.

In Tanintharyi, KDN did not approve the village books to be shared with government officials, and kept the village books at the village level only.

A schoolgirl enjoys using water at her home compound in Kayin State - thanks to the new tap nearby, water usage is now much more convenient.



One fellow reported that fellows did not know how to proceed. They were frozen and had not provided anything, to any side, for over one year at the time of the evaluation. During the staff reflection workshops (and in additional feedback from three villages), it was reported that there was a lack of guidance around this dilemma. When fellows asked for guidance from the project on this issue, it was not dealt with effectively. Fellows asked SDC what they should do and they were referred to ask AAM. When they asked AAM, they were referred back to SDC. Finally, SDC advised each fellow to consult with the leaders of the village make a decision themselves, based on their own situation in each village.

Although such a case-by-case approach is prudent, as each village has different political dynamics, the fellows were unable to make these decisions and should not be given the sole responsibility to handle sensitive information, which they were asked to collect by an outside party. Fellows are often under 21 years of age,<sup>9</sup> and were not comfortable, did not have the experience, nor the wide view, to weigh up the risks to make complex decisions about sharing sensitive information.

The result was that many fellows were unclear and sometimes scared of sharing village book information. The project staff from AAM, along with the implementing partners, should provide in-depth guidance and support to fellows on this issue. In some instances, fellows were accused of being spies, of being involved in political actions, and threatened. The partners must take specific actions to protect the fellows from harm, and to manage the collection and sharing of sensitive information.

Finally, the process of supporting and training fellows at the state level capitals was problematic. Action Aid should investigate these issues in greater depth. All villages were selected due to being conflict-affected and in remote locations, or far from government services. Project staff reported that fellows who could easily access the office (in Hpa An, Mawlamyine and Dawei) were more supported and were able to fulfil their roles successfully. However, fellows in remote areas, where it was difficult to communicate (sometimes entirely out of phone range) and took many days to travel to the state capital had difficulties and were not adequately supported.

Furthermore, fellows from remote and dual control areas faced difficulties in attending month-long training in state capitals. In some cases they reported that the community became suspicious that they were involved in political activities, given their long absence.

9. Overall, 33.9% of fellows were 21 years or younger when recruited (39 out of 115 fellows). This included 17 out of 44 in Mon State, 18 out of 41 in Kayin State, and 4 out of 30 in Tanintharyin Region.



## 4. Impact

To what extent did the project make a difference? The evaluation found that the majority of sampled villages gained better access to education, primary health care, water and sanitation (WASH) facilities, and benefitted from newly constructed roads and bridges. This chapter outlines the impact of the SIRP project along the lines of the project's result areas. The impact analysis triangulates results from trend analysis, focus group discussions and the MSC process.

Figures 4a/b overleaf show the overall trends as perceived across the sampled villages (see [appendix I](#) for further details). It is important to note that the graphs illustrate change but not necessarily impact. We discuss the impact as part of the analysis sector by result area. This also incorporates the findings from the Most Significant Change process.<sup>10</sup>

### 4.1 Fellows and Village Books, citizenship and peace-building

Communities relayed that since the project began in 2013, there has been a change in 'mind set' towards greater community participation. Increased collective action, unity and youth development were reported.

The trend analysis identifies an increase across all regions in rights and citizenship (charts 7), social cohesion (charts 8), connectedness and improved links with the government and non-state actors (charts 9), as well as in terms of women's participation (charts 10). These upward trends all had different underlying attributions - some related to the project and some due to the quickly changing context and peace process.

Rights and citizenship saw modest improvements in the trend analysis across all three regions. This was linked to the Citizen Scrutiny Cards/National Registration Cards provided through the one-stop program from Norwegian Refugee Council. These national registration or scrutiny cards assisted beneficiaries to travel more freely within Myanmar and to Thailand, and also assisted children to register in schools (parents need to present their cards when enrolling children). It was also attributed to the lower fees for national registration cards, and the fact that more children can now get birth certificates. Before this service was launched, fees of a national registration card could easily amount to MMK 100,000 (USD 72.60) plus the expenses of numerous trips to town to fulfil various stages of the application.

"As citizens we also feel we have rights. Now we can travel freely. Previously, we had to travel with a recommendation letter from the village leader. Now all people over 18 have this card." **Taw Ta Li, Tanintharyi, men's group during trend analysis**

Only one of the 19 sampled villages (Ka Nyin Chaung, Tanintharyi) listed the SIRP peace-building training as a factor, along with greater knowledge about the overall peace-building and ceasefire process.

An upward trend in social cohesion was linked to the Village Book process and the community working together towards shared goals and building infrastructure. Villagers said that they had gained the habit to meet more regularly due to the village book process (often taking up to one year to complete) and were now able to work towards community development. Fellows were also credited in bringing communities together and sharing information from training with the wider community. Some villagers said that they were already united and came together in church and meetings after Sunday services, discussing village affairs. One beneficiary summed this up by emphasising in his MSC story:

"We can solve our own problems by ourselves. Previously we had thought development did not concern us - it was just the village administrator's responsibility. But now we realise it concerns all village members" **Wet Swe Hpyu, Mon State**

Gains in links and connectedness to the government and other stakeholders were mainly attributed to the changing political situation and the ceasefire agreement. The majority of communities said that links had improved due to a change in the approach and policies of the government or NSAs, rather than from their own abilities. Communities were happy that the collection of unofficial taxes, forced labour, forced relocation and armed combat had now ceased, and linked this to the improvement in relationships between them and the government and NSAs. However, there were results that showed people being more confident to link with and speak to people in authority was attributed to SIRP.

10. Some 110 stories were collected across the three states and regions. Out of 110 respondents, 49 were females and 61 male. Ages of respondents ranged from 10 to 72 years while the majority (66%) was between the ages of 20-50.

Impact or 'Domains of change' are directed by the responses from the story tellers. Due to the multi-sectoral project, the beneficiaries identified a wide range of changes. The responses were categorised in nine broad domains of change. These are:

1. Change in confidence, skills and trust
2. Change in village links with others – Government, NSA or other NGOs
3. Change in health outcomes and behaviour (includes hygiene and sanitation)
4. Change in community participation, women's participation and leadership
5. Change in community self-reliance, own resources and maintenance
6. Change in education environment and atmosphere
7. Change in water resources
8. Change in access and transportation (road)
9. Unexpected Outcomes (safety of children - not drowning, growing vegetables etc).

Figure 4a | Trend analysis overall results and gender disaggregation

**What these charts show**

The charts on this page illustrate the results of trend analysis exercises that were conducted in the sampled villages supported by the SIRP project. In each village, two groups (male/female) were asked to rate aspects of their living conditions for the years 2013-2017 on a scale from -2 (very bad) to +2 (very good).

The grey lines show the average figures, with the dotted red (women) and blue (men) lines showing gender-based trends.



"In the past, we could only participate in the meetings. Now we can present our requirements and plans to the authorities with the village book created and guided by SDC." **Wei Pa Thea Village, Mon, Men's group, trend analysis**

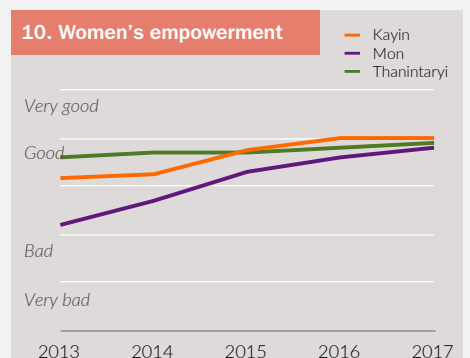
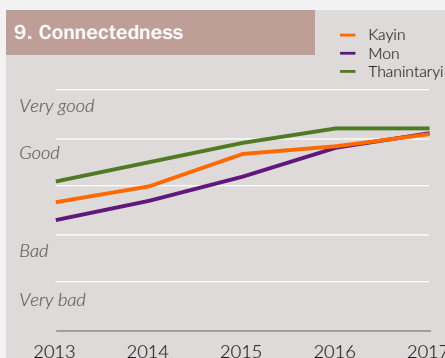
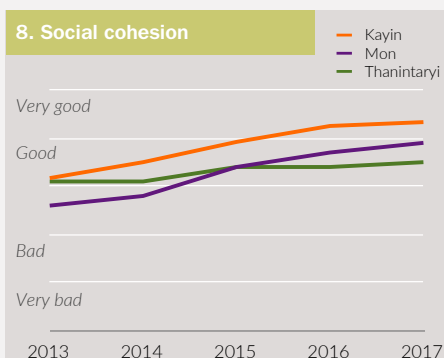
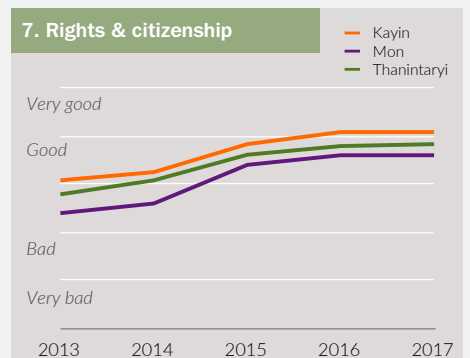
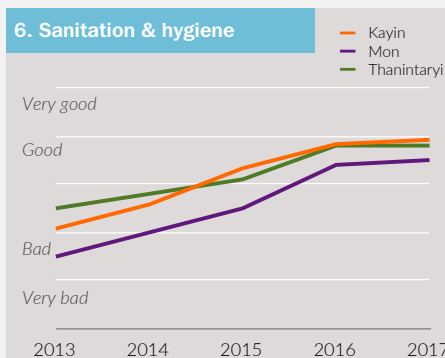
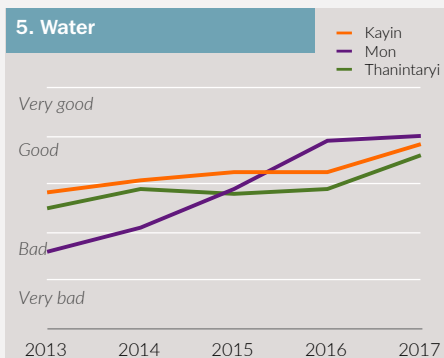
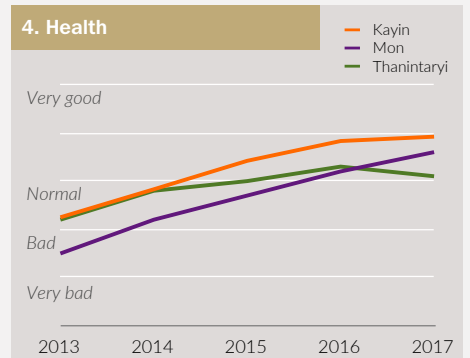
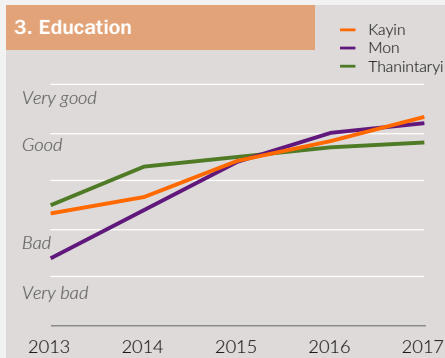
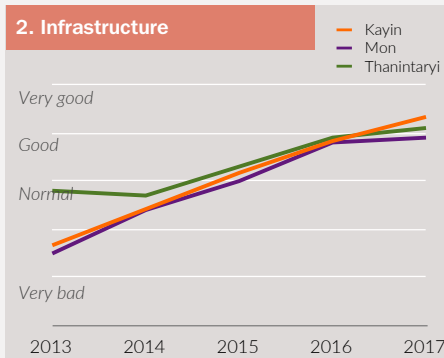
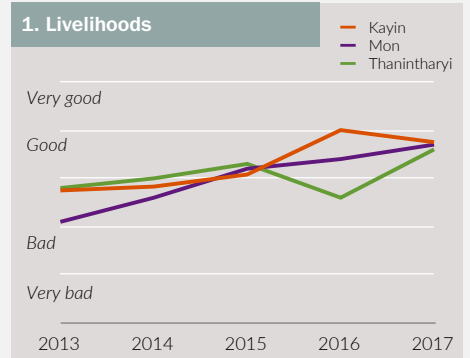
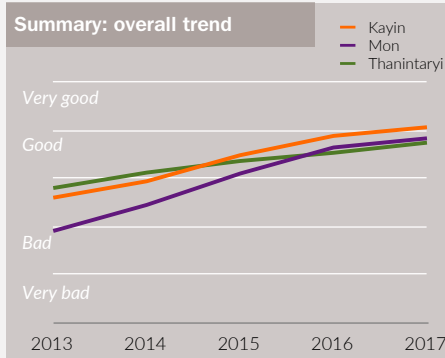
Women's participation and decision-making showed a slight increase in the trend analysis. This minor increase was mainly attributed to the experience of attending meetings for the project and encouragement by project staff. Some contextual political changes were also attributed to women feeling freer to participate. Limits in education, knowledge of Myanmar language and confidence to some extent continue to be main barriers for women to participate in decision-making and leadership roles in their communities.

Figure 4b | Trend analysis area trends

**What these charts show**

The charts on this page illustrate the results of trend analysis exercises that were conducted in the sampled villages supported by the SIRP project. In each village, two groups (male/female) were asked to rate aspects of their living conditions for the years 2013-2017 on a scale from -2 (very bad) to +2 (very good).

The orange lines show the trends for Kayin, purple for Mon, and green for Thanintaryi.

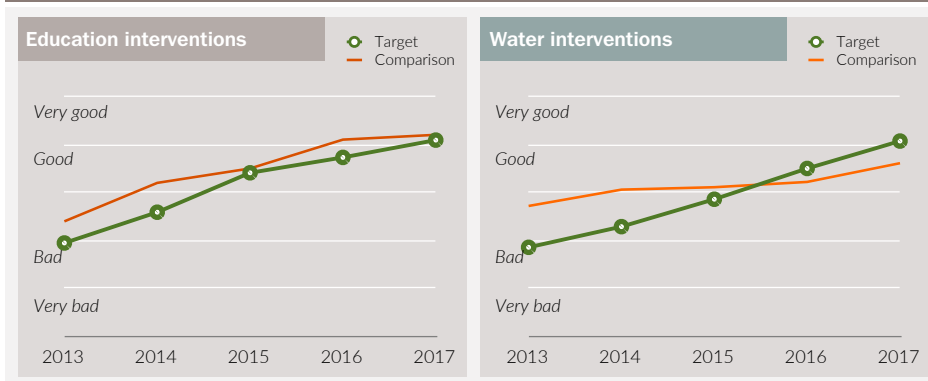


Many communities reported that women had rights and strong roles before the project, but that improvements occurred since SIRP.

"Ladies are favoured in our village but we did not have the habit to participate and make decisions. With the SDC project we had frequent meetings, and female staff from SDC also came to us. Then we got the confidence and belief to participate and make decisions for the community." **Women's group, Trend analysis Chaung Hna Kwa village, Mon State**

"In conflict times, men did not live in the village due to forced recruitment. So women took leading roles. Here our pastor is a woman and we also have some female leaders. So there is no change here. It is the same." **Male group, Taw Ta Li village, Tanintharyi**

Figure 4c | Trend analysis direct interventions vs comparison group



## 4.2 Education

There were significant improvements for communities that had school construction interventions, but interestingly, also within communities that did not. (see chart 4c). Some of these improvements can still be attributed to the project due to the village book process linking villages with the government to provide more education inputs.

Some of the upswings also reflect the context of peace and the opening up of areas for government support.

SDC and NRC took part in the quarterly State Education Sector Coordination Meetings in Mon and Kayin States, coordinated by UNICEF. Advocacy between ethnic education departments (MNEC, KED) and the government were emphasised. SDC as the co-chair of the Mon State Education Sector Coordination Meeting Group supported UNICEF efforts as being a connector between government and ethnic education systems.

Beyond the construction, renovations and refurbishment of schools, what did this mean for communities? It often meant more teachers were provided to schools and higher grades (classes) being offered, clean water provided through 'life-straw' filters and latrines and teacher houses built.

These upgrades of facilities and infrastructure also had an impact on attitudes to education in communities. Anecdotal evidence suggests that more children attend schools. Parents are more involved in school activities and encourage children to stay at school longer. Communities with newly constructed schools - particularly those that took part in the construction of their schools through the CBO approach - are engaged, proud and motivated to continue supporting the school in various ways into the future (for instance, see MSC story B from Za Le village on page 25).

Looking further ahead, there are many elements of development that depend on improved education in Myanmar's south-east. Teachers and all health staff require completion of 10<sup>th</sup> standard and knowledge of Myanmar language. Given the general lack of teachers and health care staff in remote and conflict-affected areas in the south-east, the likely long-term impact is that more children will be able to assume important roles within their own communities - as future teachers, health care staff or village administrators.

## 4.3 Health

SIRP constructed six rural health sub centres (RHsC) - three in Mon State and three in Tanintharyi Region. All RHsCs were built in very needy and remote locations. In most places, it took more than five hours to reach to the nearest health care service before the project.

In Mon State, the health department handed over one of the project-constructed RHsC to the Karen Department of Health and Welfare (KDHW) under KNU to administer its operation. This is one of the first times KDHW is administering a government-sanctioned rural health sub centre with full parallel health care service to government RHsC services in Myanmar. However there are some mobile health care services in this region that have been in operation under KDHW, and many other community health care centres in other areas as well as in camps along the Thai border.<sup>11</sup>

The national consultant (a medical doctor) visited the SDC-constructed clinics in Billin township and was able to compare both healthcare systems. There is no doubt that both sides have strengths and weaknesses operating in this region. It is important that all actors understand these strengths and weaknesses so that each individual system can manage their human resources, medical supply chains and community health promotion and to be able to provide basic healthcare to the community.

The major impact of the SIRP health interventions was increased access to health services, in particular for women and children accessing the midwife through a clinic. No significant changes in

11. In Billin township there are also two other healthcare providers (non-government actors). These are 'back-pack' groups that provide mobile services and activities. For the Billin clinic supported by SDC, it is the most parallel healthcare service to government rural health sub centre and it is the first in Billin region. It uses its own reporting and management systems. This centre is also supported by American Refugee Committee (ARC) and the International Organisation for Migration (IOM) for malaria and tuberculosis program support.

health-seeking behaviour were found. Communities had already been seeking modern medicine prior to the project. Most villages relayed that they had a practice of seeking modern medicine (people however use traditional medicine for minor health issues). The biggest barrier to reaching effective treatment was the access and roads/ways to clinics and the availability of health staffs. Villages with new RHC supplied by the project or the government reported easier access for antenatal care, vaccinations and better deliveries for babies. In the past, if a village had a midwife but no clinic, there was no adequate equipment for deliveries - so the midwife would need to refer more women to hospital.

The clinic building also allowed mothers and babies a convenient location for immunisation activities. In the past, a midwife in one village without clinic or proper equipment could not assist multiple deliveries at the same time (she could not run from house to house) and referred more patients the hospital.

Barriers remain for government staff to attend and staff new clinics in remote and difficult locations due to hardship context, remoteness and lack of local health staff that have ethnic language skills.

## 4.4 Water, sanitation & hygiene

### Sufficient water supply

Almost all communities that received new water systems from the project reported sufficient water for the entire community, with year round coverage. The only exception was Chaung Hna Kwa village (Mon), which reported two weeks without water last summer due to unusual weather patterns and late rainfall. This should be followed up to ensure this was an exceptional occurrence and that the village has sufficient water and year round coverage.

Most villages with other infrastructure support reported sufficient year-round water, and many communities funded new wells or water systems on their own during the project period. However, some did not have sufficient year-round water supply: Kyo Waing (Mon) reported concerning water shortages in summer. Thu Htay Khone (Kayin) had their gravity flow water system (provided by another NGO) damaged when new roads were constructed and are currently planning how to repair it. Ku Poke and Ka Nyin Chaung (Tanintharyi) still reported insufficient water in summer.

### Potable water

The project did not conduct adequate testing to ensure new water systems supplied safe drinking water. Although the project undertook some efforts to test water quality of new sources, in some instances these results were unreliable, as the testing company in Yangon did not return feasible results for KDN and NRC. SDC was able to send tests to Yangon and Switzerland that showed reliable results.



Children wash their faces with piped water in their compound in Taw Ta Li Village, Tanintharyi Region.

Some test results in Mon State indicated water was unsafe for drinking. Furthermore, despite SDC making some efforts to inform communities to treat the water, communities were not sufficiently aware of these cases, nor were they practicing these recommendations and treating the water effectively.

Crucially, partners across all project sites did not test for coliform (e.coli).<sup>12</sup> This is one of the SPHERE minimum standards to assess if water is potable at the point of distribution.<sup>13</sup> Without knowing whether the water is coliform-free, there is no verification that the water is safe for communities to drink; it could still be infecting community members with water-borne diseases like diarrhoea. 'Point of use' testing was also not conducted. This is to assess whether drawing, carrying and storing water contaminates water. It is recommended that proper water testing be prioritised in all communities where water infrastructure was assisted (see recommendation A.1).

Communities relayed a variety of benefits of increased access to water. These include:

- Saving of time and energy in collecting water
- Year-round supply of sufficient water (in most cases)
- Improved safety for women and children who used to collect water by travelling long distances and in dangerous settings. Previously, some children had drowned collecting water from a village stream.
- Increased use of latrines as flushing water through pan and pipe latrines was cleaner and more convenient for households
- Ability to make home vegetable gardens for household use. Households reported saving money for other goods by eating from their home gardens
- Better hygiene practices (bathing and hand-washing)
- Increased trust that water is clean and less treatment in some cases. This impact needs to be addressed by the project partners, to ensure that the water supplied is actually safe and potable.

### Hygiene and sanitation

Many villages reported increased awareness of hand-washing, latrine use and sanitation. Some villages described little change in hygiene practices, despite a change in knowledge and awareness. Other communities perceived a large change in hygiene and sanitation practices over the project period. This was attributed to the knowledge and training provided by the project, but mainly through other intersecting supports around hygiene from government health staff, and other NGOs.

Most communities relayed that the majority of households were now using hygienic latrines, although not 100% of community members. For any future support around hygiene and sanitation, "open defecation free" villages would be a realistic goal to work towards, especially since the foundations have been laid and good progress already achieved. Most villages were able to list four out of five important times to wash their hands. Increasing water supply to communities had a major impact on changing hand washing and toilet practices. Waste management also improved to some extent. Communities outlined that parents changed behaviour due to children reminding them about using soap for hand-washing.

"Previously, there was so much faeces on the road, now it has become less and less. We still have some open defecation while there are some houses that have two latrines! This open defecation zone is one mile away from the school. In every house we have soap in two places - one in the bath and the other at the basin."

**Mya Pa Tain Naing Village, Kayin, Women's group trend analysis**

There was anecdotal evidence of reduction in diarrheal diseases in some villages. Qualitative evidence suggests an impressive change and upsurge in the use of latrines across all regions – however, this could not be corroborated given the lack of a household survey.

## 4.5 Infrastructure

Overall community infrastructure had the largest increase of all sectors in the trend analysis, from "bad" before the project to "good" after the project intervention.

Roads improved livelihood functions, opening up access to markets - allowing farmers to gain a higher price for crops and reducing prices of household items and food products. Better roads furthermore

**12.** The decision was made during a SIRP secretary meeting in Yangon not to do e.coli testing, since these tests needed to be completed within 24 hours and transport to the Yangon laboratory was not possible in that timeframe. Local equipment to test in field was not available. The field offices followed this decision.

**13.** See the SPHERE handbook on water quality key indicators:  
 "There are no faecal coliforms per 100ml of water at the point of delivery. Microbiological water quality: Faecal coliform bacteria (>99 per cent of which are E. coli) are an indicator of the level of human and/or animal waste contamination in water and the possibility of the presence of harmful pathogens. If any faecal coliforms are present, the water should be treated."  
<http://www.spherehandbook.org/en/water-supply-standard-2-water-quality/>

opened up access to basic health staff, clinic and reduced time in seeking treatment in hospitals. The major contributing factors for this upturn was the SIRP intervention and the overall context of peace, opening up areas that had been largely cut off from any services during the conflict. The SIRP project as well as interventions by the Government, NSAs and other organisations all contributed to increased infrastructure in the target areas.



Children enjoy using and walking along the newly constructed earth road, Ka Meik village, Tanintharyi Region.

## 5. Sustainability

The sustainability of an intervention largely depends on a strong sense of local ownership - local actors' willingness and capacity to maintain the intervention's results. Neither willingness nor capacity is a fixed given. Willingness can be maximised by meaningfully involving the community early on, by developing activities that address beneficiaries' most urgent needs, and by using tools that facilitate a high sense of ownership, for instance by requiring financial or in-kind contributions and encouraging group decision-making processes (for example the CBO approach). Local actors' capacity - skills and know-how as well as material and financial resources - can similarly be built up to an extent.

With these criteria in mind, it was found that SIRP incorporated a variety of suitable mechanisms to enhance sustainability. This chapter outlines sustainability of community-led outcomes, infrastructure outcomes, and of relationships, trust and social cohesion-related outcomes.

### 5.1 Community-led outcomes (Fellows, Village Book/dream plan)

Will the Village Book process and fellows continue after the project concludes? Most communities are aware of their Village Book and their priorities. Some communities in Tanintharyi are not engaged in these community activities and no longer refer to their Village Book. In Mon and Kayin States - where a follow-on 'SIRP 2' initiative will be rolled out, many of the villages have reviewed and updated their Village Books and are "fresh" in their minds.

The fellows' engagement will also extend into the SIRP 2 project. Even when fellows drop out, they often still fulfil leadership roles in their communities. Many villages have volunteers who are 2IC fellows: if the original fellows drop out, these volunteers would replace them. Having that said, the majority of trained fellows remained for the five years of the SIRP project. Out of 29 supported villages in Mon State, 19 fellows remained through the full duration. In Kayin, 19 of 30 stayed in their role. Fellows who dropped out often became staff for the project as field assistants. Complete data for Tanintharyi fellows was not provided.

In Tanintharyi, there is the "Guiding Star", a CBO based on the collaboration of all fellows in that region. They hope to continue to work as a united group to continue community development work in their respective villages. They are still in the "forming" stage and have not conducted any concrete actions as yet, but their motivation and organisation is very promising to sustain community-led outcomes.

### 5.2 Infrastructure outcomes

The study found that communities who constructed infrastructure through a community-based organisation (CBO) approach were more engaged, motivated and equipped to maintain and repair project infrastructure than those supported via the contractor approach. Furthermore, the majority of sampled communities preferred a CBO approach. Figure 5 outlines the study findings of the benefits and disadvantages of both CBO and contractor approaches. Below are quotes from group discussions related to the CBO and contractor approaches.

#### CBO approach

"We used a committee approach for our school, a CBO. We got construction knowledge and we can manage the structure and the form that we need. We can select and decide the best quality of materials. The school is for us, so we want to ensure best quality for us. Contractors are not like this. Yes, we are sure about this, as we have seen the quality of contractors. They don't pick good quality materials. We have an experience in the past of the construction of the rural health sub-centre. The government granted MMK 5 million for this sub-centre. The contractor said they got MMK 3.5 million but the quality of the building did not reflect this price." **Za Le village, Kayin State**

"We used a CBO approach, the engineer calculated the construction and they led us. A CBO constructed the pond. It was good because we worked. We think there are more advantages. Local people know the context and know the condition of land more than outsiders. It also gives us unity; it is always strengthening to work together. Because we helped to build it, we know how to maintain it more." **Wea Ka Li Village, Mon State**

#### Contractor approach

"We had NRC supervise a contractor approach for our road. We liked this approach - otherwise we would be tired. It is difficult to volunteer and hard to even get daily wages and the community does not want to participate. We had a role; we checked the quality. We checked if the slope on the road was good enough or not." **Ka Meik village, Tanintharyi, FGD**



“We used a contractor approach for the construction of the teacher’s house. The contractor was not good. The roof is leaking so much that the teachers cannot sleep in the room and need to sleep outside. We cannot repair the roof ourselves although we tried. The rain comes through the windows. The windows have no shade. There was no kitchen, so the villagers extended the kitchen on the back. The stairs are not safe during the rainy season. Also when it was first built, the house was leaning to one side.” **Khu Poke village, Tanintharyi, FGD.**

Fig. 5 | Comparing CBO and contractor approaches

CBO approach		Contractor approach	
Advantages	Disadvantages	Advantages	Disadvantages
Engages community in construction process	Significant time investment from community	Complied with past donor requirements	In some areas NSAs did not accept and were suspicious of outsiders coming into villages
Aids community ownership	Construction periods are high stress for community leaders	SDC reported quality assurance of large buildings was easier through the use of contractors	Community members were unclear on how to host contractors and sometimes provided them with meals out of their own pocket that was not a part of the contract
Community reported that they take better care to construct with quality materials and methods	Some communities do not have access to skilled labour. If skilled labour in village not available, impossible to construct large size and complex (safety standards; i.e. earthquake resistance) infrastructure	Some contractors can produce high quality construction	Community reported some contractors skimmed on materials and building methods “cheating them” to save money to make more profit
Community learn project management and financial skills and can use these for future community projects	Needs intensive technical guidance and oversight from engineering and finance staff	Contractors are able to understand project specification and sign complex contracts	Contractors sometimes found it hard to get skilled staff to work in remote areas without increasing labour charges.
Communities became motivated to sustain and maintain small scale infrastructure	Implementing agency need to constantly supervise project in order to achieve quality	Contractor agree to 6 month liability in contract	Increasing difficulties to find “good” contractors interested to work in harsh, remote and non state actor controlled areas
Community received daily wages while working on the construction, – sometimes they ‘donated’ this labour to redirect money for more infrastructures.			Social issues with outside labourers, cases of labourers stealing chickens and not paying food/grocery debts in villages.
Community made savings and redirected this to further improve community infrastructure			
Community created more links and improved relationships with NSAs			
Community have increased skills to facilitate small scale future projects themselves			
CBO members had to open bank accounts for the CBO and learnt about banking and finance processes			

### **Kayin State**

School maintenance, water maintenance and village development committees were all present in sampled villages. Six out of eight had their own funds to sustain repairs and additional work. Seven out of eight had detailed maintenance plans. This reveals highly motivated and organised committees to sustain infrastructure for small repairs and upkeep. The sample was heavily weighted towards the CBO approach (four of six villages were in Thandaunggyi that completed community infrastructure with the CBO approach).

"We will rename our CBO committee as a maintenance committee and we will maintain this school. Because this is our craft also - we have to look after it. We slept and lived here for 4.5 months while building it – so we will maintain it"

**Thu Htay Kone Ywar Taung village, Thandaunggyi, Kayin**

### **Mon State**

SDC supported a three-day technical maintenance training that was valued by village committees and showed the most satisfactory maintenance capacity building of all consortium partners.

"We have enough skills to maintain the pond. We attended many training sessions for maintenance during the project. We already repaired it once in 2016 by collecting money according to wealth rankings of each household that we learnt in the village book process. Moreover, we now have other money through the "Mya Sein Young" savings and loan CBO for pond maintenance. We got a grant of MMK 1 million from the government. The interest has now become much more. The government provided training on how to run this savings and loans group. We give loans and charge 1-2% interest. The normal loan rates without guarantees attract 5-10% interest."

**Wea Ka Li Pond Maintenance Committee, Mon State**

In Mon State, seven out of seven sampled maintenance committees have their own funds for repairs and maintenance of new structures (schools water systems and rural health centres). Four out of seven committees had systematic maintenance plans. Two villages with RHCs in Billin were motivated to maintain the building but did not communicate how they were able to do this. RHCs are valued by communities but difficult to maintain due to large size of the building.

### **Tanintharyi Region**

Four out of six villages have their own funds for maintenance and four out of six have detailed maintenance plans in place. The villagers for the Rural Health centre were motivated to maintain the building but were not trained by the contractor/partners on how to conduct repairs. One village did not have an active committee to maintain the road. Motivation and capacity for sustaining the road was insufficient. This road was constructed by a contractor.

## **5.3 Relationships, trust and social cohesion**

Trend analysis results show a clear improvement in social cohesion and community participation. This is likely to continue into the near future if the current climate of peace and the ceasefire agreement remains stable.

Links with government departments, other agencies and non-state actors improved since the start of the project. This was attributed mainly to the improving political situation and ceasefire agreement. However, some communities also attributed the Village Book process in assisting them to improve their knowledge and confidence to approach other agencies, government or NSAs to request their needs. It was clear that formal and informal links have been established between many communities and government agencies, and some agencies had already provided additional infrastructure needs like solar panels, school buildings etc.

Whether these relationships remain active and be sustained into the future is difficult to predict. Government and NSA structures are changing rapidly due to the context, and this element of the project should be tracked and measured in the future. This study has no conclusive findings on the sustainability of these links and relationships.

FIRST  
PERSON  
VIEW

**STORIES  
OF CHANGE**



**Change weighs in:**

Midwife Aye Aye Nwe weighs a young girl at the newly built Rural Health Centre in Kyay Thar Inn.

Her story, as well as those of nine others presented in this feature, give a first-person account of how SIRP made a difference to their lives.



## A Of ghosts and attitudes Aye Aye Nwe

MAIN PROJECT INTERVENTION: RURAL HEALTH CLINIC

**Aye Aye Nwe (36)** works as a midwife in Kyay Thar Inn village (Tanintharyi).

I am a midwife. I am 36 years old. This is my second posting as a midwife, I was posted here in April 2014. The SIRP project decided to build a Rural Health Centre (RHC) building in January 2015. According to my posting, I was involved in the project target area - but I was not involved in the project itself. Now I am the midwife in the newly constructed Rural Health Centre (RHC).

This project is useful and important because previously there was only a RHC in Mee Kan Paw village, which is seven miles from here. Without this clinic, the villagers do not have full coverage for vaccinations and health care, both for prevention of diseases and treatment.

I am the first midwife here in this clinic. This is a remote and conflict-affected area, which meant that the health knowledge for the villagers was quite poor when I arrived. Even for immunisations I had some difficulties. They did not know that immunisations are a must. Women and families did not know to take antenatal care and to get assistance from a midwife at the time of delivery.

In the past, I could do little on my own. Now that there is this RHC, and that I am attached to this building, people are more convinced to get primary health care like immunisations and antenatal care.

When there were no facilities, villagers thought it was ok that I visited them in the village. However, now I am attached to the RHC, it makes me stronger; people trust me more than before.

### Changes

Initially, I did not know much about the SIRP project outside this clinic. When I first arrived here in 2014, the village administrators built a house for me. However, it was just a house - not a clinic! This house was small and I did not have enough space for patient consultations. Also, I could not assist deliveries in that house.

Throughout 2014 and 2015, I assisted more than 40 deliveries. As these took place in people's homes, I was not satisfied with the hygiene of the settings. For the immunisation service, the house was too small to collect people and give immunisations, so I needed to go to the church or some bigger place every month.

At those buildings, hand-washing space was not convenient. Hand-washing is important for immunisations. Before every shot, I need to clean my hands, otherwise it is not good. I had a bad experience with this. Once an immunisation injection I gave in this setting went septic from the home service immunisation. However, it was treated and cured by me with an ice pack.

Without a clinic, the villagers do not adopt the habit to visit the clinic for tetanus immunisation for pregnant ladies. I like them to visit the clinic. By visiting the clinic, they can improve their knowledge by seeing the posters and things like this at the clinic.

Now the government has a new policy: they only provide medicines to midwives who are attached to a RHC. So before the clinic was ready, I didn't have any medicine support.

I also could not give full antenatal care to pregnant women in their homes. For example, I could not measure their weight, height, or provide flyers - and there was no standard examination table. Now with this clinic setting I can provide full antenatal care service and coverage. Women now come to see me.

When the clinic first opened in January 2016, people did not come. They didn't have this habit at that time. For immunisation activities, I went around the village and asked them to come for the next month's immunisation. I convinced pregnant women to deliver their babies in the clinic.

My husband also helped to transport them with his own car - not only for deliveries but also for antenatal care patients. He took the pregnant women to the clinic and back! He even carried some patients to the car and during that time their waters broke - and this was in his hands! In previous days, women who I helped deliver in their homes did not follow strict safe procedures, they wanted to manage on their own.

### The first delivery in the new clinic

The first delivery in this clinic was the daughter of the traditional birth attendant - so this was lucky. She got abdominal pain for two days. It was not true labour pain, but they didn't know this and they pushed down on her stomach. This was her first pregnancy. So after two days her pain became too severe. The husband came to inform me. My husband and I went to see her and brought her to the clinic in a homemade stretcher.

After two hours of true labour pain, she delivered safely here. This mother also had a retained placenta. Some of the placenta was left in her uterus, so I had to do a manual removal. The time to reach hospital is over three hours, so I tried manual removal under uterus contraction augmented medicine. Then she was fine! I kept her here for seven days. Now this baby is almost two years old, a baby girl.

### Overcoming ghost stories

When this building was under construction, there was a rumour. The mason and carpenter saw a ghost family here. Then it became difficult to persuade women to come to the clinic for their deliveries. Villagers came to ask me if I had seen any ghost when I stayed here alone. But I did not see anything - not even an animal! I am not scared to stay here

alone. Now I have had 32 clinic deliveries in 2016 and 8 in 2017. All were healthy, and only one needed to be referred to Dawei hospital. She needed a blood transfusion due to a retained placenta. There have been fewer deliveries in 2017.

### Challenges

In January 2017, a new township medical officer (TMO) started in this area. Based on her instructions, I now need to refer all first and fourth pregnancies of a woman, as well as older pregnant women to Dawei hospital. This is her instruction. That is why we referred, but most of the women did not go to hospital, they went to the traditional birth attendant in the village instead and they said I am not brave enough to deliver them.

Now I am doing fewer deliveries, I am focused on maternal and child health but I am not satisfied. But I strictly follow the TMO instructions. However, it does not work, as they did not go to hospitals as referred.

I also have challenges to manage this building and I want people to understand my situation. When women come to deliver, they may stay for three to seven days. It depends on the distance to their home, not on the condition of the patient. They bring their whole family and stay that long. This is an issue, as they do not have a "town" standard of hygiene. There is only one toilet - which is for me - but when people stay, the patient and they whole family use this toilet and bathroom. If they stay long, it means they don't keep it in a sanitary way - they don't clean it.

They also cook in my kitchen. It is hard for me to keep the clinic clean myself, especially when people stay here for that long. I don't get assistance to clean the building and toilets and kitchen.

Once, when I was away from the clinic, an outside visitor came and saw the kitchen was dirty. They reported this to the district and I got in trouble. They told them I was dirty, but I am not able to keep this whole building clean myself, especially when families are staying here.

I can't clean all of this and also do my duties well. I don't have free time for regular cleaning. Now after getting reprimanded by the district authority about this, I want to leave. I have put in for a transfer. I was told in the meeting in front of many people about not being clean. I felt ashamed and discouraged.

I really respect my duties, and even my daughter is sick at home right now and I don't leave my duties here in the clinic to take care of her. I would like to have more support to keep this building clean. It is hard for me to request this assistance to the families who stay since I don't speak Karen language.



**B Reinigrated education** Daw Thein Tin  
 MAIN PROJECT INTERVENTION: **SCHOOL CONSTRUCTION**

**Daw Thein Tin (52)**

lives with her husband, four daughters and a disabled three-year old son and 90-year old mother. They have their own farm and live in Za Le (Thandaungyi, Kayin).

I have been involved in the SIRP project since the very beginning - attending meetings and gathering people for meetings. I also took part in the village book writing process. I am a member of the School building implementation committee. I attended the sanitation "4 cleans" training by Norwegian Refugee Council.

**Was the project important?**

From the start of the project until now, it is important. We need this project more and more and even into the future. It is really important. We learnt how to become involved in community development and we can talk in front of the people. In previous days we attended meetings, just to show up. But we were not involved much in discussions or any decisions. Since we finished the village book process, we can now talk a lot and get involved properly in every meeting.

**Changes – linking with others**

Villagers have all become enthused over the meetings. They now talk more and participate more in the meetings. Their view on trainings has also become positive and they even asked for more trainings. Some of the villagers grew dissatisfied because they could not attend trainings (that had limited numbers). They also have new things in the village like 'life straw' water filter in the school, and fresh knowledge from the training. In the past, the villagers only considered themselves, but now they think about the whole community as well as village development.

In 2017, when the project constructed the new school building, the parents became more interested in education. Before that time, teachers moved on in quick succession because they felt that they were not safe in the old school building. Now teachers can stay here longer and are proud of new school building.

Students are also happier than before when they attend classes in the new school building. They want to go to school from very early in the morning because they are happy there. As the children are happy learning in the school, parents also try to get more involved in education.

The villagers can now communicate to the organisations such as the "Karen Women Education Group" (KWEG) when they come to the village - much better than before. With KWEG, the villagers know how to welcome them, how to organise things, how to proceed further and how to plan for the activities. The village committee realises the value of transparency by learning from SIRP. The committee has a habit of calling meetings for discussions; this is a habit they adopted from village book writing process.

Long before the project, the villagers depended on traditional medicine when they got pregnant. But now they seek the healthcare service in the Rural Health Centre (RHC). Because they get more health knowledge from SIRP, they are now seek healthcare assistance if they feel unwell. They even ask the army for help to transport sick people.

Since 2015, more young people have gone to foreign countries for work - resulting from the wider vision. Now there are less youth in the village.

**Women in community affairs**

Before 2013, women were not brave enough to be involved in community meetings. Now they are happy to be involved in community work. They are more involved because of the new social communication style. They surprised themselves by their participation. I said to them "what a change, the meeting room is full of women who previously could not be brought to a meeting even by tying them with a rope to drag them in!"

**Most significant change**

The most significant change from this project is the new school building that we could never think of, or dream of in our life. When the building was finished, we thought it was finished but school furniture was installed too and we were madly happy and astonished.

That school also has quality toilets built with modern materials. Although some other villages asked for a school many times they did not get it. For our village, we got it because of our fellow. We got it through his good leadership and skilful facilitation. He is the first one who we have to thank for this school. He is

educated, gentle and can mobilise the community well. If he were not like that, the village book would not exist and we could not have this school building. We learned communication skills and also gained some knowledge by watching him. He is our model.

For our new school building, NRC even provided a school bell - now we can hear the school bell ringing in our village. I am now too old to become a teacher but I can become a night guard of the school if necessary. I am very proud of this school and I am willingly to maintain it. This is a strong wish from my heart.

Now the student dropout rate has decreased because the students can attend here up to the end of year 8. Now you cannot see the child at home or on the street during school hours because all children attend. In the past, after passing year 4 (between 9-10 years old), most of the students did not continue schooling. But now they do not need to go to other villages and they try to attend more competitively to each other in the new school.

Even students from neighbouring villages try to attend to our school. This school is a village tract school. We are really proud of it. Parents try to send their children to school because of the new building. They look

around the school every morning. Due to respect for the new school building, almost all of us become more careful in waste disposing. Now the new organisation "Action Aid" arrived to our village through NRC connection. We also welcome them. We also hope for some support from Action Aid like some awareness sessions training at least - even if we can not get more infrastructure like this school building.

### Challenges

Gathering people for meetings was a real challenge. We tried to overcome this in our own style and ways. Sometimes we treated people with some food and snacks to entice them. Now we can gather people easily just through some phone calls. This is because of the hardware - the new school building - and also because of our efforts.

### Suggestions for improvements

Please put more training programs for youth. Only then will youths remain longer in our community. The young people are interested in the project and activities because of SIRP. Please conduct sanitation training on the "4 cleans" more frequently because we feel that only three days for the whole community is not enough. Only a few people could attend it and there were still many people who would like to join it. We also need livelihood training or vocational training.

## C From drops to flows Naw Shwe Thet Wah Oo

MAIN PROJECT INTERVENTION: **WATER SYSTEM**

SDC and Action Aid came to our village and explained the project. The villagers agreed and accepted this project. The project staff called for a meeting. They informed the villagers that they are going to select youth with an interest in village development work. Three people were identified. Then the village leaders used a voting system and they obtained 33, 27 and 19 votes respectively among three youths. I scored 33 votes and became the village fellow. I have become interested in the village development.

I helped to organise meetings after discussions with the village chairperson. I became personally involved in the project implementation. I was tasked as a financial clerk. I was involved in the women's sector and provided inputs for decisions. I have attended trainings related to the village development and shared back to the villagers after the trainings. I got involved to help village affairs. I attended meetings as a village representative, and participated in the maintenance committee to help for the short-term activities. At the same time, I am an auxiliary midwife, so I have to assist the midwife in connecting with pregnant mothers and children from the village.

### Project relevance

The project is important. When I was young, I had to study under the monastery or under the trees or at homes of others, as there was no school building. It was a joint school with Belamu village tract school



**Naw Shwe Thet Wah Oo (33)** is a project 'fellow' and works as an auxiliary midwife. With her husband and a seven year old daughter, she lives in Wet Swel Phyu (Ye township, Mon State).

and only went up to grade two. Later, the school became a bamboo-walled school. It had progressed to accommodate up to grade 3. In 2012, it became a proper primary school. From 2013 onwards, after the development of the village book, a UNICEF project supported the building of a primary school. Now, it also includes a middle school, and the SIRP project provided the "life-straw" water filter at the school so that children have their own water bottle to collect water for drinking. That's why children do not suffer from the water-borne diseases anymore.

The SIRP project supported the water gravity flow system. It is very useful for the whole village. We are living in a highland area, and previously water was scarce. During summer, the village had to rely on the creek water. That creek had been used by all the people and also by the cattle - so the water was not clean. It affected the village and people got diarrhoea and skin infections. It was also dangerous for those who swam or bathed in the creek.

Some children fell down while collecting water and drowned and died. It took time to collect water from the creek. I felt annoyed when there was no water left at home when I came back from working on our fields; it was tiring. Now, with the SIRP project, we have the water gravity flow system for water supply - and we are free from those difficulties. We can grow some vegetables in the house compound gardens. The water system is checked everyday and if there is a problem, it is repaired right away. There are two villagers assigned to look after it. If they notice a damage, if it is within their capacity to fix it - if not, they inform the village water committee.

### Changes

I did not want to go to village meetings at first. Now I am leading meetings! As I am the auxiliary midwife, I only knew how to give injections before, and did not really know how to link up with villagers for immunisation to have a better coverage in the village. The road condition was also bad. Later on, I got to know how to link up the villagers with the midwife.

My mind has changed and now I take the responsibility for village affairs. I have gained more confidence and dare to speak in front of people. Training experience was shared back to the villagers. Now I can better organise the villagers.

### Most significant change

Previously, there were only six tube wells for 140 households, and there was no water source at the highland areas of the village. During summer time, villagers had to go for water collection, very early in the morning, around three o'clock in the morning and had to queue up for their turn. Water was usually available only at two out of six tube wells. The tube wells had no cover and were just left open. After many people had collected water from tube well, the ground nearby became very muddy. Some brought water buckets on the wheel cart for water collection. It was far from the lane that wheel carts can access.

Later on, the village monk mobilised the villagers to set up the water from the mountain stream.

Villagers had to pay MMK 25,000 (USD 18.10) per year for water supply. But the water was not enough. There were two water pipes lines in the village; the rich man on the village owned one and the village monk owned the other. These pipes were combined to supply more water. But still the water was not enough.

Finally, the SIRP project started in 2013, and the village book system was established. The village needs were identified and prioritised. The water supply system for the village was decided as the first priority and so it was implemented as the first priority.

The villagers also negotiated with the village monk and the village rich man as the village established a new parallel system, which can affect their income. Since the set-up of the water gravity flow system, the water has been enough for the whole village for the whole year.

Now there are rules in order to avoid improper use of water, and to save water whenever possible. The water supply hours start from three o'clock in the morning up to eight o'clock in the evening. I have attended the maintenance training, and the knowledge from the training suggests having a maintenance fund. So we collect MMK 5,000 (USD 3.60) per month from each household. The maintenance includes short- and long-term support. We will also give loans to villagers so that the fund amount increases by this revolving fund.

### Challenges

At first, it was difficult to organise people to establish the village book. As one person cannot do it, we had to organise the villagers and develop the village book in line with people's needs. It was so difficult to organise. After the stop of the sounds of guns (ceasefire), we did not know of any other organisations. We did not know about development and we were afraid of having to pay unofficial taxes. We were called by the KNU for interviews when they knew we were engaged with the project.

As a fellow, I have to do home visits to organise people. With the help of the training, I gained knowledge to face problems. I brought all the necessary documents and met with the KNU to explain about the development project. After reviewing the documents, the KNU was convinced that these are the documents from non-political agencies and they finally accepted the project. In the past, even the village administrator was hiding for this issue. Later on, even he became interested. SDC staff came to village frequently and explained very well. The KNU understood it very well too.

### Suggestions

Starting with village book is good as we can develop and follow village needs. Future projects should also use the village book approach.



**Sayama Su Thae Mar (35)** lives in Ka Meik village (Tanintharyi). She works as a school teacher and lives with her husband and three daughters.



**On solid ground** Sayama Su Thae Mar

MAIN PROJECT INTERVENTION: **ROAD CONSTRUCTION**

I was a member of the Repair & Maintenance Committee for this project. I have participated since 2014. My main task was to assist financial matters and book keeping.

### Project relevance

The project was important for me - the village road has become better and it has reduced the travelling time for things like health, education, and social affairs etc. Previously it was difficult to use the road. I always arrived late at meetings. The road was slippery and I fell down two to three times. Now it is quite convenient for me and for my school students.

### Changes

Transportation was quite difficult before the project was started. It was difficult to access the health centre and the school, as the road was muddy. All the people including children were using only this road. The students fell down a lot, as the road was slippery and muddy.

I had to get up very early in the morning if I needed to travel to town for my education work. If I did not manage to prepare things ahead, all my plans had to be cancelled because I missed the public car. I was late many times for my work in town.

Since this project, the road is a lot better. It is good for the children too. The truck can use the road. I don't need to get up early in the morning to go to town. If a child is sick, we can send them to hospital by this road. The health status of our village has improved due to increased access.

There were many road traffic accidents using the old village road. There were motorbike accidents - motorbikes fell down, and people suffered from broken bones and injuries. Now it is ok for both pedestrians and the ones traveling by motorbike.

When the road was not in good condition, the prices for material goods were inflated. Now it has opened the access for the big trucks and we have better access to markets. The prices of materials have become a bit lower than before.

### Most significant change

The most significant change that I see is in transportation - which has become better. It is now easier to access to town. The whole village and also myself are very happy about it. Previously, the road was unstable and once, the villagers had to give MMK 900,000 (USD 650) to repair the road. The road was very narrow before and now is wider.

People were afraid of using the old road as there were very few people passing by and people felt unsafe to travel. With the better road, people built more houses along the road and the road has become populated. People feel safer than before.

The villagers were quite happy when they heard that there would be a project to support the village. The villagers asked me whether they needed to contribute money for the road, and I explained that it was for free. But I encouraged them to participate as one of the basic pre-requisite of the project. I also provided suitable advice to the road construction workers to use better foundations for the road. I suggested the locations to collect the earth for the foundation.

### Challenges

I personally see no challenges. Since we have formed the repair and maintenance committee, the villagers and the committee members have come to know more about the project. In the past, the villagers did not participate in meetings, as they did not understand what the leaders do. Still this time, the villagers also did not participate well for the road construction.

The road had been repaired and renovated several times before the project - and it seems like they lost their motivation and trust. But I had to continue to encourage the villagers to participate. Later, the ones who avoided helping the road construction joined to help others.

### Suggestions

The project was generally good. If you have another plan to support our village, we would ask for an asphalt road. You can put the asphalt on the surface of the current red earthy road to make it better.



## A better school Naw Tha Bal Htoo

MAIN PROJECT INTERVENTION: **SCHOOL CONSTRUCTION**

### Naw Tha Bal Htoo

(14) is an 8th grade school student. She lives with her parents, uncle and five siblings in Tha Htay Kone (Thandaunggyi, Kayin).

### Project relevance

The project was important. Our village has only few young people who finish year 10. Our former school was narrow and old. I am very happy to have new school building but I could not attend to it. It is meant only for younger students.

### Changes

The main issue of our old school was heavy rain that leaked through the roof. The ceiling had big holes. There were usually several years in the same classroom. And there were noises and disturbances from other classrooms. For us in year 8, there is a separate classroom - but the year 7 and 6 classrooms are close to our classroom and it was still noisy. The students sitting in the last row of the class could not hear to the teachers sometimes. In dry weather, our teachers took us outside under the Eugenia tree for our lessons. But during the rainy season, we could not go there and the teachers needed to increase the volume of their voices to overcome the noise of the loud heavy rain falling onto the metal roof. Sometimes teachers lost their voice after teaching one lecture! Some students could not hear to teachers' voice and even failed final exams.

When younger students move into the new school building, there will be less noise here and they will better understand their lessons.

At first, we also wanted to attend the new school building but we realised that it was meant only for younger students. However, we are also satisfied with this priority to younger students. Because this new building is built with brick partitions, it can reduce the noise - it is more suitable.

### Most significant change

The biggest change for me is the new school building. I have never seen a school like this before. I feel that even the school toilets are better than those of other schools. We can see the school bell in it. In the past we only had the metal rod to sound the alarm for school time. We knew the school bell only in the literature but now it is in the new school. The school bell is quite big but we have not heard how it can ring yet.

Oh, the other new thing is the slope (disability ramp). There is a slope in front of the new school building. We do not know what it is and what it is for but later we saw some disabled people are pushing up sitting on the chair along that kind of slope in the movies. It may be for that - how nice is it! The roof is also built in brick instead of bamboo and nipa palm. So it will last longer. All of my friends and I want to attend the school in the new school building but the teachers told us we are not allowed and it is only for younger students. For us, it is just for watching and for feeling happy.

The younger students are eager to go to school in this new building. My cousin refused to go to school for many years but this year she told us that she would like to attend to school. We all are very surprised and happy to hear that. The more students go to school, the more will pass year 10. So far, there is only one in our village who has passed year 10. In my opinion, if there are more students who pass year 10, there will be more teachers and more midwives arising from them. Then we would become more and more educated and healthy from the good care of these native teachers and midwives.

I am now in year 8 and I am quite sure that I will pass it. Next year, I will attend high school in Pyar Sakan village. When I pass my matriculation exam, I will become a teacher and my dream will come true.

### Challenges

During the new school building construction, the classrooms for years 2, 3 and 4 were built in the cement. So these children needed to move to our school building. It was quite tight and uncomfortable for us. When iron bars were prepared for the new building, the headmistress told us not to approach them; she said it was dangerous. It was also a scary time. But when we saw the new school building finished, every challenge disappeared from our minds.

### Suggestions

This new school building was not meant for us. The teachers told that it is only for younger students. Why don't they build a new one so that we could also be in it?!



F

## Health services nearby - at times Daw Phyu Phyu Win

MAIN PROJECT INTERVENTION: RURAL HEALTH CLINIC

I got involved in the project in 2013 when they gathered people for meetings. I am a member of the rural health clinic and maintenance committee. The health clinic is closed most of the time. The key is with public health supervisor posted in the clinic. The fellow has one copy of keys set but not for the consultation and drug dispensing rooms.

My duty is to keep the clinic clean. The health staff told us they would do the cleaning inside the clinic but they only come here three to four days a month. Their longest stay here was one week. We only take care of cleaning the compound.

### Project relevance

The project was important! The clinic is important but of course this is not useful when it is closed. When it opened there was no medicine. We needed to buy the medicine from the shop. There is no pharmacy in our village but the clinic even did not have the basic medicine that we can buy from the village shop!

### Changes

The clinic has provided a change. The “4 cleans” sanitation training provided by the project was useful. One time they conducted ‘PHAST’ in the village and ‘CHAST’ once in the school. Oh! The life straw water filter is very useful to all of the students in the school.

### Most significant change

The most significant change is our feelings. For us here in this village, we needed a clinic very much. Before the project, we only depended on modern medicine itself. We bought medicine for minor

illnesses and went to the clinic or to the hospital in Kyike Kaw or Thathon for referral or major illnesses.

To get any medical treatment took such a long time. From our village, first we needed to walk 15 minutes to Kyoe Wine Kan Nar boat stop. Then from there, we had to take a boat for three hours to reach to Kar Mae. From Kar Mae to Thathon took us another two hours in a car. Alternatively, there was a midwife in Lay kay. This was a three-hour motorbike ride in the dry and three-hour boat trip and one-hour walk in the rainy season.

In 2014 the project confirmed that they would build the rural health sub centre in our village. It was the greatest news that we ever heard in our life. We were very happy.

It was built by contractors and the contract with the whole team came into our village and they started construction. We were very curious. The whole village tried to find out what it would look like and when it would be finished. The villagers tried to get involved in the construction with whatever they could do. We were very excited.

In 2015, the clinic was finished and all medical equipment installed. It was amazing! When we saw the building, the colour, the furniture and the equipment, we were surprised. It also has the delivery room. Yes, this project surprised us.

This clinic would be managed by the government. Oh! It was better for us because we expected the

### Daw Phyu Phyu Win

**(38)** lives with her husband and five children in Kyoe Wine (Billin, Mon State). The family makes their living from farming.

government health system to be more systematic and stronger than the other system. What good luck for us! We felt content.

On the clinic handover ceremony, the midwife came to attend to it. We got the clinic and the healthcare provider together. We were very proud.

We provided the midwife the home wares, the bedroom accessories like bed sheets and also fish and meat. We visited her and accompanied her to the clinic but she looked unhappy. She was single and she would like to go back to her town. Her native village is Chaung Sone near Be Luu island in Mon state. She told us that she did not want to stay alone in the clinic at night. So we sent a female villager to the clinic to accompany her at night. But she still looked unhappy. We felt worried and afraid. Then she left us. She closed the clinic most of the time. When we tried to consult her, she told us she did not have medicine. We were angry.

We discussed with the fellow and we held a meeting on this issue. We went to her supervisors in Lay Kay rural health centre and told them all our difficulties. Then the supervisors replied to us that she would soon come back with a public health supervisor. Yes, they came back but both of them went out again.

They stayed in our village only two to three days. They closed the clinic most of the time. When we asked

them they were talking back in anger. We were very frustrated.

Then some months later we heard that she would be transferred to another village. We had no midwife for almost five months. Our beautiful great clinic was closed. There were no deliveries in the clinic, no antenatal care and no consultations. Today the clinic is also closed. There is nobody in the clinic.

Three days ago, a new midwife came to the school for school health awareness sessions for the students. She was another midwife. She told us she would come back to the village and stay here with us. We have some hope. Now we are hoping to see her soon. We feel very pleased whenever we see the clinic building but we would like to have healthcare staff and medicines as much as possible.

### Challenges

We are still in the challenge phase. We do not have enough staff, medicines and other things. Please help us to have healthcare for our children, please cover something for deliveries also. Please help us to overcome our difficulties.

### Suggestions

Please do proper plans at the start to make everything more suitable and reasonable later.

#### Saw Wai Wai (51)

lives with his wife and son in Taw Ta Li village in Tanintharyi. He leads a non-profit organisation and works with religious leaders.



#### G

### A sense of unity Saw Wai Wai

MAIN PROJECT INTERVENTION: **WATER SYSTEM**

Since the project began in July 2013, I have been a "fellow". I was not counted as a committee member but I always help whenever needed. For example, I helped in the water supply system. I assisted in all kinds of work such as carrying the stones and zinc plates for construction.

### Project relevance

The SIRP project was so important because we had big gaps - many needs have been narrowed down.

### Changes

As part of the project, people have learnt about cleanliness and hygiene practices. The children have come to know how to practice good hygiene and remind their parents to also get involved. Then we can expand our knowledge to those who need it. At first, parents just left it when the child had defecated on the floor or ground. Now, they practice to cover or bury it in the ground.

There were many houses without water. They were not able to manage to dig tube wells on their own due to their financial situation. The geography is not favourable for digging wells and getting water easily. Before the project, there were only two tube wells and in summer, we had problems. There were big queues of people to collect water. You know, the water was

not clean but the people had to do use it as we had no other choice. It took our time and some of our jobs were delayed. One of those two tube wells in the village is mine. But I could only collect water once a day, as I had to consider others. People got water mainly for their cooking and drinking needs. The villagers had to soak a cloth with water and wipe themselves for bathing only.

It was really a nightmare to queue up for water - especially in summer. The villagers had to collect water after their work. As it took time, our dinnertime, and bedtime also became late. During the rainy season, the villagers were able to collect rainwater from their roofs or from tube wells. For bathing, they went to the creek. But this was not safe for the children, especially the little ones around three to five years. When children went to the creek and when it took longer, parents became worried and had to follow them.

The main thing that has changed is that our water problem has been solved. Now we have no worries for water. As a consequence, we have more time to do other positive things. The pipe system also helps for the mass use of water - such as for the village donation ceremony and religious events. As the water comes from the pipes, you can just open the tap and you get the water.

Another change is that I gained trust from the villagers as I served as a fellow. Now I feel like I have become an essential person of the village. I attended some trainings and know a bit more than before. The project is very beneficial both for the village and for me personally.

### Most significant change

The most significant things that I mentioned earlier are that the villagers gained some kind of wisdom and knowledge. Their practices changed. They now participate in village affairs and they rely on themselves. They can coordinate with others to get work done and they have broadened their social scope. They now know it is important to emphasise their children's education and health. In the past, the health staff had to go from house to house for the sake of their health. But now the villagers became more organised. They group together more easily.

I see that the villagers have become more united because of this project. They were not like that before.

They were quarrelling, were not able to negotiate and consider each other's needs. They believed that participation in the village committee would not change anything but now they have changed.

They were involved fully when the water pond was improved. They were not just sitting as if it is not their responsibility; they took part as if it was their own. They are more accountable than before and can speak up with anybody related to village affairs.

They have less fear than before - they see the success of their engagements: the new gravity water flow system.

### Challenges

Initially, it was really hard to organise the villagers. We tried to get 50 people to work together for the renovation of the water pond. Some couldn't give even give two hours in one day: they had no motivation or they prioritised their time for themselves only. So, the village leaders had to use authority and so it took longer than two hours of work just encouraging them to participate.

Sometimes the construction was conducted during the rainy season and so the villagers did not come when it was raining. So it took longer than it should. Also, carrying the stones was delayed, as we could not get enough labour support. We had to be patient to overcome such difficulties of organising things.

We were patient as we did not want to lose the help of the agencies because of our own mismanagement. We did not want your help to turn to nothing in our hands. After all, this assistance is for all of us, isn't it?

For further sustainability, we collected MMK 500 (USD 0.36) from each household for water supply and to pool funds for the village. Now with all of our efforts, we can see what we have achieved. A success! I am very happy and proud of it.

### Suggestions

It would be great if the project and us could go to other locations and villages to share our knowledge and expertise there.

Another thing is the timing of project. It needs to look at the seasonal variation. For example, it was the time for harvesting the paddy in the farm when the water gravity flow system was being built, and the villagers gave their time for harvesting. So, they couldn't come or participate, as they first have to prioritise their families' earning. For me, I couldn't even clean the mess in my own garden at that time!

In brief, the project needs to be relevant with the village's needs - in fact this project meets the needs. And from our side as well, we need to prepare very well to help identify the needs and gaps. This should be encouraged all the time for any further projects.



## Against many odds Nan Khin Htay Yee

MAIN PROJECT INTERVENTION: **SCHOOL CONSTRUCTION**

**Nan Khin Htay Yee (23)** lives with her parents and three siblings in Mya Pa Tain Naing village in Kayin State.

I currently work with Action Aid on village development - I am the village fellow and I am the finance chief for the "Mya Sein Yaung" Committee. I started as a fellow in 2013. Our village administrator asked me to attend a one-month training. During that month, we were trained in many things about development. Next we were trained on how to use the village book. We were also trained on how to network between villagers and other sectors.

We also organised a youth group in our village. We raised the funds from our youth group, and I am the finance controller in this group. Since 2014, I have also been involved in the "Mya Sein Yaung" funding group.

### Project relevance

The project is important and effective. It gave birth to the fellows. They constructed the school and they mobilised the village community. They also tried to raise women's roles and involvement. The villagers also received training on the '4 cleans' for sanitation.

### Changes

The most obvious thing that has changed is the school. Although there are many students we only have a few high school students. In the past, the school was old and the system was weak - so the community was not much interested in education.

Now NRC constructed the new school building, and the community built the teacher's house by themselves. Now many more students go to school because the parents are now interested in education.

In 2013 there was only a muddy road in our village. After the rainy season 2013, the youth group funded road improvements. Now we have telecommunication access and since the road has improved, everyone's business has improved. The Karen Baptist church (KBC) team also takes care for women health. Now I passed my matriculation exam and it is due to encouragement from NRC staff. It is also a change.

In the past, it was very difficult to gather people - and most of them were men. Since this project, women attend more meetings. Now, whenever gathering people for any organisation (Save the Children, Mya Sein Yaung), people automatically attend. They are more involved in discussions and decision-making. We now know how to connect the community to other parties and organisations.

The last change is about latrine usage. Now we have more latrines in our village from the health and sanitation awareness session provided by NRC. We adopted hand-washing habits with soap because of this knowledge.

### Most significant change

The most significant change concerns the village book. I have an unforgettable memory, one day the monks called me to show them the village book. When I first tried to explain about the project, they were not convinced. They kept talking about religious mission problems. They felt discomfort and did not believe in working with internationals. They asked me to leave the village book in their monastery and I left it there. That night, I could not stop crying because it was very difficult for me to finish it.

After two days, the monks returned the village book to me and told me "you are doing a good job." The next thing, the ethnic armed group prohibited drawing maps in the village book. They said that this project would try to win the village. They also did not allow construction of the school. I tried to link them with the project staff. Then it got solved. I felt "oh!" A fellow's life is difficult!

### Challenges

I had so many challenges. I was very young when the project started five years ago. No one cared what I said because of my young age and because I am a woman. I tried to gather informal meetings. I visited their houses and introduced the project indirectly. Eventually some of them got involved in meetings. Later they admitted that I am doing good things for the village. Now I get along well with them and I feel more confident in myself.

### Suggestions

The time between completing the village book and the implementation is quite long. I wish next time not to take too long to implement the project please.

The fellows' training is long. Some villagers had doubts - I was away for so long, and they suspected that I was involved in politics and other sensitive issues. Please consider this when planning trainings.

**Saw Eh Muu**

(11) lives with his parents, two elder brothers and three younger sisters in Kyauk Phyu (Tanintharyi). He attends year 4 at the newly constructed school.



H

**Happy at school** Saw Eh MuuPROJECT INTERVENTION: **SCHOOL CONSTRUCTION**

I was involved in the project through the personal hygiene training. Initially after the training, I washed my hands with soap, but now I don't do that anymore - not too regularly.

**Project relevance**

I think it was important because I feel happier to go to school. The school looks neat and tidy. I am happy to attend such a good school. In the mornings, I go to school a bit earlier because I am happier to play at the school.

**Changes**

We now have the new school building. I was not happy to go to school in the past because the school windows could not cover us from the rain. The raindrops used hit me through the window when it was windy.

Previously, I did not come to school early like now. I played at home, then left for school at the school hour.

When there was heavy rain, I brought extra clothes and changed clothes at school. The teachers did not come to school on time, as the road was bad. Since the construction of the school, I am much happier than before. The compound is wide enough to play.

In the past, teachers did not come to school regularly, they only attended school four days a week. The other day was for their traveling from their village to our village school.

Nowadays, the teachers are no longer absent like before although the road is still bad. Our school goes up to year 4. Altogether, we have three teachers at our school. An exam was held one time this year, and I passed in all subjects.

**Most significant change**

The most significant change is the school, as well as better hand-washing. From earlier school classes, I learned that I had to wash my hands with soap before eating, and after using the toilets - already before the project taught us this. I knew this - our teachers had taught us. But I did not practice.

I started to practice regularly after the personal hygiene training. I used soap to wash my hands because I noticed that there are dirty things or the worms' eggs under the fingernails. When I eat with those dirty hands, I can get cramps. I would be suffering from dysentery.

But over time, I have lost practice of hand washing with soap after going to the toilet - because I didn't have soap. But before eating, I still practice washing my hands with soap.

I was not happy at school before. I was not very playful with my friends at school. And there was not enough space to play at school. Now we have got this new school building where we have got wider rooms and compound. I feel happier and safe at school.

**Challenges**

I saw my friends not washing their hands. I told them "your performance points will be deducted because you don't follow the hygienic routine".

**Suggestions**

If there is another project coming, please provide more personal hygiene sessions and other trainings for knowledge.



H

**Confident.** Saw Ne Le GayMAIN PROJECT INTERVENTION: **WATER SYSTEM**

I am a fellow, a development youth worker. I took part in the project even before I was identified as a fellow. I already helped another fellow as a volunteer. On, April 8, 2016, I was elected as a fellow in the village meeting organised by SDC.

I have contributed for the village work such as the school fence, and I was involved in the discussion among committee members. When the SDC field team visited to the village, I had to organise with the village committee to connect with villagers.

**Saw Ne Le Gay (21)**

lives with his parents and two siblings as well as his wife and two-year old son in Chaung Hnit Kwa village in Mon State.

I also shared back to the villagers the information and training that I received. One was a four-month training provided by KNU and AAM, and there was also some training from SDC.

### Project relevance

I think the project was important. Now there is something there that was not in the village before. For example, we have a better school, water, and increased knowledge. Since knowing the '4 cleans', we came to know where to dispose the waste. The village has become more disciplined and better managed. KNU also provided environmental care training and we came to know how to care and maintain the environment we are living in.

### Changes

Previously, I had no exposure to trainings. I was not confident to stand and speak up in front of people. After receiving training, I gained knowledge and became more confident to stand on stage and speak out. In previous days, I did not dare to show up to the village tract administrator, township administrator, or township education officer. I saw myself to be too small.

Now, I know how to link up with the government departments and how to co-operate with them. Now, I know what I should do in a month. I can schedule the "monthly to do list". I feel like I have become an important person in the village. In the past, when I met with other villagers, I was only talking about the general things, but now I can discuss about the monthly program or tasks with the village committee members and chairman.

They ask me questions and seek opinions too. In the past, I was recognised only as a villager but now I am a fellow. I see that the committee trusts me more. The other villagers greet me when passing. I am so happy to be an important person in the village. I feel that they trust me as a leader. I can now work more co-operatively.

### Most significant change

The most significant change we can see is the new water supply system. Water was not easily available even through digging tube wells. There were minor landslides. Although the name of this village in Myanmar means "the village situated at the joint of two creeks", in reality, there is no water available!

During summer (especially March and April), the water was so scarce and became dirty. We have a creek nearby. Cattle are bathing there, villagers were using

it for domestic use such as washing clothes. All had to rely on the creek and do things in the creek. Some went to the tube well for collecting water.

Some boiled the water from the creek for drinking but some drank the 'raw' water. There were many watery diarrhoea cases in the village. Also the water from the creek was not clean and hygienic, and they suffered from eye sores and infections. Villagers did not have proper health knowledge and they favoured open defecation.

Now, we have received trainings. Water is also sufficient. Many households now have their own fly-proof latrines. There have only been one or two cases of diarrhoea this year. Villagers can grow crops such as cucumber, peas, sour pound leaves, gourds, and it can cover their own meals and saves some money that can go towards buying oil, salt for cooking instead of buying vegetables. But the vegetables are not yet grown for the family income.

Now the village has less reliance to the creek water and so the water can be used for other purposes such as growing plants and crops. The villagers had to collect and store water from the creek at houses. Now they don't need to store it but they use the creek for fishing.

Still, some behavioural problems remain. For example, only one third of village population boils water for drinking. Many people including youth drinks raw water. But luckily, I don't see they are suffering from illnesses.

The village also organised the cleaning of the water reservoir, so the water became cleaner. The assigned person has to check the water to ensure its cleanliness. One big change is that it is quite noticeable during summer time: although it is scarce, the water has no taste and it is not dirty-looking.

### Challenges

Arghh! It is difficult. It is difficult to organise people. It is because they have their jobs. They have to prioritise giving their time for their economy; they can hardly join or be organised together. It is still difficult to talk to villagers for co-operation.

Only the committee group teamwork has become somewhat organised. The village has groups and duties assigned to each of them. At least when people are given duty, they co-operate.

### Suggestions

The current way of working is good. I wish to copy the same for other villages.





## SECTION C | MOVING FORWARD

Hand washing is more convenient with piped water in homes, Kayin State.

## 6. Lessons learnt

### ACHIEVEMENTS

#### **I. Remote, marginalised and conflict-affected villages were targeted.**

Staff should be commended for selecting and working with communities who are truly vulnerable and difficult to access. Some villages took days of travel to access from state capitals, and the spread of townships across states is significant. Staff and teams have managed logistics extremely well to deliver this project.

#### **II. The village book approach - combined with the CBO approach in building infrastructure - is an effective way to enable and empower communities.**

The village book approach provides the community the opportunity to assess their needs and capacities are, and to document them in a village development plan. It also fosters youth leadership. The CBO approach gives communities the practical skills (project and finance management, construction and maintenance skills) to implement or oversee their own development activities, based on their plans.

#### **III. Maintenance training from SDC was seen as an outstanding practice.**

This comprehensive training should be documented and used for future partner projects using any contractor or CBO approach.

#### **IV. NRC and communities in Thandaunggyi built infrastructure in four months in the final extension period.**

Outstanding progress was achieved in a short period of time: It was not until March 2017 that the KNU brigade 2 gave approval for NRC to assist twelve villages in Thandaunggyi township. In those few months, communities and staff worked extremely hard to complete all works before the end of the project. New infrastructure includes schools, roads, bridges and water systems. All of these were constructed with the CBO approach.

#### **V. KDN mobilised the community very well and quickly.**

This partner and fellows completed the Village Book process without delays.

**VI. AAM brought good experience and systems of community participation and bottom-up approaches to the consortium.**

Many of the “softer” positive outcomes and impact outlined above were guided and directed by ActionAid experience and expertise.

**CHALLENGES**

**VII. Most WASH software inputs were superficial. Upward trends in sanitation and hygiene can be attributed to context changes and other organisations as well as the government - reinforcing SIRP efforts.**

CHAST and PHAST were only delivered in an unduly shortened format. PHAST and CHAST are usually eight-month processes, but in this case were delivered in single 2-3 day trainings. Effective behaviour change requires more substantial investments. Repetition of information and training, along with various creative approaches is needed to influence changes in terms of knowledge, attitudes and practice.

**VIII. Minimum standards for water quality were not reached for new water systems across all three areas.**

Both implementing partners and communities with new water systems (ponds, gravity flow systems etc) were uncertain whether water was potable. In some cases, water sources were known to be unsuitable for drinking in the summer season, but neither was this message clearly communicated to communities, nor was effective treatment provided. Water was tested for various chemicals but not coliform, which is part of the SPHERE minimum standard to ascertain whether water is potable. Without knowing the coliform results from new water sources, communities could be consuming contaminated water that leads to water-borne diseases. The chemical tests were not reliable in some cases. Furthermore, no testing was conducted at point of use, to ensure that households were carrying and storing water effectively and not contaminating water through dirty containers or unhygienic storage practices.

**IX. CBO water initiatives require some WASH technical assistance and advice.**

Many communities require more technical guidance for gravity flow systems. For instance, Taw Ta Li village in Tanintharyi constructed their own gravity flow systems but requested technical input on how to manage the sediment build-up along the pipes. A WASH engineer is required to advise and guide the communities on technical matters.



Women discuss village trends for the evaluation in Mon State.

**X. “Midwife” trainings did not follow any established and recognised format.**

The project provided ten days training. However, the recognised training for auxiliary midwives (AMWs) in Myanmar is 6-8 months and midwife training is two years in duration.

**XI. Village book documentation and sharing to NSA or government bodies caused unacceptable risks for fellows and partner organisations.**

Village Books contained sensitive maps and historical information about conflict-related events. Community requests to different parties/sides for support is politically charged. Some fellows were threatened and pulled out due to these stressors.

Sections of the Village Book were reported to be sensitive and should be considered carefully in conflict-affected areas. For example, the mapping of land areas and resources created tensions and risks in communities. Communities were reluctant to map due to the fear of land grabbing. They also feared creating evidence for land taxes from either side (government or NSAs). They were asked to outline the locations of natural resources and how to enter the village, which communities felt exposed the village to further risks if conflicts were to resume.

Historical timelines in the Village Books proved similarly problematic. Many communities outlined history of forced labour, oppression from the Government or NSAs and violent relocation events. These events are extremely sensitive; having them officially documented and shared outside the village was not appropriate. Fellows were unsure on how to handle this sensitive data, and were not given proper guidance (see part 3.2 for further details).

**XII. Limited staff support for fellows**

Fellows reported not knowing who to ask when faced with challenges around the VB. Practical challenges on how to complete it and more concerning issues about sharing information and data requested by the KNU or the government. Little guidance was provided on these topics. SDC, NRC and KDN staff trained by AAM to support fellows (field assistants) often had less training on the VB process than the fellows themselves, and understandably could not support fellows effectively. AAM program associates, who had the necessary skills on the village book process and were based in state headquarters, felt unable to support the process effectively due to consortium dynamics. Fellows were working in remote locations – some were out of phone range and had difficult access. By comparison, fellows who could more easily reach towns for office support were more supported.

**XIII. Working on the Village Book approach as a consortium created delays, and some communities lost momentum.**

Tanintharyi and KDN completed their village selection and VB book process first - harnessing good relationships and extensive experience in the region. However, they then had to wait for the other two areas to complete their processes, for allocated budget to start activities. The other areas were delayed due to approval issues from the government and NSAs.

**XIV. Some Tanintharyi villages were disadvantaged compared to the two States.**

At least four villages in Tanintharyi were not provided any of their prioritised infrastructure needs. They completed the village book process, identified their priorities and dream plans, but due to planning and budget conditions, they were not allocated their prioritised infrastructure. At the end of the originally agreed project timeframe, 11 of the 30 villages had not received infrastructure support. After the first extension phase, four villages remained without infrastructure support. During the second extension phase, these four villages were provided with sub-standard teacher houses in the extension period, which they had not asked for. Meanwhile, other villages in Mon and Kayin States were granted at least one and sometimes two of their prioritised infrastructure needs.

**XV. Monitoring and data collection was insufficient for this scale of project.**

The project did not design a practical log frame in terms of measuring specific outcomes. Furthermore, the project did not conduct a baseline or endline survey to measure change. There was a wealth of data and information from the village books to inform the project, however the only information that was “used” within the consortium seemed to be the priorities. Most of the 89 village books were not translated into English.

## 7.Recommendations

### CRUCIAL

#### **A.1 Address water quality issues to meet minimum standards in all villages that have been assisted with water interventions**

Testing for e coli (coliform) and testing for other elements should be prioritised in all villages that have received water-related assistance. Where water is not potable, treatment solutions should be promoted. As a second priority, water should also be tested at point of use to educate community members on the importance of hygienically drawing, carrying and storing water.

#### **A.2 Continue the Village Book and fellowship approach. Improve fellow support, coaching and mentoring structures.**

The Village Book facilitated community-driven action, youth development and increased social unity and participation in most sampled areas. This approach should continue to be pursued - with more emphasis on support mechanisms.

This project was implemented in extremely remote settings. Once fellows were trained, some of them were hard to reach and out of phone range. Staffing levels and experience were not suitable to support the Village Book and fellowship approach in this setting. ActionAid program associate staff posted to each area did not visit the field regularly for a variety of reasons, and implementing partner staff who were accessing the villages often had less training on the village book approach than the fellows. All organisations should improve structures to support fellows who are in remote areas where communication is limited. Consider posting support staff to these areas at certain times of the project cycle for additional support. Investigate alternative options to month long trainings in state capitals, to more effectively serve remote fellows.

#### **A.3 Ensure that consortium partners clearly understand who is responsible for managing and supporting fellows.**

Respective responsibilities were not entirely clear. AAM provided technical advisors while other partners were implementing partners. There were consortium relationship problems around the project mid-term, which compounded this issue. The partnership relationships got back on track in the last year of the project. However, both AAM and the other three implementing partners assumed the other party was taking responsibility for fellows to some degree. This should be clarified in future consortium projects.



Carrying the harvest  
in Wea Ka Li Village,  
Mon State

#### **A.4 Revise village book document sharing procedures to ensure a “do no harm” approach in all settings.**

Sharing village books in government-controlled areas carries little risk. However, sharing VBs in all dual-control areas must adopt a ‘do no harm’ approach. The study advises to allow village administrators to “hold” the final Village Book and to make a separate one-page summary with information on basic demographics and prioritised needs. This document can be shared with outside parties if deemed appropriate by staff and fellows, but the Village Book in its entirety should not be shared. Official ceremonies to hand over village books to government officials should be avoided.

#### **A.5 Amend the VB document to allow for dual village leader signatures (Government and KNU village leaders).**

In dual-control areas, it is prudent to allow for dual signatures on the Village Book document at the village level.

#### **A.6 Translate all completed Village Books into English to share internally and adopt appropriate data confidentiality protocols.**

Many decisions were made regarding the Village Books at the national level within the secretariat, without international managers knowing the contents of the Village Books. Some national staff suggested that if the information had been better understood at the national level, sensitive information and sharing protocols would have been handled more aptly.

#### **A.7 All consortium partners should take responsibility to ensure villages in all areas are provided with a minimum standard of investments from the outset.**

There were four villages in Tanintharyi who were not provided any of their prioritised needs. During the extension period, staff did well to ensure some infrastructure was provided (teacher houses), but these teacher houses had not been prioritised by the communities. Planning, budgeting, spending and extension issues all contributed to this occurrence. All partners should be aware and ensure all selected villages have been allocated enough funds for prioritised actions.

#### **A.8 Continue to advocate to the health department for proper staffing levels and support for newly provided RHCs.**

Although the staffing and management of the rural health centres is out of the hands of implementing partners once the RHCs are constructed, there is room for further soft advocacy to ensure proper staffing and resources are provided.<sup>14</sup>

## **IMPORTANT**

#### **B.1 Adopt the CBO approach wherever feasible to enhance community engagement and development.**

The CBO approach increased community ownership, skills and self-reliance. This study found CBO villages were more likely to maintain infrastructure effectively than villages supported through the contractor approach. There was a myriad of issues with the contractor approach: having “outsiders” work in these areas was fraught for both communities and contractors, although in some cases (like the Bilin RHC construction) it proved successful. There were also challenges for the CBO approach, as they demand significant staff time and investment for support. Staff must guide communities participating in the CBO approach intensively on financial and transparency issues, technical engineering supervision (to ensure building safety standards and quality building methods) and material procurement (to ensure quality products). This takes time, but the investment has been shown to provide benefits of increased engagement and ownership within the community and ultimately the sustainability of community infrastructure.<sup>15</sup>

#### **B.2 Plan thorough future WASH software interventions, with sufficient time investments for behaviour change.**

See above (lesson VII).

#### **B.3 Ensure any health training for community health workers and auxiliary midwives aligns with established national timeframes and qualifications.**

See above (lesson X).

<sup>14</sup>. SDC has been advocating Mon State Health Department and Township Public Health Department on a by-monthly basis.

<sup>15</sup>. For SDC, all villages with contractor approach had some CBO involvement in the process, so for SDC – the approach was more nuanced and harder to make definite conclusions.



Newly renovated and constructed school in Za Le village, Kayin.

#### **B.4 Design suitable monitoring and evaluation systems from the inception of the project.**

See above (lesson XV).

### **DESIRABLE**

#### **C.1 Involve fellows in behaviour change initiatives in their own communities.**

Most fellows saw that their contribution to the project was ending when the project ended. Fellows have well-developed leadership skills that will likely benefit themselves, and their communities well into the future. However, it should be considered to involve them in community-based activities that they can continue on a volunteer basis once the project ends. Although they should not be obliged to do these activities, they could lead and continue CHAST or PHAST sessions in their villages.

#### **C.2 Review efficiency and effectiveness of funding fellows long term.**

Although the project did not begin as a five-year project, due to approved extensions it carried on for five years. Fellows are given a monthly stipend of MMK 100,000, which for 89 fellows is a substantial investment over a long-term project. Although this stipend does not always meet the fellows' expenses like transport, meals and phone bills during busy periods of the project, over a five-year span there could be times where this stipend is more than is needed.

The partners should investigate the best way to support fellows, to keep them motivated and to cover their expenses, while also fostering a volunteer spirit whereby fellows are happy to continue to work for their communities when payments stop. Partners could investigate a system of a cap, so that that after a three-year period "paid" fellows should rotate to allow other youth to benefit and become active. This area needs more research to optimise the energy, contributions and effectiveness of the fellows, while promoting sustainable efforts.

## 8. Conclusion

As this report has shown, communities across Mon and Kayin States and in Tanintharyi Region are now better off, more engaged, enjoy better services and are more connected to external players than they were at the outset of the Southeast Infrastructure Rehabilitation Project. The trend analysis captured this generally positive trend across the target areas.

This uplift is welcome and commendable. SIRP played a positive role and contributed to the efforts of several actors that help develop Myanmar's south-east. The new schools, health centres, roads, bridges and better water access supported by SIRP brought numerous benefits - the full extent of which is yet to emerge. For instance, better prices for agricultural produce (due to better market access), saved time for water collection and accessing health services, and better learning environments may lead to further impact in years to come.

The Village Book process played a role for engaging communities in village development - a mode of engagement that rendered the project interventions relevant while also fostering collective action and cohesion - two key factors for resilience. The Village Book process is worth replicating in future programming, particularly when coupled with the CBO-based approach of implementation.

The evaluation identified several lessons worth considering both in the follow-up project ('SIRP 2') and in other future programming in similar conditions. Four particular aspects shall be reiterated.

First, the adoption of better sanitary practices involves a change in behaviours - which is a complex process that includes knowledge acquisition, addressing attitudes, and eventually the change of practices. A more systematic approach will be needed to transform sanitation practices in the long run.

Second (and underpinning this process), future projects shall invest in adequate baselines with robust sampling that then become the basis of a strong monitoring regime (which must be able to regularly assess outcomes as well as outputs). In turn, such quantitative data would enable a more robust evaluation of final outcomes, achievement of targets, and quantification of impact. With SIRP 2 having just started, consortium partners may wish to consider retrofitting such a system now.

Third, adopting water testing protocols that are in line with SPHERE standards is an important aspect that cannot be overstressed: 'testing or treating' must be the premise of future programming in order to ensure that water from newly constructed wells and supply systems is safe.

Finally, the well-established development mantra of 'do no harm' must be thoughtfully considered in post-conflict contexts such as those in south-east Myanmar: while the Village Book process is a generally commendable approach that can and should be re-applied, it needs to be understood that the information in these books can be highly sensitive. In this context, it may be worth considering a checklist as to what information can be shared with whom.

In summary, the South-East Infrastructure Rehabilitation Project helped improve conditions in its target areas. It has also laid the foundation for further progress. Especially when adopting the suggested enhancements, SIRP 2 has promising prospects to further reinforce the resilience of communities, and to help them outlive and transform the troubled and conflict-shaped past.



Implemented between 2012 and 2017, the Southeast Infrastructure Rehabilitation Project (SIRP) contributed to the improvement of conditions in Myanmar's conflict-affected south-east. In particular, the EUR 7.0 million project brought benefits in education, health, and water access.

As a result of the participatory process as well as infrastructure upgrades, communities are now more engaged and better connected. The evaluation demonstrates the positive outcomes of the initiative and identifies lessons for future programming in similarly conflict-sensitive areas.

**Above:** Children playing inside their old school - Thandaunggyi, Kayin State. PHOTO: SAMADHI MARR

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