



NSFSP
Northern Shan Food Security
Project
End-of-Project Evaluation December 2019

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List of Abbreviations and Acronyms

DoA - Department of Agriculture

FIGs - Farmers Interest Groups

FGDs - Focus Group Discussions

GDP - Gross Domestic Product

HHs - Households

KIIs - Key Informant Interviews

NSS - Northern Shan State

NSFSP - Northern Shan Food Security Project

OECD/DAC - The Organisation for Economic Co-operation and Development's
Development Assistance Committee

SPO - Senior Project Officer

SDGs - Sustainable Development Goals

VDOs - Village Development Organisations

WMC - Water management committees

1. Executive Summary

This report presents the findings, conclusions and recommendations of the Final Evaluation for the project: “Northern Shan Food Security Project (NSFSP)”. Implemented by CARE International in Myanmar, launched on January 2017 for three years, and ending on the 30th of December 2019.

The project is funded by , Ministry of Foreign Affairs - Luxemburg and has been implemented in 8 villages of Lashio Township (Northern Shan State) belonging to seven village tracts, with a target population of 525 Households (HHs). It aims to contribute to the Sustainable Development Goals 1 (end poverty) and 2 (end hunger, achieve food security and improve nutrition) for poor and vulnerable communities in remote areas in Myanmar.

The project is designed to accomplish with its specific objective : *Increasing capacities of poor and vulnerable households in remote rural areas to strengthen their food and water security through a) income generating activities, b) access to new technological agricultural innovations and products, and c) better access to market opportunities.* by achieving the following outputs:

- Increased understanding of contextual factors leading to malnutrition
- Improved ability to adopt appropriate agricultural technological innovations and products
- Increased income resulting from successful marketing of products
- Increased involvement of women in the management of household and community resources
- Improved hygiene and nutrition behaviours
- Increased access to water for home consumption and agriculture

The main purpose of the final evaluation was a) To determine the project achievement of its objectives and outputs and b) To identify intended and unintended outcomes, best practices, lessons learned and recommendations to improve future programming in terms of sustainability.

To this end, the team of consultants analysed the following evaluation dimensions of Relevance, Effectiveness, Efficiency, Impact, Sustainability, adopting a methodology based on a 'participatory' approach involving main stakeholders. The approach included focus group discussions, key informant interviews and direct observation. In addition, the team conducted a Household Survey (end-line) in all the 8 intervened villages including 2 villages, with similar characteristics, that constitute the control group.

The mid-term evaluation corroborates the **relevance** of the intervention to the socio-economic context in Northern Shan State and needs of the population in the targeted area, as it addresses identified priorities. Relevance is also seen in the project's contribution to the Sustainable Development Goals (SDGs), more concretely to

poverty reduction (SDG 1) and ending hunger (SDG2) by achieving food security, improving nutrition and promoting sustainable agriculture. The project also contributed to the SDG 5 on gender equality, as it directly supports the agency of women in productive activities and decision making at the community level.

Regarding the *efficiency*, the project has been well managed by the Lashio Office Coordinator and with an adequate number of motivated and proactive staff, which has established strong links with the community, building trust and facilitating learning and exchanging spaces. Nevertheless, the intervention’s efficiency was affected by external factors such as: conflict, low educational level of the population, drugs and alcohol abuse and transportation due to the bad road conditions especially during the raining season. Among the internal factors we can mention staff turnover, some delay in procurement processes and some challenges in redefining actions to rapidly respond to the context’s changing needs.

Generally, most of the challenges of the project implementation are due to the ambitious project design, given the challenging context of NSS, targeting too many field areas and processes that could not be consolidated given the resources and time constraints. Finally, the project reflects a high level of gender efficiency, with balanced staff including two women in senior level positions, and gender mainstreamed in all outputs with women’s participation pursued in the implementation of the actions.

The consultants believe, that in terms of *effectiveness*, the intervention had a positive, although limited impact on the intervened communities and the results have been partially achieved. Water intervention proved to be the most successful and with long lasting impact. All the activities have been implemented, with a good level of participation being positively valued by the targeted population. The Lashio team was able to identify key entry points and build trust with the villagers, laying the foundation for further interventions geared towards consolidating the results obtained.

For this type of intervention, *impact* is usually measurable only in the long term. To achieve long lasting change, given the context and the characteristics of the population, multi sectorial long-term interventions are needed, especially when the goal of the project aims to change cultural practices and behaviours. The project raised awareness in the communities and disseminated knowledge, especially regarding best agricultural practices. It has also promoted changes in hygiene and nutrition and helped introduce new gender equality concepts. Finally, it has substantially improved the water access in the communities.

Given the adverse context (remote conflict affected villages) and the capacity challenges of the targeted populations (low levels of education and exposure) the *sustainability* is fragile, and further support is needed to ensure that the incipient observed changes will be consolidated in the future. Nevertheless, positive improvements have been noticed in the behaviour, with a clear tendency to adopt

new practices acquired. Furthermore, given the key importance of the water systems and the impact in the villagers’ life, this area is considered to be highly sustainable.

On the whole, the evaluators much appreciate the relevance of the intervention, as it has provided the communities with knowledge, techniques and inputs to strengthen their livelihoods, diversify their diet, improve their hygiene and access to water, overall increasing their resilience. It also represents an effort in promoting behavioural change amongst the targeted population on issues related to gender enhancing community resilience.

Below are the main recommendations’ summarised:

- More flexibility is required to adapt the project to the changing context
- Adopt a more tailored approach to selecting interventions, reflecting the priority of the village
- Promote critical thinking and flexibility among the staff overcoming the output-oriented implementation
- Build on and work with local decision-making organizations instead to promote new structure
- Narrow down the sectors of interventions
- Keep working in the same areas and villages
- Strengthen the follow up during the implementation in order to consolidate the processes.
- Design a clear strategy to ensure follow up and transfer knowledge
- Gender awareness tools should be better adapted to the local context.

2. Introduction and Background

In Myanmar the agriculture sector contributes to 37.8% of gross domestic product (GDP), accounts for 25 to 30% of total export earnings and employs 70% of the labour force. The country is self-sufficient in food production at the national level. However, food and nutrition insecurity exist at the household (HHs) level in some areas due to low income, constraints in food production, transportation, poor knowledge of feeding practices, poor care-giving and a strong correlation between food insecurity and malnutrition exists.

Rural households in Northern Shan State (NSS) targeted by the project are mainly dependent on agricultural production for their food security and livelihoods. Households are growing upland and/or lowland rice for home consumption, and cash crops such as corn, depending on their specific location and access to land. However, the productivity of the land is low due to poor farming techniques, bad practices and difficult access to quality seeds and inputs.

The landless poor are reliant on localized seasonal casual labour and / or migration for work. Families in the villages face high levels of environmental, economic and socio-political uncertainty that threatens their food security and reduces opportunities to improve their livelihoods in the long-term. Barriers include lack of investment into building productive livelihood assets, limited access to affordable credit leading to risky levels of indebtedness, insufficient income from the market chain, limited access to extension support from the public sector line institutions and a policy environment that continues to favour large-scale commercialisation rather than smallholder farmers.

The consequences, as shown in a recent study on food and nutrition security done by CARE in the project area of intervention, are that almost 18% of the HHs suffer from moderate or severe hunger and 41.5% of the infants suffer from an insufficient dietary diversity.

The situation of the villages where the project is implemented is aggravated by social problems such as drug abuse and violence, either within the HHs and due to the on-going conflict between local armed groups and with the Tatmadaw that has intensified during the last few months of the project implementation, causing once more displacement of some communities and limiting accessibility to markets and services to local populations.

In the given context CARE is supporting local communities in the areas of agriculture (production and access to markets), access to water, nutrition and hygiene through the implementation of the Northern Shan Food Security Project (NSFSP).

3. Description of the Intervention

As part of its international cooperation action, CARE International in Myanmar is implementing the project “Northern Shan Food Security Project [NSFSP]” launched in January 2017, for a duration of three years.

The project, implemented in 8 villages of Lashio Township (Northern Shan State) and funded by LUXDEV aims to contribute to the realization of the Sustainable Development Goals 1 (end poverty) and 2 (end hunger, achieve food security and improve nutrition) in poor and vulnerable communities in remote areas in Myanmar.

Its specific objective is:

Increasing capacities of poor and vulnerable households in remote rural areas to strengthen their food and water security through a) income generating activities, b) access to new technological agricultural innovations and products, and c) better access to market opportunities.

It is planned be achieved through the following outputs :

- Increased understanding of contextual factors leading to malnutrition
- Improved ability to adopt appropriate agricultural technological innovations and products
- Increased income resulting from successful marketing of products
- Increased involvement of women in the management of household and community resources
- Improved hygiene and nutrition behaviours
- Increased access to water for home consumption and agriculture

The targeted population are 525 households (HHs) from 8 villages belonging to 5 village tracts.

The main activities of the project include, among others: provision of technical assistance in agricultural production; extension services and provision of inputs; facilitate the market access, supporting the development and capacity of Farmers Interest Groups (FIGs), Village Development Organisations (VDOs), and Water management committees (WMC); construction/rehabilitation of water supply systems; promotion of good hygiene and nutrition practices; and life/skills training and better awareness on women’s roles and value.

4. Methodology Summary

As the three-year project is coming to an end CARE has commissioned an external final evaluation of the project with the objective of:

1. To determine the project’s achievement of objectives and outputs.

2. To identify intended and unintended outcomes, best practices, lessons learned and recommendations to improve future programming in terms of sustainability.

In order to attain this, the evaluation has analysed the following key aspects:

- **Relevance:** The extent to which the project suited the priorities of the target groups.
- **Effectiveness:** The extent to which the project achieved its objectives.
- **Efficiency:** The extent to which the project was managed to get value for money from inputs of funds, staff and other resources.
- **Impact:** The extent to what lasting and significant changes have occurred and the project’s particular contribution to these changes, the positive and negative, including unexpected impacts
- **Sustainability:** To assess whether the benefits of the project are likely to continue after the project ends.

4.1 Approach

The evaluation was based on a participatory approach involving stakeholders at different levels and in different manners, analysing from their contribution to the design to the interpretation of the impacts of the project. Participatory methodologies used will include the following:

- **End-line household survey**, using structured questionnaires with mainly closed ended questions, complemented by some rating and multiple-choice questions, to gather quantitative information from a sample of households.
- **Key Informant Interviews (KIIs)**, using semi-structured questionnaires to gather qualitative information from identified stakeholders.
- **Focus Group Discussions (FGDs)**, using semi-structured questionnaires to collect qualitative information.
- **Individual Interviews**, using semi-structured questionnaires to obtain qualitative information from selected direct and indirect beneficiaries. Individual interviews were conducted, for example, as a follow up of FGDs to gather further information from selected beneficiaries. Specifically, they have informed the analysis of the different impact the project has had on women and men participants, by asking them individually and separately, what has changed in their lives following the implementation of the project.
- **Direct Observation**, visiting project sites, carrying out informal discussions with beneficiaries and other representatives of local communities.

Methodological triangulation of the data gathered through the above-mentioned methodologies with existing data e.g. data from the HHs survey, project reports and specific studies, was used in order to enhance the reliability of the information.

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The evaluation responded to the following principles: participative, sensitive to gender, constructive, culturally and conflict sensitive, and both quantitative and qualitative.

The team applied an Internal Quality Control aimed at ensuring that technical specifications of the assignment were respected, in particular: Compliance with OECD/DAC evaluation standards and the TORs.

The evaluators have emphasised lessons learned, in the context of relevance, effectiveness, efficiency and sustainability, expecting that CARE will make use of them to reinforce future strategies.

The evaluation is supported by a gender analysis that covers: on the one hand, the analysis of the project design with a focus on how gender has been included in the intervention (logic framework, human and economic resources allocated); and on the other hand, the contribution of the project to gender equality and the different impact of the project actions on men and women. Specific gender questions were included in the evaluation matrix.

4.2 Qualitative research

All the 8 intervened villages were part of the end-line HHs survey, while 6 out of the 8 project villages and 2 control villages were included in the qualitative fieldwork. They have been selected together with the Lashio team giving a proportional weight to ethnicity (Shan and Lahu villages) and population number. In the selection, were also considered: accessibility (near and far away from Lashio) and security challenges as well as implementation of relevant interventions (with and without water interventions).

The evaluation team has organized focus groups (see the table below) with the following actors: Village Development Organizations (VDOs), Farmer Interest Groups (FIGs), Water Management Committees (WMC), women’s and men’s groups and/ or men and women - special attention was given to women participating in nutrition awareness raising actions (1000 days) - from the villages as key informant persons.

The respondent selection for the FGDs was based on purposive sampling, seeking to obtain a specific range of viewpoints in order to have a comprehensive understanding of the project implementation.

Table 1: Villages and population covered in the qualitative fieldwork

Village Name	Male	Female	KII/FGD
Control village Man Gaung Lone	6		FGD Men
		7	FGD Women
		1	KII 1000 Days Woman
Control village Nan Nyo	6		FGD Men
		1	KII 1000 Days Woman

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Nar Taung San	3	3	FIG
	2	2	WMC
	2	4	VDO
Pan Hkut		5	FGD Women
		1	KII 1000 Days Woman
	2	3	FIG
		1	KII Farmer (non-committee member)
Nar Naung	2	1	Machine Management Committee
	1		KII Village Elderly (VDO Member)
		1	KII Women Farmer (FIG)
		1	KII Landless 1000 Days Women
Pyine Hsar	2	4	FIG
	1	4	WMC
		1	KII 1000 Days Woman
Pan Kye	1		KII Machine Management Committee Member
		1	KII 1000 Days Woman
Long Mun	1		KII Village Head (VDO Member)
	5	1	Machine Management Committee
		2	KII Key Farmer
	5		FGD Men Group
TOTAL	39	44	

A total of 14 FG and 12 KII have been conducted in the qualitative research. The number of contributors are 83, of which 39 are males and 44 females.

Additionally, an interview was done with a Township Officer of the DoA (Department of Agriculture) in Lashio. Group exchanges have been conducted with the staff involved in the project in Yangon and Lashio and interviews were conducted with Lashio staff: 2 Senior Project Officers, 1 Project Officer, 1 Project Assistant as well as the Field Office Coordinator.

Direct observation such as visits to farms – including farm trials demonstration fields, water systems and other relevant activities were part of the village’s visits.

4.3 Sampling

The survey has been conducted in the 8 villages intervened by the project plus 2 villages that constitute the control group. These last villages were selected by CARE Lashio team because they have similar characteristics to the project villages and have not been exposed to interventions by other development partners. However, it is important to note that they are not as remote as the intervened villages and hence, are exposed to better market conditions. Yet, due to the security situation at the point of the evaluation, these were suggested as the most suitable ones.

Since the NSFSP is a project that aims to change attitudes and practices and its indicators are designed to measure these changes the evaluators have decided to

use as a basic unit of analysis the individual respondents instead of the HHs. This is to avoid the assumption that a change of aptitude, behaviour or practices in one of the members of the HH implies a change in all the HH’s members. The same applies when it comes to knowledge; for instance, if a pregnant woman has been attending awareness raising sessions on the first 1000 days it does not mean that her husband or other family members share the same knowledge. For other indicators, when appropriate the measure unit has been kept at HH level.

The sample size (calculated with a 5% margin of error and 95% confidence interval) is based on a total population of 525 HHs living in 8 villages and was estimated to be 235 HHs. The number of respondents chosen per village is proportional to its population.

Regarding the control groups, the researchers estimated a size of 20% of the total number of the surveyed persons resulting in 47 HHs. Respondents have been selected by Systematic Sampling method and the gender balance has been ensured by the enumerator teams that strategically alternated between interviewing male and female representatives in the selected HHs. A total of 282 interviews were completed with 144 women (51%) and 138 men (48.9%)

Table 2: Villages covered by the end-line survey

Village Name	Respondents	Male	Female
Man Gaung Lone (control village)	32	16	16
Nan Nyo (control village)	15	8	7
Ho Khen	52	27	25
Nar Taung Hsan	32	15	17
Paung Hkut	35	19	16
Nar Sang Cheing	20	10	10
Nar Naung	10	7	3
Pyine Hsar	15	6	9
Pan Kye	25	11	14
Long Mun	46	19	27
Total	282	138	144

The questionnaire (Annex 2) has been developed with easily understandable close-ended questions. It includes a demographic section and was divided by components linked to the project output. The questionnaire has been translated into Myanmar and each question and its wording analysed and discussed with the enumerators to enhance their understanding. The enumerators in the number of 8 (4 men and 4 female) were selected and recruited by CARE.

A three-day training session was organised in Lashio with the enumerators to familiarise them with the project, provide basic information about ethics, interviewing techniques, conduct and behaviour, role and responsibilities of the enumerators. At the same time, as above mentioned, an in-depth study of the questionnaire was conducted to facilitate familiarity with its contents. A pilot test followed the theoretical part in order to train the teams, detect and solve any doubts.

The two National Consultants, members of the evaluation team, have been in charge of the training, pilot test, supervision and technical assistance of the enumerator teams during the data collection in the 10 villages. They were in charge, at the same time, of the FGDs and interviews in the villages. The team leader has been in constant contact providing advice and technical support through the field work.

Data management was outsourced with supervision and quality control of the research team.

4.4 Gender approach

The evaluation includes a gender analysis of the project design: how gender has been included in the intervention (logic framework, human and economic resources allocated), what the practical contribution of the project is to gender equality and the different impact of the initiatives on men and women.

The team paid special attention to the inclusion of women and men as informants and when/if possible, individual interviews with male and female participants were conducted to evaluate their participation in the project and the impact of the actions in their life. As shown above similar numbers of men and women have participated either in the FGDs, KIIs and the HHs survey.

Specific questions covered Individual level (skills, knowledge, confidence, etc); relation level (interaction with family, community and authorities) and structure level (institutional environment, legal frame and culture).

Gender questions have been included in the evaluation matrix and were part of the evaluation tools (observation checklists and interview guides). Specific comments on gender are integrated in the analysis of the different evaluation criteria.

Moreover, the project team was asked how they have incorporated gender in the implementation of the project activities and how they evaluate its gender relevance and impact.

4.5 Limitations to the Evaluation

Some limitations of the evaluation are summarised below:

- Given the security context the **International Consultants were not granted travel authorisations to travel to Lashio** to conduct the field work. Therefore, they have not visited the villages and met with the Beneficiaries. Notwithstanding, the same team of International Consultants has conducted an evaluation of a similar project by CARE in the same area in June 2019. For this evaluation, the field work was conducted by the National Consultants of the team with the support and supervision of the International Consultants.
- There were some challenges with the **team of enumerators** during the data collection phase, given the fact that: only two out of the eight enumerators had

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previous experience in conducting surveys and they had limited understanding of the project’s activities. The local team of evaluators together with CARE’s Lashio team worked for 2 days to ensure the understanding of the questions. On the other hand, the enumerators being ‘outsiders’ to the projects, is beneficial in terms of objectivity.

- Despite the fact that the enumerators spoke **local languages** the different dialects spoken in the villages have made discussions with respondents challenging, forcing respondents and enumerators to communicate in Shan language with the risk of misunderstanding and potentially missing key points of information.
- **Low levels of literacy and lack of understanding of certain concepts** by a large part of the population in the project areas have been a challenge when gathering data and could impact survey results.
- Regarding the activities on gender, nutrition and hygiene the consultants are not always able to **isolate the impact of the activities of the current project** from that of other on-going actions by other CARE projects implemented in the same areas throughout the years.
- The survey coincided with **harvest time**, meaning that most community members were busy in the farms. Interviews sometimes had to take place in the evenings.

5. Evaluation findings

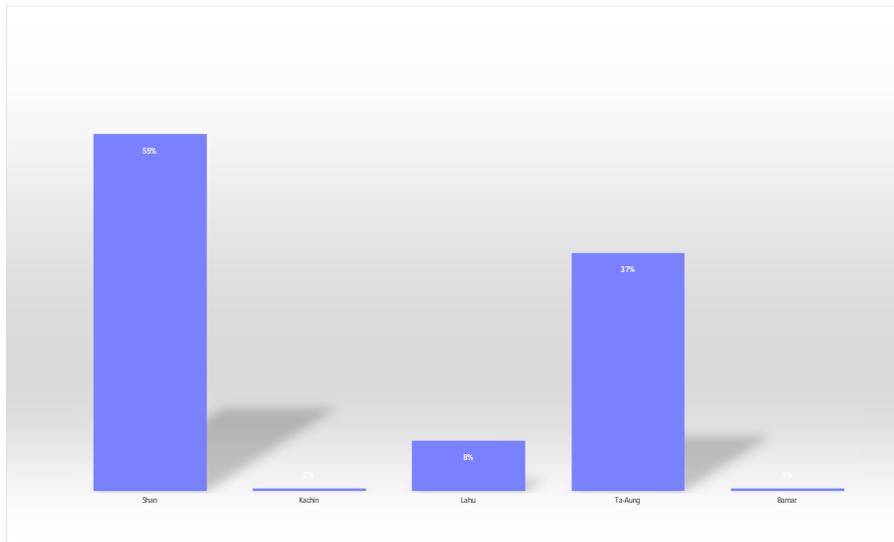
This section covers the five evaluation criteria as they are defined by the OECD/DAC. The findings of both quantitative and qualitative research have been used to inform the analysis.

5.1 General Overview of the HHs

Ethnicity: Shan is the biggest ethnic group among the 282 respondents (55,6%) followed by the Ta-Aung with 30,5% , other groups such as, Lau,Pao and Bamar have also a minimal presence in the villages.

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Chart 1: Ethnicity of surveyed population



Household respondent type: HHs head were only 53% of the total number of respondents, meaning that the survey represented the opinions of different respondents at differing levels of power dynamics in the family and the community. Moreover, it has allowed us to evaluate the level of involvement in the project activities by the different family members.

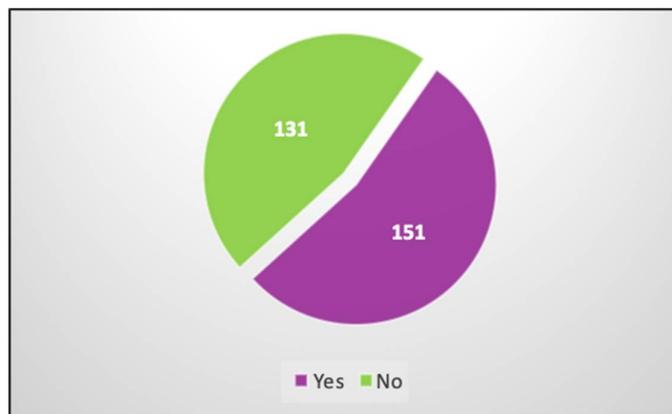
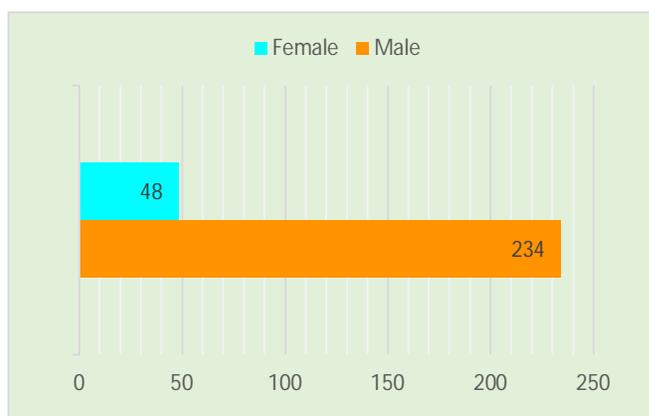


Chart 2: Position of surveyed within the family HH.



Head of household/gender: Among the HHs surveyed the respondent declared that the 17% of the household heads are women while the 83% are men.

Chart 3: Gender of the head of the HH

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Literacy: In terms of literacy, only 31% of the surveyed declared to be able to read and write. Far below national average statistics. Literacy levels for women are below those of men.

Chart 4: Literacy level

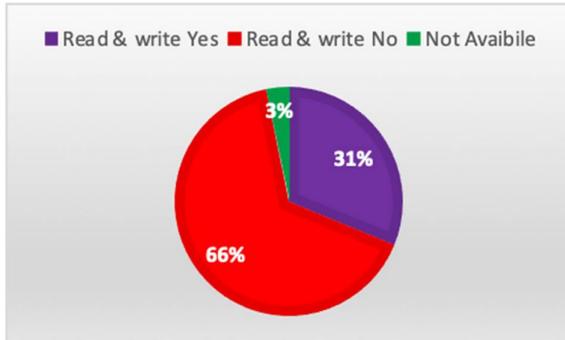
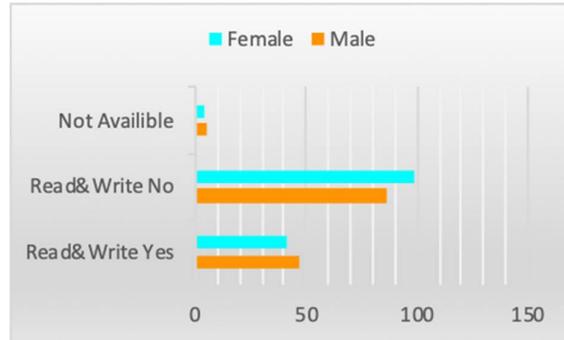


Chart 5: Literacy level by gender



Language comprehension: Burmese language is understood by 71% of the respondents; notwithstanding only 20% has stated that they can read and write in Burmese. In the field research it was found that understanding of trainings was not a concern as most of the materials have been translated into the local languages.

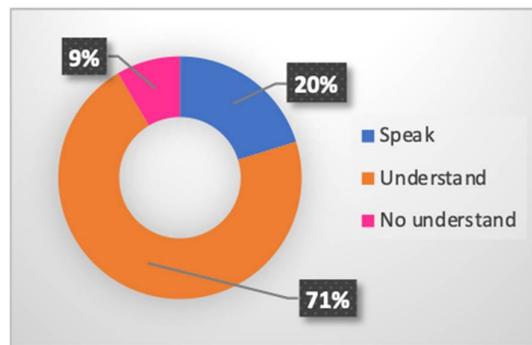


Chart 6: Surveyed population’s knowledge of Bamar language

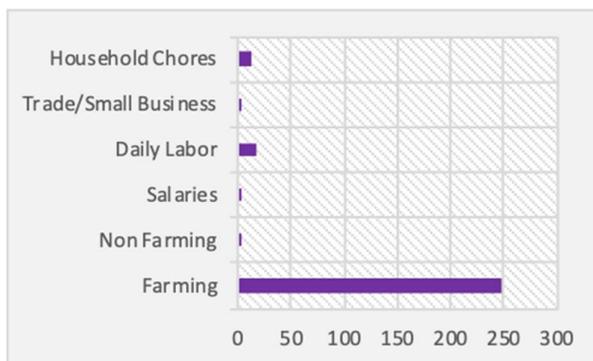


Chart 7: Households main activities

Household Main Occupation: in the project area 87% of the respondents reported to have farming as their main occupation, while only 7 % said that daily labour that they mainly work as daily labourers.

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Source of Income: linked to the above, 68 % considered farming their main source of income but there are 26% that are reporting daily labour as their main income generating activity. It could mean that around 20% of the people who stated that their main source of income is farming are doing also daily labour to have access to cash.

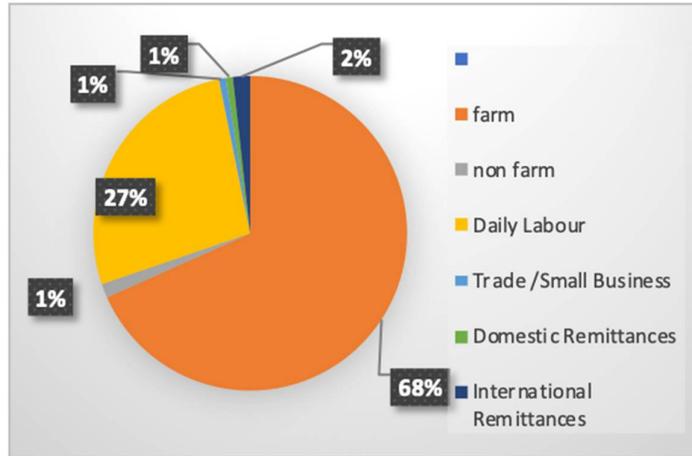
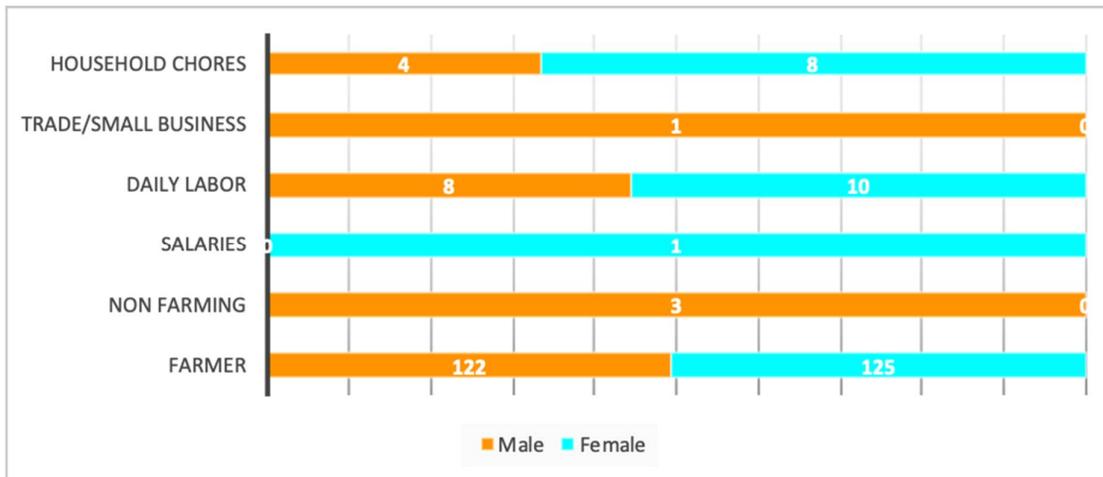


Chart 8: Households main source of income

For the two activities: farming and daily labour, we can observe an equal trend between men and women.

Chart 9: Main occupation by gender



Project Participation: Regarding the general participation in the different project activities, 58% of the respondents declared to have been involved in some of the project activities (trainings, inputs etc.) of which, 47% are women as shown in the graph below.

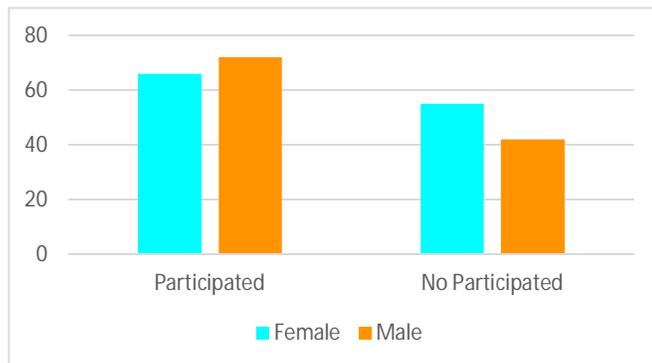


Chart 10: Participation in project activities by gender

5.2 Relevance

The extent to which the project suited the priorities of the target groups.

As stated in its Global Objective, the project contributes to the Sustainable Development Goals (SDGs), more concretely to poverty reduction (SDG 1) and ending hunger, achieving food security, improving nutrition and promoting sustainable agriculture (SDG2). It also covers SDG 5 on gender equality as the project directly supports the agency of women in productive activities and decision making at the community level.

With regards to National Policies, it contributes to the Myanmar Sustainable Development Plan (2018-2030), The Agricultural Development Strategy (2018/19 - 2022/23), The Myanmar Multi-Sectoral National Plan of Action on Nutrition (2018/19-2022/23) and the National Strategic Plan for the Advancement of Women (2013-2022).

Furthermore, it is in line with CARE’s Long-Term Strategy Addressing Women and Girls in Remote, Rural and Conflict Affected Areas; more concretely three of its outcomes, namely: increased resilience to conflict, disasters and climate change; greater access to and control of productive resources, markets and socio-economic opportunities; and women and girls respected and free from violence.

The project is highly relevant to the population as it takes into consideration the socio-economic context in Northern Shan State. The intervention highlights the aspects that are undermining the livelihoods of the Households by putting their food security at risk and proposes long-term solutions. Implemented In a rural area, where most of its inhabitants practice subsistence agriculture, key actions working to improve agricultural practices, increasing access to water, and promoting better hygiene and nutritional behaviors, are needed to improve the lives and health of the population.

Further to this, the area of the project intervention is subject to a protracted crisis with on-going conflict between different ethnic armed groups and the Tatmadaw; this limits access to national public resulting in a population underserved with inconsistent access to basic provision of services and the market.

The project builds upon CARE’s previous work in the area. It is well designed, and introduces important perspectives, although still basic, in the areas of: agroecological farming, mother and child health, nutrition, women and community empowerment, in communities that have never been intervened on by cooperation actors or who have received occasional support by government departments.

Moreover, CARE has also conducted four relevant analyses in the different areas of intervention: gender; paddy, ground nut and niger value chains; food and nutrition security; and farming practices. They have informed the project and provide a baseline to measure effectiveness of the intervention.

According to the above-mentioned studies, the direct needs of the population are:

- In the area of agricultural value chain: training on cultivation practices and use of chemicals, facilitating access to mill processing, building fences, increasing financial literacy, promoting collective action, accessing quality seeds and market information, learning better storage and processing practices, and raising awareness about nutrition.
- Regarding existing farming practices: access to extension services for agriculture and livestock, availability of capital and credit to buy agricultural inputs, mechanization of agriculture, access to better tools and water.
- In the field of gender: build women’s confidence to participate in decision making, promote collective action and self-help groups, increase opportunities to participate in income generation activities, work with men and local leaders to engage them in women's empowerment, better knowledge in sexual and reproductive health, reduce school dropouts and improve the curricula, gender awareness respecting their traditions and better services to prevent violence against women

The NSFSP project has taken most of these detected needs on board and has aimed to address them through the implementation of the project activities, therefore, it can be suggested that the addressed needs are highly relevant to the population and are product of a well-developed analysis of the context. The project has introduced new agricultural practices, promoted collective action through the creation of VDOs, WMCs, and FIGs, promoted women’s access to community decision making bodies, raised the awareness of men on gender issues, promoted better nutrition and hygiene practices and provided better access to water.

Given the challenging reality of the area, the consultants consider that the context analysis is a proper instrument to identify the population needs; however, an initial in depth village assessments done together with the field office would have provided elements leading to a more tailored intervention to the different situations, rather than a systematic implementation.

The consequence of this systematic approach has resulted in some activities being relevant and appropriate in several of the villages, but not a priority or with difficult sustainability when implemented in other villages. A clear example of this are the actions: delivery of the milling and threshing machines, crop diversity and opening to new markets opportunities. Detailed analysis of this will be provided in the effectiveness analysis.

When it comes to evaluating the participation of men and women throughout the design phase of the project, it should be said that their involvement was limited at that phase but they were consulted and involved during the implementation of the actions.

It should also be noted that gender concerns have been integrated throughout the project in all outputs and activities, with special attention given to working with men regarding women’s empowerment, and the inclusion of women in decision making bodies.

Overall the reviewers consider the Project is well framed in the local context as it addresses population’s general priorities. However, the project appears to be too ambitious from an operational point of view, suffering from an imbalance between the number of expected outcomes and the short project life span.

This, together with the staff capacity and the remoteness of the villages, has affected the project effectiveness and impact: a lot to do in too many places in a very limited time. Nonetheless, the project should be considered a first important step towards positive change to improve lives.

5.3 Efficiency

The extent to which the project was managed to get value for money from inputs of funds, staff and other resources.

The project counted with a young and dynamic team in the area of Lashio that in spite of the challenges faced, they made full efforts to deliver the project in a timely manner and to the full extent of their abilities.

Project staff have invested themselves in the delivery, they have worked on building relationships with the villagers to create trust, facilitate learning and exchanging spaces. They have also tried to adjust materials to facilitate the understanding of the concepts by providing translations, recruiting POs and PAs from the area and using methodologies such as learning by doing. However, at times activities had to be delayed or postponed due to the conflict. It should be added that given the context - the number of activities and the geographical area covered - the demand has been too high for the staff to be able to deliver activities timely and in the most efficient way.

CARE Myanmar have facilitated all the required means made them available by the project in a timely manner, to ensure the delivery of the activities.

The project has faced several challenges that have had an impact on the efficient delivery of the activities, and therefore in the achievement of the outcomes. Some are external in nature (CARE has little or no influence) while others are internal (to some extent under CARE control).

External factors:

- **Conflict:** the area is affected by on-going long-term conflict and the situation has inevitably affected the delivery of the project actions. Particularly in 2018 and 2019 there have been restrictions in accessibility to project areas which have impacted the project. In addition to this, the team has been told that one of the demonstration plots has been destroyed by the troops that marched on it.

- **Low levels of education** of the population, has meant the capacity of knowledge absorption is limited and concepts had to be repeated to facilitate understanding. Adding to this, communication is a challenge given that only 22% of the interviewed could speak Burmese.
- **Drug and alcohol abuse** is widespread in this area, where there are opium plantations and laboratories where methamphetamine is produced. As stated in the Situational Appraisal of Food and Nutrition Security in Lashio Township.
- **Transportation:** Especially in the rainy season the roads are very bad

Apparently, the informal road to transport opium (and Wy) passes near the most vulnerable (poorest and with highest malnutrition rate) surveyed villages: Pyine Hsar where mostly Palaung people live, in addition to the Ho Khen and Pang Hkoke located near the production areas.

As discussed below, the results and impact in these particular villages has been challenging but they are the ones with the greatest needs. According to our field work, the villagers are still growing poppy.

Internal factors:

- **Changes in the staff:** during the implementation of the project there have been changes in the staff affecting above all the last quarter of the project. It mainly affected the Project Officer and Project Assistant positions, that are in charge of people mobilisation and the delivery of actions at village levels. It has had consequences in the timely delivery of actions and loss of know how.

When new staff is recruited specific organisational knowledge is lost and the organisation has to invest energy and human resources to put up to date the new recruiters. This particular factor is of relevance due to the fact that the trainings on: Nutrition Awareness, M&E, Project Cycle Management and Gender were conducted the first year of implementation of the project. The newly recruited, learnt by doing with the supervision of senior staff, which inevitably has affected the quality of the delivery.

On the positive side, key responsible senior project officers - Agriculture and Water - have been involved for almost the whole duration of the project. In the case of the SPO for Water, she joined the team in January 2018.

Nevertheless, staff turnover has been identified as one of the major challenges for the timely and quality execution of the project. Newly recruited project staff themselves recognise that there is a need for further training so they can deliver to higher standards and feel more comfortable in their position. The action would have benefitted from staff with more consolidated knowledge, capacity to deliver quality outputs, and ensure effective follow-up of actions.

- **Delay in procurement processes** seems to have had an important impact in the timely delivery of activities. Concretely in activities: 2.1 Inputs provision for

nutrition sensitive agriculture and 4.1 Provision of lighter tools to reduce women’s workload. In the first case, given the late identification of the needed seeds, and the restriction in giving advance payments, the seeds could not be bought locally and it caused a delay in 2018; as a consequence, the seeds were not provided in time for planting. There were also concerns on the quality of the seed, as the sellers seemed to have given mixed quality seeds. In the second case, the thresholds and milling machines could not be purchased locally and given that the identification and purchase order arrived late, together with the internal procedures produced a delay in the delivery of the activity. Big challenges in accessibility to remote villages due to conflict did not make possible an earlier identification of needs.

In both cases, the delays have had an impact on the sustainability of the actions.

- As mentioned in the previous section, there seemed to be challenges in **reshaping actions** to rapidly respond to the context changing needs. Particularly, this is the case for output 3, as the influence of the Chinese market in the local cultivation trends and engagements already acquired by local farmers, were not taken into account when proposing alternative cash crops that given the dependency and debt bound with Chinese traders did not work as expected. This has had an impact in the attainments of the output and consequently the project was not able to deliver as expected.

In the case of output 4, with regards to the machines delivered to the villages. When visiting the villages and talking to project staff in the field, it was acknowledged and evidenced that the machines in 4 of the villages will not be used or maintained appropriately, due to the remoteness and capacities of the local population. Because of this, resources could have been used in a more adequate way to address particular needs of the local population.

In the future, an approach that involves more the field staff in the design phase could help, as they have the knowledge of the field and are conscious of the challenges. They could assist in delivering a more tailored approach adapted to the specific needs of the different villages. Staff should also be supported towards having a vision beyond the implementation of the activities, to focus their energy on the attainment of outputs and outcomes rather than solely executing actions.

The consultants believe the main challenge of the project is linked to the strategic choices of the project design: it has been overambitious given the reality in the field. It has targeted many field areas and processes that could not be consolidated given resources and time constraints, to ensure the sustainability of the project. Adding to this, as explained above, the capacity of absorption of the material, by the local population is limited. Having more time and resources focused in a reduced number of areas of intervention, would have been a more efficient way to start the process of long-lasting change. It would have also been easier for CARE staff as they themselves are new to many of the concepts introduced.

Efficiency in the collaboration mechanisms put in place with the Department of Agriculture has been proven. The DOA supported and complemented the theoretical and practical aspects related to the introduction of good agricultural practices e.g.

reduction of chemical products and assisting in the procurement of good quality items such as adapted seeds and organic fertilisers. Moreover, the involvement of Lashio’s DoA represents an important step in bringing communities closer to state actors reducing reciprocal mistrust.

With regards to the M&E, the implementation of actions has been properly reported and there has been a positive cooperation between the Lashio and Yangon Office, with staff from Yangon supervising the data from the field office. Notwithstanding, it has been challenging for the field office to keep a proper track of data as they do not have dedicated staff, and as previously explained there have been many changes at the level of PO and PA, throughout the implementation, therefore they struggled to keep up with the data gathering.

5.3.1 Gender Efficiency:

The project team is gender balanced, and the two most relevant senior level positions are female (SPO Agriculture and Water). Project Officers are one male and one female and project assistants are also equally gender balanced. The consultants were told that special attention was taken to ensure that when visiting the villages, at least one male and one female were present to facilitate interaction. On the other hand, in spite of the efforts by CARE to provide training to all the staff, training should be considered as a long-term action, and further capacity building should be provided to ensure that concepts are well understood and transmitted to the local populations. One ToT (training of trainers) it is not enough to be able to pass on knowledge and have an impact in changing population behaviours. This is especially relevant given: the change of staff, and the recent restructuring of the work done in the Lashio Office¹.

Gender has been mainstreamed in all outputs and the participation of women has been pursued in the implementation of the actions. An important step has been to ensure the inclusion of women in all governing bodies created by the project (VDO, WMC and FIG), providing access to decision making and normalising participation of women in that sphere. Another important step taken by the project was to involve men in gender awareness training; even if a single training is not enough to provoke a change of behaviour it has helped introduce new concepts, and initiate exchanges on the topic of gender amongst community members, sometimes at home and mainly amongst male friends.

In general, the evaluators believe that a project with a narrower focus would have been more efficient. A higher degree of flexibility to change and cancel actions that were seen to have limited impact in the first year, could have increased impact later on, to make better use of the resources available. This has probably not happened due to a focus on activities, rather than on outputs, and could also be influenced by the donor restriction to accept some of the proposed changes. As a consequence,

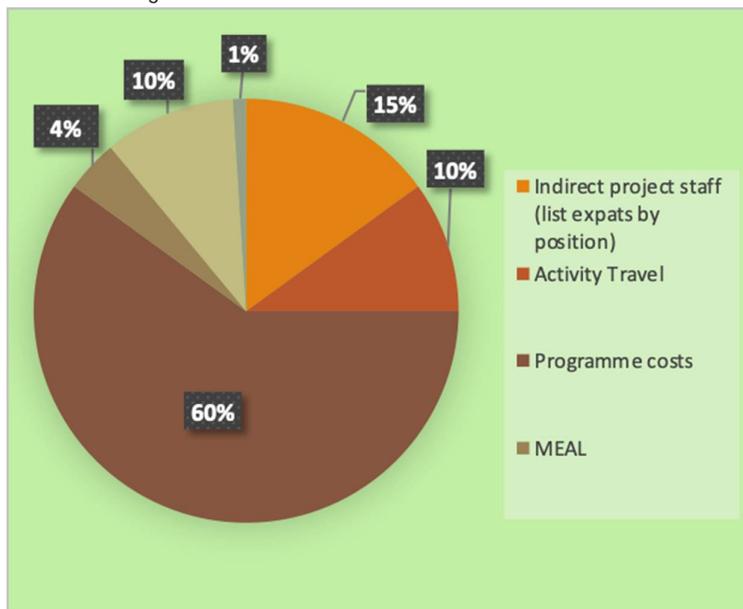
¹ Consultants were told during the de-briefing that a gender training has been conducted recently (December 2019)

there has been a decrease in the effectiveness and a limitation on the impact produced by the set of joint actions.

5.3.2 Cost/benefit ratio for the overall project

The Budget is broken down into main headlines as shown below.

Chart 11: Budget breakdown



The project’s cost/benefit is evaluated on the basis of the last approved budget. Analysing the project costs, considering its specific Outputs and the planned activities within each of the project components; the consultants note that the costs distribution is balanced with 60% of the budget planned for the program costs. However, it should be clarified that almost 24% of the program costs are

inclusive of the staff costs directly involved in the action. The analysis of the financial execution, as for the last financial report dated September 2019, shows an important underspent equivalent to the 21% of the total budget corresponding to 78,107Euro. Further investigations demonstrated that most of the underspent was mainly related to the salaries of the staff.

The evaluators understand and appreciate the optimizations of human resources with their overlapping among different projects and related sharing in terms of budget. However, from interviews with the staff a situation of malaise emerged, that includes complaints related to the workload and the salaries.

Recruitment of additional staff well-coordinated and incentives to the staff would have had positive effects in the activity implementation and its follow up.

5.4 Effectiveness

Effectiveness of the intervention is defined in terms of achievement or progress towards set targets and goals.

Quantitative data collected during the end line survey has been triangulated with qualitative information collected through the FGDs and KIIs, and the existing project

documentation in order to validate the results. Data collected from the control group (even if limited on its number) has been useful, in the lack of a baseline, to compare the situation pre and post intervention. Worth to be noted that a situational appraisal on food nutrition security was conducted in 2017 with very relevant information to the project but measuring different indicators, therefore it could not be used as project baseline.

The effectiveness was evaluated by taking to consideration the external factors that would have influenced the normal development of the project such as: insecurity due to the conflict, cultural aspects, remoteness of the intervened areas etc.

The analysis of all these elements provided us with the conclusion that the project, generally, has had a positive, although limited impact on the intervened communities as shown in the tables and charts below. Water intervention was proved to be the most successful and with long lasting impact. The intervention resulted, despite its positive holistic approach, to be too ambitious given the limiting factors broadly described in the efficiency section of this report.

In general, the effectiveness of the project suffered from a certain degree of strictness in its implementation, which hampered a more tailored implementation to the needs, circumstance and priorities of each one of the villages, translating in a “blueprint” approach rather than a more participative approach. Proposed intervention sectors clearly respond to the general needs of the intervened population, even if sometimes they are not perceived as priorities for the communities; for example, this is the case of hygiene and nutrition or women empowerment.

On the other hand, being too tied to a specific work program and defined activities leaves no room for a continuous context analysis, in a rapidly changing environment. This can result in loss of opportunities e.g. Farmer engagements with Chinese companies. Overall, it can be argued that this approach focus, is more focused on at the input level, to the detriment of more consistent achievements at output level.

Notwithstanding, the consultants evaluate the level of participation of the communities in the project as positive. The Lashio team was able to identify key entry points and build trust among the villagers, laying the foundation for further interventions geared towards consolidating the results obtained.

Here below an analysis of the indicators for the Specific Objective and outputs. The tables show the results of the End of line survey for the project indicators at Output level. Those that relate to the implementation of activities; such as number of participants in trainings, numbers of visits etc. are to be reported in the final project report by CARE and have not been covered by this evaluation, whose focus is at the level of results achieved.

On another note, the consultants (as explained before) are not using as unit the HHs for indicators that aim at measuring change of behaviour or learning practices.

5.4.1 Goal

Objectives	Indicators	Control villages	End-line survey
<p>Goal</p> <p><i>To contribute to the Sustainable Development Goals 1 (end poverty), 2 (end hunger, achieve food security and improve nutrition) poor and vulnerable communities in remote areas in Myanmar</i></p>			
<p>Specific Objective</p> <p><i>Increasing capacities of poor and vulnerable households in remote rural areas to strengthen their food and water security through a) income generating activities, b) access to new technological agricultural innovations and products, and c) better access to market opportunities</i></p>	<p><i>% of HH reduced in average Household Food Insecurity Access Scale Score</i></p>	<p><i>Score in food insecurity:</i> 8% Low 16% Medium 5% High</p>	<p><i>Score in food insecurity:</i> 8 % Low 11% Medium 1% High</p>
	<p><i>% of HH reporting increase in Food Consumption Score – Revised indicator: Reporting changes in their alimentation in the last 3 years.</i></p>	N/A	<p><i>72% of the respondents declared an important change in their food consumption against the 28% that didn't.</i></p>
	<p><i>% of HH reporting increase in HH's food (rice, vegetables, potato etc) availability from all sources throughout the year in the past 12 months with the previous year</i></p>	N/A	<p><i>54% reported eating more vegetables, 8% eating more rice, 7% eating more meat and 31% eating more of everything.</i></p>

As a first note, the indicators are not being gender disaggregated because the results for men and women do not show any remarkable difference in the declared trend changes in food consumption.

The consultants consider that some modest achievements, measured by means of the indicators of the project specific objective, have been reached. As we mentioned before in the report, annual work plans, strict implementation and periodical monitoring mainly at input level, hampered a better understanding and control at output level orienting corrective action where needed. To this we must add some issues which have already been discussed, relating to the procurement that delayed the implementation of key activities (e.g. seed distributions and its quality).

It should also be considered the context in which the action took place, and the fact that for most of the villages it was their first experience in collaborating with an external actor (CARE), in the framework of a development intervention. In this regard, it is worth mentioning that the process to attain results in these specific situations takes longer, as it first requires gaining trust from the communities. This also leads to less responsive community engagement at the beginning of the interventions.

To measure indicators for the Household Food Insecure Access Scale we used the same standard methodology used for the Situational Appraisal of food & Nutrition Security Report done at the beginning of the project.

A slight change in the set of specific questions was requested by the Lashio team reducing the number from 9 to 7, because they considered that some confusion could have been created in the translation into local languages, given the limited understanding of the respondents and the enumerators.

The result shows a positive trend in the project villages where 80% of the respondents did not feel food insecure compared with 72% in the control villages. The low food insecurity scored is the same (8%) in both. While medium and high food insecurity is clearly higher

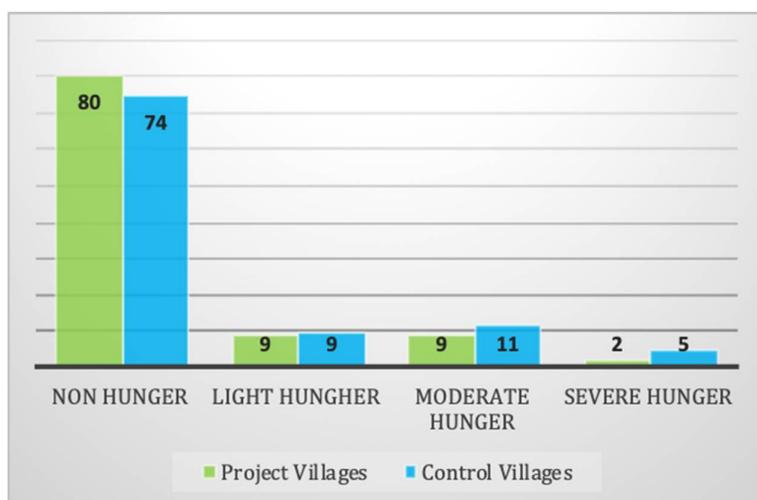


Chart 12: Household Food insecurity Access Scale Score (HFIAS) in project and control villages

in control villages. We can suggest that the results in the control villages are aligned with the results reported in the above-mentioned report of 2017, considering that at that time results of *no food insecurity* and *low food security* reached the 78%.

When measuring the Hunger Scale (perceptions of degrees of hunger) we find more or less the same situation of the HFIAS where light hunger is equally perceived in the control and project villages 9% , while moderate and severe score are higher in the control villages,11% and 5% compared to 9% and 2 % respectively. Also, in this case the results of the control villages are aligned with the food security report.

Chart 13: Household Hunger Scale in project and control villages



It can be argued that the project contributed, albeit moderately, to a general improvement of the food security in the intervened villages reducing the medium and high level of insecurity. The affected HHs, most likely, switched from high to low insecure or food secure.

Regarding the indicators measuring the increase in food consumption the team decided to switch from a standard measurement score to a set of questions that facilitated better understanding by enumerators and villagers. The team avoided including a large number of variables, keeping the focus on the usual diet patterns of the respondents and its changes in the last 3 years (project lifespan).

72% of the respondents declared an important change in their food consumption, against 28% that didn't. In regard to respondents who felt there was no change in their food consumption, we highlight that 41% of the 28% reported "don't know why I have not changed". Although the 41% is calculated from the 28% of the total number of persons surveyed, it remains significant to the extent that for future planning, improvements in awareness strategies should be considered.

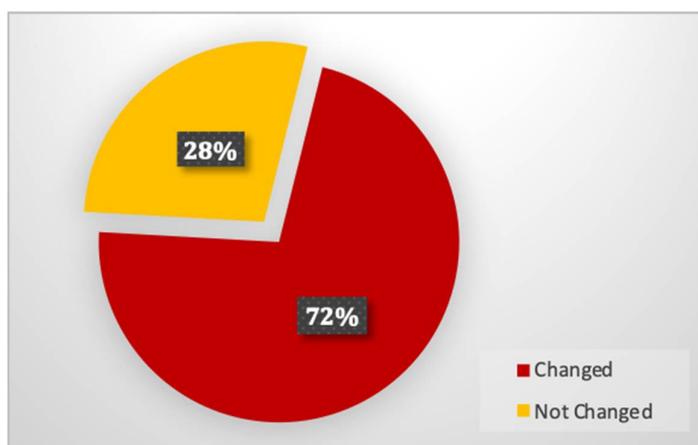
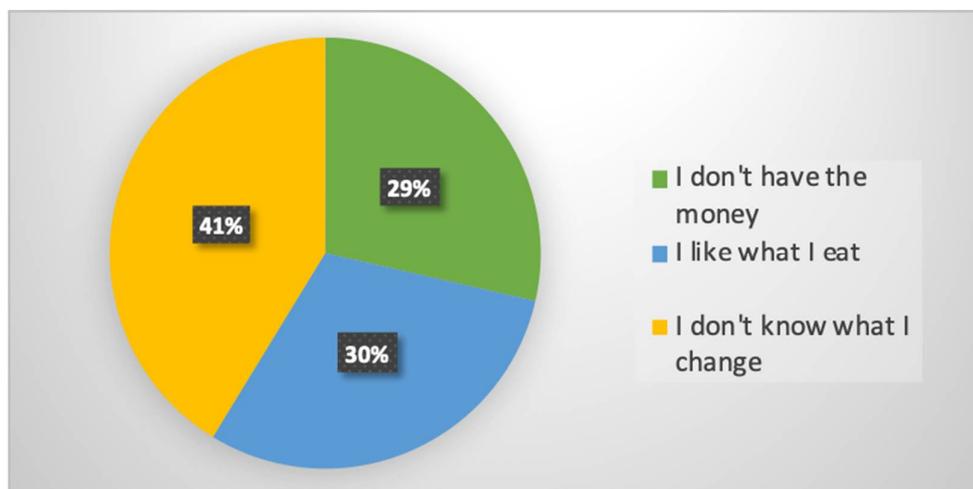


Chart 14: People confirming that consumption habits in the last 3 years in project village

Chart 15: Reasons for not changing food consumption habits



The last graph shows the trend among the surveyed villages where Ho Khen and Pang Hkut villages (Ta-ang and Shan) have had a better performance compared to the others.

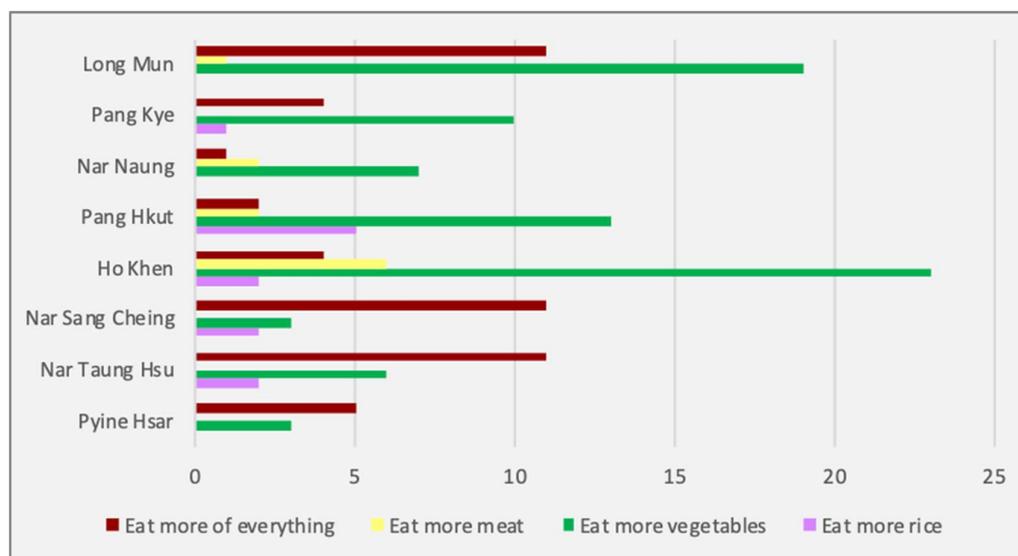


Chart 16: Increased food consumption in project villages, per type of food.

The last indicators could be partially measured with the data related to the food consumption of the HHs. From these data we can see that there is a general increase in the food consumption and its variety.

In fact, 54% of the surveyed respondents, stated to have introduced more vegetables in their diet. We can consider this data as an important outcome from the outputs 1 & 5, because the activities support home gardening. It is also significant that 31% of respondents state an increase in the variety of food items consumed.

On the other hand, currently, we can't detect significant contributions in terms of more availability of food items, from the farms. This is because of last year's negative effects of climate change,

together with the already mentioned late distribution and poor quality of seeds, and the poor application of new agricultural techniques. All of these factors have contributed to low production from the farms, as it has been reported during the FGDs with the farmers.

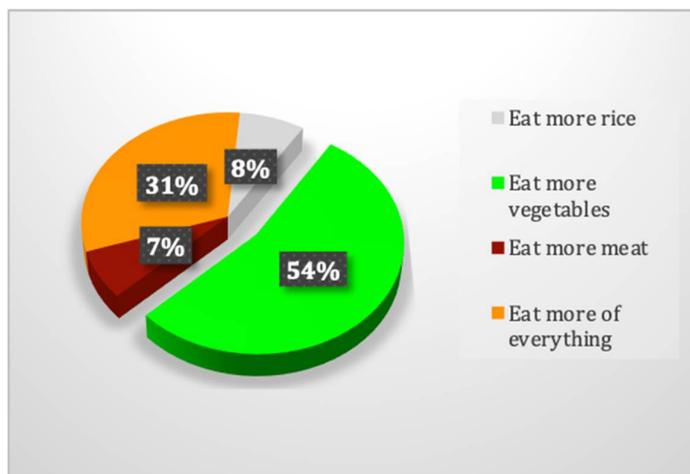


Chart 17: Reported changes in food consumption in the last 3 years of the project

5.4.2 Output 1 and 5

Objectives	Indicators	Control villages	End-line survey
<i>Output 1 Increased understanding of contextual factors leading to malnutrition</i>	<i>% of beneficiaries reporting understanding on malnutrition</i>	<i>9% of respondents reported knowledge – 13% of women report knowing and only 4% of men</i>	<i>55% of the respondents reported knowledge – 59% of women and 52% of men</i>
<i>Output 5 Improved hygiene and nutrition behaviours</i>	<i>% People practicing hand washing</i>	<i>64% with water and soap – 34% only with water Males only water 38% - females only water 30% See table below to evaluate practices</i>	<i>91% with water and soap – 9 % only with water Males only water 14% - females only water 7% See table below to evaluate practices</i>
	<i>% of HH reporting decrease in diarrhea cases where</i>	<i>N/A</i>	<i>2% declares that reduction of diarrhea is one of the main benefits of the water system</i>

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	<i>water system was constructed</i>		
	<i>% of people with understanding of basic nutrition principles</i>	<i>Only 14.9% of the respondents said they know about the 3 main types of food and none gave was able to identify the food types. Slightly more men than women were aware.</i>	<i>58.3% of the respondents said that they know about the 3 main types of food, nevertheless when asked to identify them only 30 % provided the right answers. Slightly more women than men were aware.</i>
	<i>% of HH demonstrate increase uptakes of fresh foods and vegetables in their meals</i>	<i>N/A</i>	<i>53% of the surveyed stated to have introduced more vegetable in their diet.</i>

As made clear in the Evaluation Plan for this evaluation exercise, the consultants decided to join the two outputs (1&5) because of their similarities.

The actions related output 1 were finalised in year 1 of the project and consisted in two participative studies, a "Comprehensive Assessment Result" consisting on the analysis of potential food resources, agro-ecology, seasonality of production and income and a "Review and Analysis on Existing Farming Systems and Practices". Both researches were organised with the objectives to better understand the operational context and address the project on its key activities, in a participatory way, oriented to reduce the food insecurity and improve the nutrition aspects with special attention on the 1,000 days.

Moreover, two additional studies "Situational Appraisal of Food and Nutrition Security" and "Market Study and Value Chain analysis of Paddy Groundnut and Niger in Lashio Township" had provided further analysis of the food and nutrition security context, as well as of the potential values chain for the identified products.

The indicator for output 1 measures the intervened group's understanding of malnutrition. According to the results of the end line data of the project villages, compared with the control villages, an important change is noticeable, with 55% of respondents in intervened villages declaring to have knowledge about malnutrition, against only the 9% of respondents in the control villages.

Notwithstanding, only 130 respondents out of the 235 interviewed in the project villages, who declared knowledge of malnutrition was able to identify one or more sign of malnutrition in children, with a prevalence in the identification of the generic “Too thin” or “Child has less resistance”. Other, more complex definitions, such as “underweight” were reported by only 10% and “stunting” 12%, while only 1,8% of the respondents recognised “Edema”. In the control villages, respondents were able to identify malnutrition only as “Underweight” and the generic “Too thin”. The results were similar between men and women.

It worth mentioning that the surveyed population in the project villages, identified as their first source of knowledge of malnutrition issues, CARE. From a gender perspective, it should be highlighted that in the project villages men have declared almost as much knowledge on malnutrition as women, whereas in the control villages there was very limited knowledge and always in the hands of women.

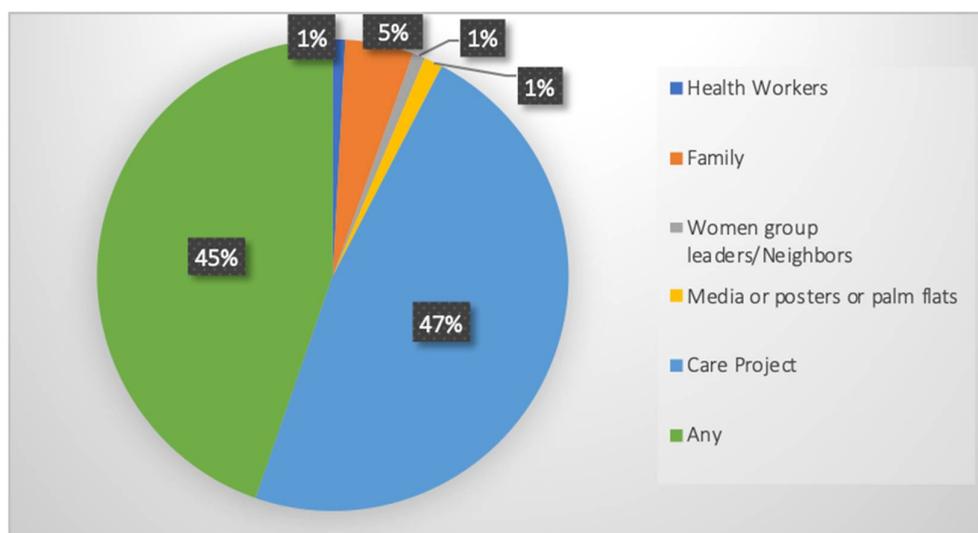


Chart 18: Source of knowledge on malnutrition in project villages

Despite the positive results, there is room for further reflection with regards to the methodology employed, to attract more interest from the target population and enhance impact, particularly for activities they do not consider to be a priority. Furthermore, the training or workshops strategy which gathers a huge number of people once in a while, should be reconsidered. Instead, it would be beneficial to reorient the intervention to consolidate knowledge in a few individuals, providing them with adequate tools for knowledge dissemination, so they themselves become agents of change.

When it comes to the indicators measuring the understanding of basic nutrition principles, specifically addressing the three food groups food groups, 58% of the respondents in the project villages, and 15% in the control villages reported having knowledge.

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Table 3: Knowledge of the three food groups in the project villages

Knowledge about colorful food	Cumulative Intervened Villages								Total	% Total
	Pyine Hsar	Nar Taung Hsu	Nar Sang Cheing	Ho Khen	Pang Hkut	Nar Naung	Pang Kye	Long Mun		
Know	7	14	7	34	19	9	18	29	137	58%
Unknow	8	18	13	18	16	1	7	17	98	42%
Total	15	32	20	52	35	10	25	46	235	

Table 4: Knowledge of the three food groups in the control villages

Knowledge about colorful food	Control villages		Total	% Total
	Man Kaung lone	Nan Nyo		
Know	4	3	7	15%
Unknow	28	12	40	85%
Total	32	15	47	

In spite of these results, when the probe question about food group knowledge was asked to the respondents declaring to know colourful food in the project villages, only 52% of them were able to correctly identify the groups, while 43% provided an incomplete or wrong answer. In the control villages no one was able to provide a correct answer.

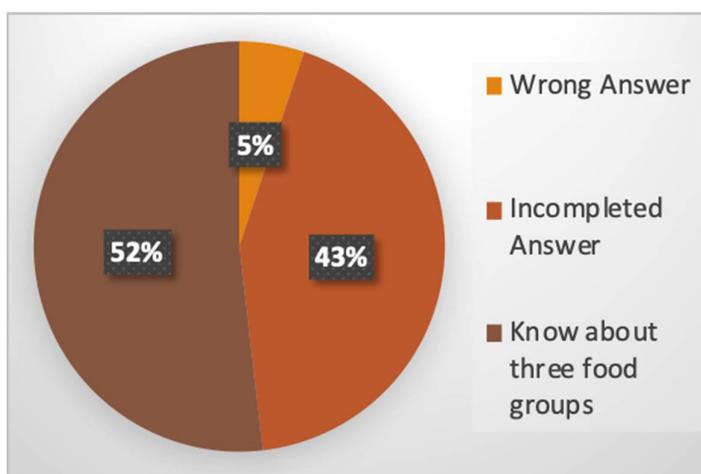


Chart 19: Probed knowledge about the different food groups

With regards to these results disaggregated by gender, in the project villages slightly more women than men knew about the 3 types of food groups, while in the control villages it was the other way around. This might suggest that women mostly attended nutrition activities.

Table 5: Probed knowledge about the different food groups by gender

Probe about knowledge of food groups	Gender	
	Male	Female
Wrong Answer	2	5
Don't Know/Incompleted Answer	34	32
Know about three food groups	30	41
NA	72	66
Total	138	144

Concerning knowledge on the importance of the first 1,000 days for infant nutrition, the situation undoubtedly indicates improvements in terms of knowledge in the project villages compared to the control villages, although it cannot be said that knowledge and good practices are consolidated. Breast feeding is directly related to, and of interest to pregnant women and women with children up to 2 years old. Nevertheless, the number of respondents from these groups were not high, even if more than 50% of respondents were women in fertile age, in both project and control villages.



21 years old woman interviewed in Pan Hkoke village, she has 2 children, one 1 year and 3 months and the second an 8 days old baby. She does not attend project meetings, her husband does. She said she ate a lot during pregnancy, including meat. She breastfed her child right after delivery (first cleaning her breast). She learnt by either NGO workers or health assistant. She took supplements during pregnancy. For the first child she did exclusive breastfeeding up to 6 months. Delivery was with a traditional birth attendant, as there was conflict during that time, she did not use gloves but washed her hands and used new scissors. She is growing new plants in her home garden (some of the seeds from CARE were good others did not work). From the CARE project she appreciated: not pounding paddy anymore, the support given to women, and information on vaccination etc. but above all for her, the best outcome of the project is access to water.

The data collected showed that 41% of the respondents in the project villages - of which 56% were women and 31% were men - and 32% - of which 57% were women and 8% were men - in the control villages, know that breastfeeding should start immediately after delivery.

Similar percentages, as shown in the table below, are reported for exclusive breast feeding. In the project villages 45% of women, and 34% of men report having knowledge, while in the control villages only 17% of women and 4% of men report having knowledge. In this case, the project intervention seems to have had a high influence on acquired knowledge.

Chart 20: knowledge of immediate breastfeeding

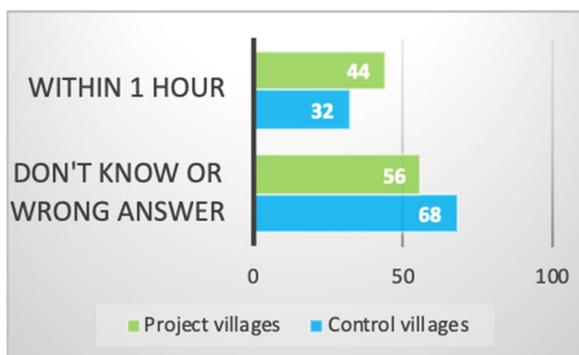
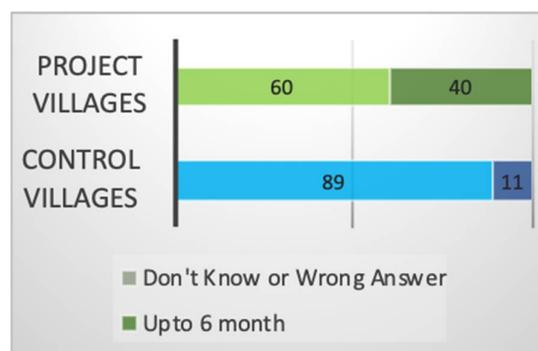


Chart 21: Knowledge of exclusive breastfeeding



It's important to highlight, that the majority of interviewed pregnant women, answered questions about breast feeding and exclusive breast feeding incorrectly in both the project and control villages, as shown in the table below.

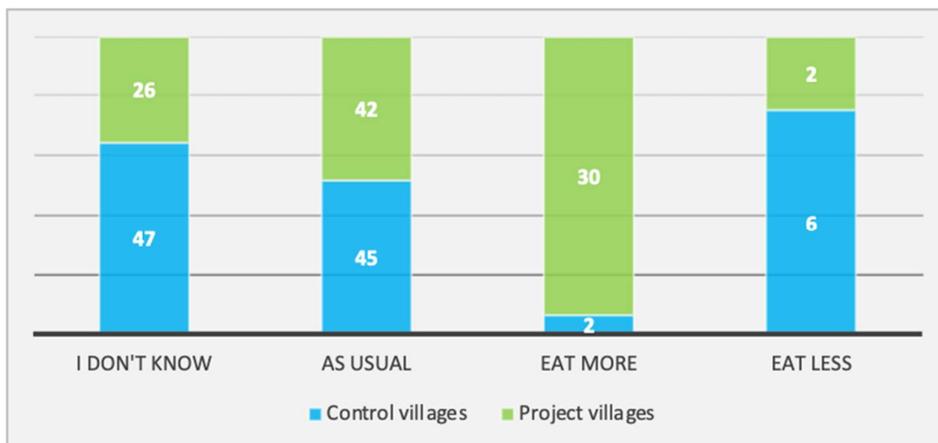
Table 6: Knowledge of pregnant women breastfeeding in the different project villages

Knowledge on Breast Feeding	Cumulative villages										Total
	Pyine Hsar	Nar Taung Hsu	Nar Sang Cheing	Ho Khen	Pang Hkut	Nar Naung	Pang Kye	Long Mun	Man Kaung lone	Nan Nyo	
Don't know or wrong answer	0	0	1	2	3	0	0	2	2	1	11
Within 1 hour	0	3	0	0	0	1	1	1	1	0	7
Knowledge on exclusive Breast Feeding											
Don't Know or Wrong Answer	0	0	1	2	3	0	0	2	3	1	12
Upto 6 month	0	3	0	0	0	1	1	1	0	0	6

The table below, illustrates data on the knowledge of women's diet during the pregnancy/lactation period. Higher knowledge of practices is present in the intervened villages, when compared to the control group villages.

In control villages there was a limited knowledge of malnutrition. Women declared to start feeding their children chewed rice from day 1. Vaccination practice was not widespread either.

Chart 22: Women’s knowledge on diet behaviours



To facilitate the consumption of vegetables among the households in the intervened villages, the project supported home gardening by distributing seeds of diverse varieties, together with other initiatives related to nutrition such as trainings. The positive impact of the home gardening activity is reflected, as previously discussed, in a general increase of intake of fresh vegetables.

Regarding end line data, home gardening in the project was already a common practice among the HHs before the project. An additional 4% of HHs decided to start the activity during the project life span, bringing the overall percentage to 94% of families dedicated today to growing fresh food, of which 85% grows an increasing number of variety due to the project’s support.

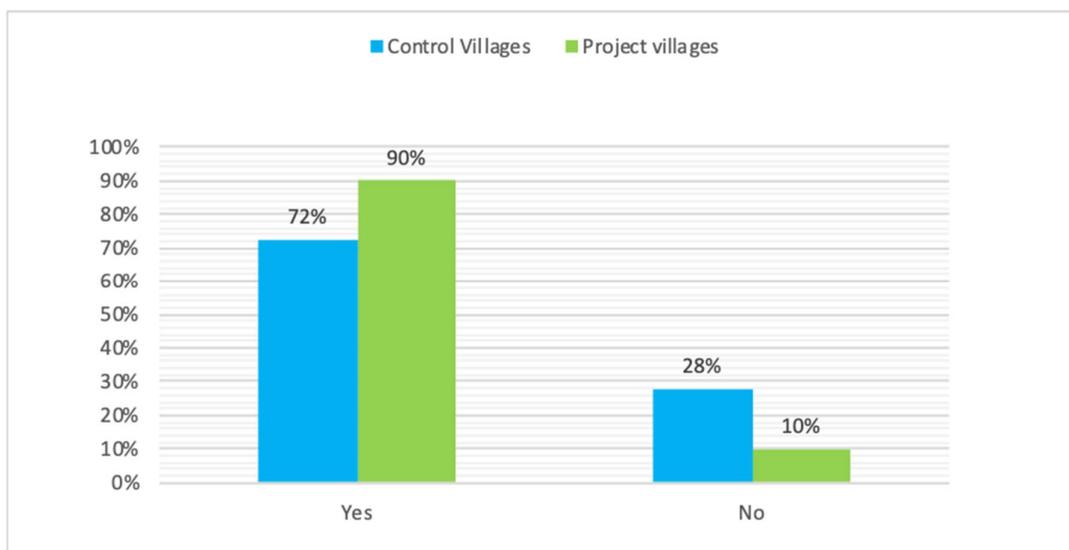


Chart 23: HHs having a home-garden before the project started in project and control villages.



According to the respondents, garden productivity peaks between two and three months during the year, with few exceptions that reported producing during all year long.

The intention of 92% of the HHs is to continue planting in the next year. Half of the HHs have decided to plant more vegetable. However, there are some challenges which could put at risk this activity in the future, among which the cost and accessibility of the seeds and the water requirements to maintain the garden.

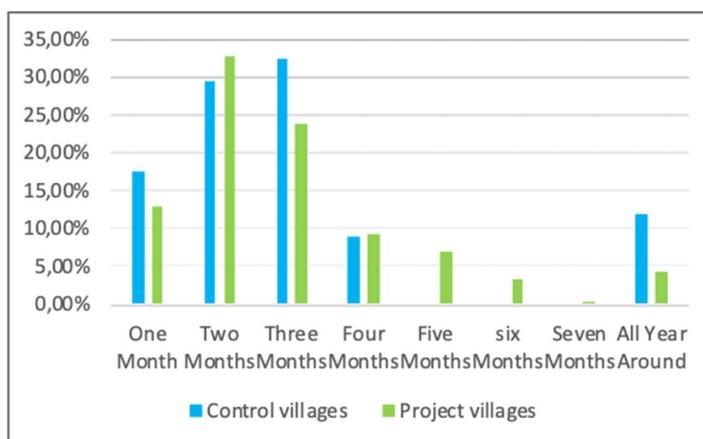


Chart 24: Number of months with availability of fresh vegetables.

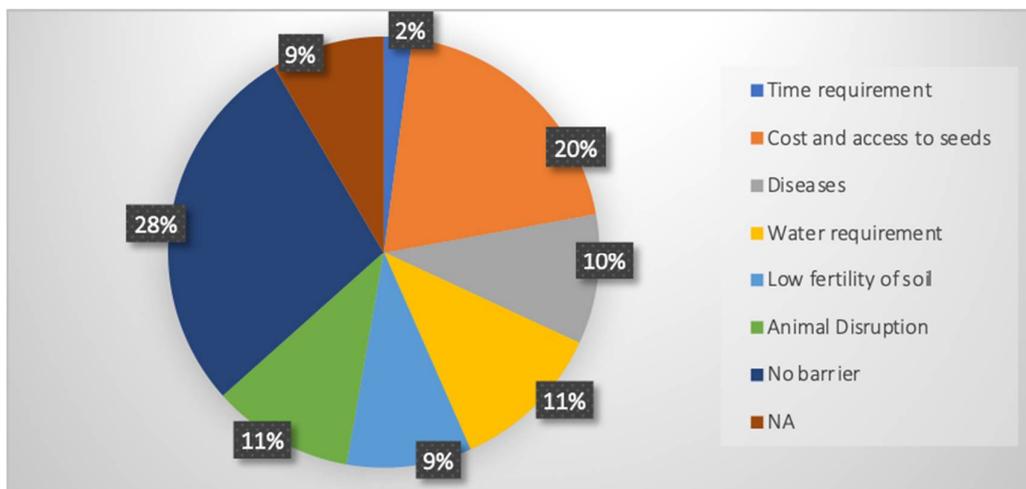


Chart 25: Challenges to home gardening in project villages

Knowledge of general hygiene practices resulted to be similar between the project and the control villages. The respondents in the project villages reported an average knowledge of 5,7 different practices each, while in the control villages 5,8. In both group women have a bit more of knowledge of hygiene practices then men,51% and 49% respectively. During qualitative research a difference in personal hygiene between control and project villages was observed, with project villagers better performance in clothes cleanness and bathing.

A similar trend is observed regarding hand washing behaviours. Results are not different between the control and project villages, as the majority of the respondents in both cases wash their hands before and after food consumption, but only a few respondents report washing their hands after defecation and latrine use. There is no significance difference in hand washing behaviours between women and men.

Chart 26: Hands washing behaviours in project and control villages



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There are better hand washing practices amongst women, showing that a higher percentage use water and soap than men. There is also an obvious positive change from the project intervention, as 91% of respondents use soap in the project villages compared to 64% in the control villages.

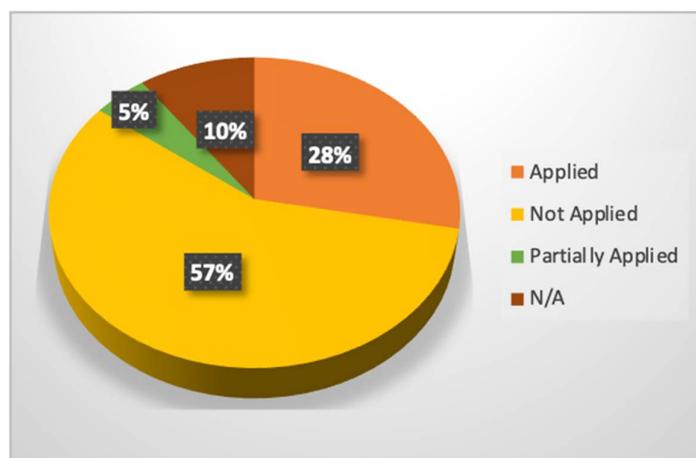
Another difference is in the use of fly proof toilets, which in the project villages amounts to 75% of the HHs, compared to 38% in the control villages.

Finally, only given by 2% of the interviewed report that the water system has reduced incidence of diarrhoea. This might show a lack of acknowledgement of the positive impact of better water quality. It is important to emphasise, that the 2% are formed by 5 respondents from Pang Kye village and 3 from Ho Khen village.

5.4.3 Output 2

Objectives	Indicators	Control villages	End-line survey
<i>Output 2 Improved ability to adopt appropriate agricultural technological innovations and products</i>	<i>% of farmers used appropriate technology (eg-cultivation practices, proper use of chemicals, double cropping, composting etc.) to enhance crop production</i>	N/A	<i>28% of surveyed said they are applying new techniques (31% said that the yield was worst)</i>
	<i>% of farmers reporting increase in yield/ scale compared to equivalent season in previous year</i>	N/A	<i>26% of surveyed stated that yield increased.</i>

Farmers in the area use traditional techniques for land preparation. As traditional techniques have a negative impact on productivity and the environment, the project



tried to introduce new approaches following recommendations from the participative analysis. The project established 5 farmers field schools that provided training to 144 farmers, of which 62 were women. Despite the efforts of the project team, the data collected during the end line shows a negative trend in terms of adoption of

Chart 27: Household adoption of new agricultural techniques

new technologies, and by consequence the sustainability of this output is far from ensured. Nevertheless, a high degree of acknowledgement by the farmers has been observed.

To the question: “Are you applying the learnt techniques?” Only 28% of the surveyed provided a positive answer shown in the graph below.

When asked what techniques the interviewees applied, respondents pointed out transplantation, basal fertilizer and organic fertilizer as the main techniques, followed by pesticide management.

To the question whether they will continue to use the techniques they learnt and tried in the next season, only the 37% of them declared they will, 3,5% declared they partially will, while 49% decided to abandon the practices. The main reasons for the abandonment of the new techniques, are related to the difficulty in managing the techniques, the poor results obtained and from the FGDs, the issue of costs related to the implementation was emphasized.

Lack of adoption is linked to the limited resources of the farmers that suffered from a market failure in 2019 and do not have resources to buy inputs and therefore they are just growing maize which inputs are provided by Chinese traders. Respondents said they cannot afford to buy inputs, and they do not have the human labor required to apply them e.g. spatial farming methods (seed bed or crop spacing). Other techniques such as seeds selection, post-harvest storage techniques that do not require input investment or labour-intensive work are more likely to be used.

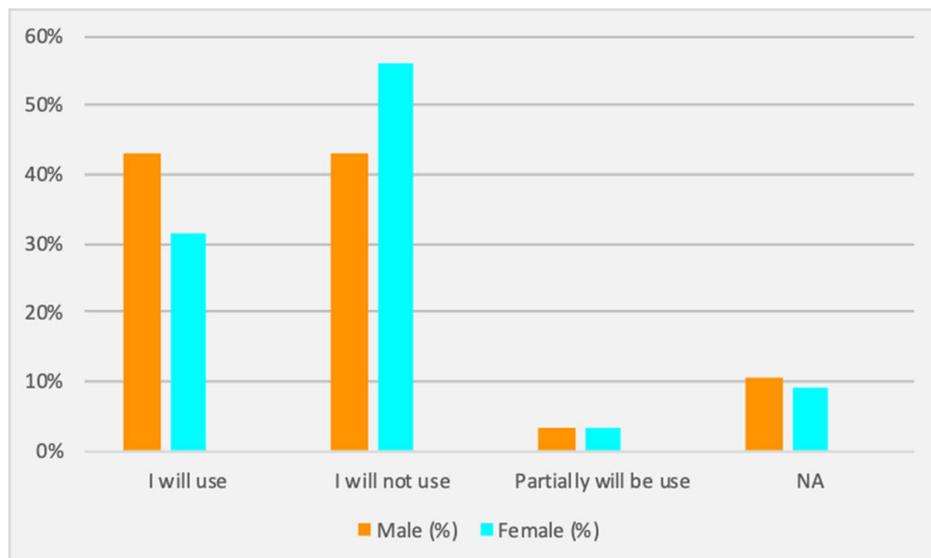


Chart 28: Adoption of new agricultural techniques in project villages by gender

The graph above shows a higher degree of adoption in men compared to women. It might be because the men who attended the trainings were actually involved in farming, while in some of the KI interviews it surfaced that some of the women were

appointed to the trainings, as they were not busy at the time. Another explanation could be related to the fact that decisions on farming are usually taken by men in the household.

The quality of the crops, compared to the previous year's, has been evaluated as being worst or similar, with only 26% of respondents reporting improvements. It should also be noted that results from the control villages suggest that in general, last year has been a bad year mainly due to water scarcity.

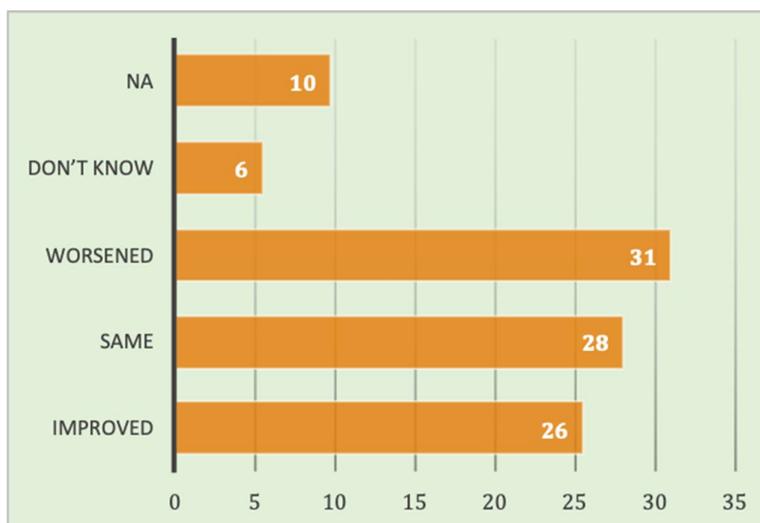


Chart 29: Quality of the yield in project villages

Amongst the mentioned causes for improvements in quality, it is worth mentioning the quality of the seeds distributed by CARE and a better management of the fertilisers, as a result of the trainings received from the project.

The main causes that had affected the crop yield were; access to water for farming, and the instability of rains, a probable effect of climate change. Pest and disease affected crop yield too. It is important to note that in the project villages only 7,6% of the respondent were able to identify the cause of infection of the crops and to apply proper treatment, 9,8 % only partially have knowledge to treat pests and disease while 33% don't have any knowledge.

Long Mun Village farmer FGD: in 2018 they received the seeds after planting season; therefore, they planted all the seeds together in 2019. Those who received training used the new techniques, those who didn't, used the old techniques. They have noticed that in the demonstration field the yield was better, but they did not employ the new techniques as it will be very expensive in terms of paying for extra labor. CARE paddy variety for high land didn't grow well for most people, and they had to re-plough and grow their own variety. The low land variety looked good, but yield was lower, in the demonstration field yield was better, it was because maybe we did not use enough fertilizer. Some of the fertilisers are not easily available. We are not used to using fertilisers. They use the seeds for low land variety again next year.

They said that they did not share a lot what they learnt because they do not remember enough, they do not share knowledge in village meetings. There is somehow limited interest due to the fact that they cannot afford fertilisers and they cannot afford the risk that the crops do not produce well.

5.4.4 Output 3

Objectives	Indicators	Control villages	End-line survey
<i>Output 3 Increased income resulting from successful marketing of products</i>	<i>% of farmers who grew at least one high yield variety of crops (eg-rice, groundnuts, niger)*</i>	<i>100% reported planting maize, paddy or black singer</i>	<i>51% of the interviewed households interviewed cultivate mainly maize and paddy.</i>
	<i>% of HH reporting increased incomes derived from their main livelihood strategy</i>	<i>N/A</i>	<i>69% has declared an increase of income since the beginning of the project</i>

*Control villages are closer to Lashio and have better access to the market. When the survey was conducted most of villagers were in the field harvesting, therefore the population present on the village were the least involved in farm work.

In both indicators there are no significant changes between what is reported by men and women in the interviews.



Pyine Hsar – Farmer’s Interest group

It’s the consultants’ opinion that this was an important output to ensure the future sustainability of the intervention, by facilitating and ensuring better access to and conditions in the market, therefore potentially improving farmers’ income. Unfortunately, this was a missed opportunity, as the initiative did not focus enough attention on this output, and the efforts at the beginning of the project focused to delivering a valuable Market value chain assessment, have faded out. This reveals, as

previously mentioned in the report, a gap in context analysis capacity. The project team was unable to understand the changes of the situation over time and failed to adjust the planned actions to adequately respond to the new situation and support new opportunities that arose.

This was the case for the project promoted crops to increase diversification. The variety proposed were not adopted due to their low-level marketability, as the interest of farmers points to the corn market pushed by China, and as most of the farmers were already engaged with Chinese traders.

It would have been more effective to complement the promotion of new alternative crops to reduce dependency from the Chinese market with supporting to farmers to get better contractual conditions from the Chinese traders, to support collective inputs purchase and collective selling, and in general to promote a different role for the FIGs. The consultant also acknowledge that the context options are right now very limited due to all the external factors previously mentioned.

The table below shows the main crops in the project villages. The responses clearly point to the respondent’s preference for double crop maize/crop practiced by the 68,5% of the farmers while 7% grows only maize and 24% only paddy, these percentage are different in the control villages where the monoculture prevails with respect to the double crop. While the production of groundnuts, black niger and soya bean was an afterthought or unimportant.

Table 7: Main crops in project villages

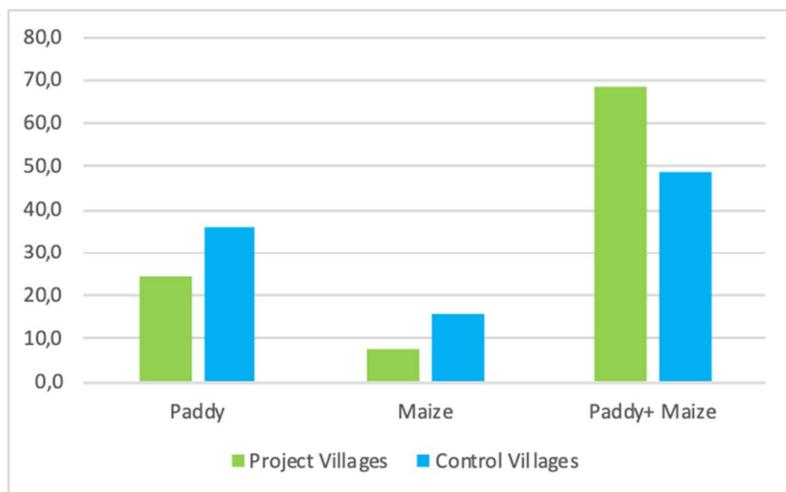
<i>Kind of Crops</i>									<i>Total</i>
	Pyine Hsar	Nar Taung Hsu	Nar Sang Cheing	Ho Khen	Pang Hkut	Nar Naung	Pang Kye	Long Mun	
<i>Maize</i>	11	23	19	37	26	0	14	29	159
<i>Paddy</i>	6	25	18	46	30	7	23	37	192
<i>Black Niger</i>	0	0	1	0	0	0	0	5	6
<i>Groundnut</i>	0	2	0	0	0	0	0	0	2
<i>Soya Bean</i>	1	0	0	0	0	1	0	0	2
<i>NA</i>	3	5	1	2	4	3	1	4	23
<i>Total</i>	21	55	39	85	60	11	38	75	384

It should also be noted that in the project villages, only 31% of the farmers sold their crop in the last year, of which the 90% of them did it individually, while in the control villages the number of farmer selling part of the yield was 47% of which, 36% sold collectively. This is the case of Maoung Kaung lone (control village) that seems to have some kind of organization among farmers. This could be a good case to study and reproduce for future interventions.

Regarding the reported increase in income, 2 villages show a different trend. A lower percentage of people reported an increase of income in the villages Ho Khen and

Pang Hkut, in both areas there is a tradition of cultivation of opium and have significant problems of substance abuse.

Chart 30: Cultivation patterns



Amongst the farmers in the project villages, who have sold their harvest in the last 12 months, only the 55% received some information about the market trend while 45% have not received anything. Respondents said that the main source of information comes from the

traders/brokers followed by family/friends. We can clearly identify a gap in the project interventions that failed to set up a basic market information system which could have worked, for example, through the installation of billboards in the villages, periodically updated, involving the FIGs.

In the words of one of CARE’s Lashio team member: We had challenges regarding market accessibility in this area, because of the maize and watermelon market influence by Chinese traders. We tried to improve Crop diversity but Lashio markets depend on China. Farmers get seeds as a loan from Chinese traders therefore they need to sell their product to them. Given this context, they did not change their crop pattern therefore outcome 3 was not successful.

5.4.5 Output 4

Objectives	Indicators	Control villages	End-line survey
Output 4 Increased involvement of women in the management of household and community resources	% of women involved in decision making on major household purchases	57% of the interviewed declared that decisions on major purchases are made jointly, 38% said that are made by men and 4% by women.	65% declared that decisions are made jointly, 23% by men and 12% by women.
	% of women involved in decision making on community resources	40% of the HH said that a women from the HH is participating in community decision making	65% of the HH said that a women from the HH is participating in community decision making

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	% of women reported spending less labor at farms due to use of farm tools	N/A	98% of the female respondents stated that the farm tools have lighten their work and /or have saved them time to do other activities. Below a graphic showing the main benefits of the new tools for women.

For the first indicator, the following question was asked to the villagers:

Who usually decides at home how to use the HH income with regards to major/expensive purchases (inputs for agriculture, fertilizer, machinery)?

The results show that the project has had a positive gender impact at the number of HHs, with respondents reporting that decisions are made jointly or by women, showing that there are at least 15% less of HHs where decisions are made solely by men.

There are also disparities among villages; the 2 streams are Pyne Hsar where almost 30% of respondents reported that decisions are made by women alone, and Long Mun where similarly, 30% of respondents reported that decisions are made only by men.

The case in Pyne Hsar is justified due to the high levels of substance abuse within the male population:

“Our men villagers are not interest in village affairs and household chores therefore our women villagers have more of a burden, not only to look after household chores but also village affairs”. Comment by local villager in the focus group discussion.

Table 8: Decision making on farming main purchase by gender

	<i>Gender of the respondent</i>			
	Control Village		Project Village	
	male	female	male	female
<i>Man</i>	42%	35%	25%	21%
<i>Women</i>	4%	4%	4%	19%
<i>Join</i>	54%	61%	70%	60%

Interestingly, the above table shows a big difference in the appreciation of the main HH decision maker between control and project villages. For instance; 42% of men in the control villages report that only the men decide, whereas in project villages the percentage is 25%. There is also a big difference in the percentage of women who report they are the sole decision makers in project villages 19%, when compared to 4% in the control villages. Interestingly enough, men in the project villages do not agree with them. This clearly shows an influence of CARE interventions in women’s participation in decision-making.

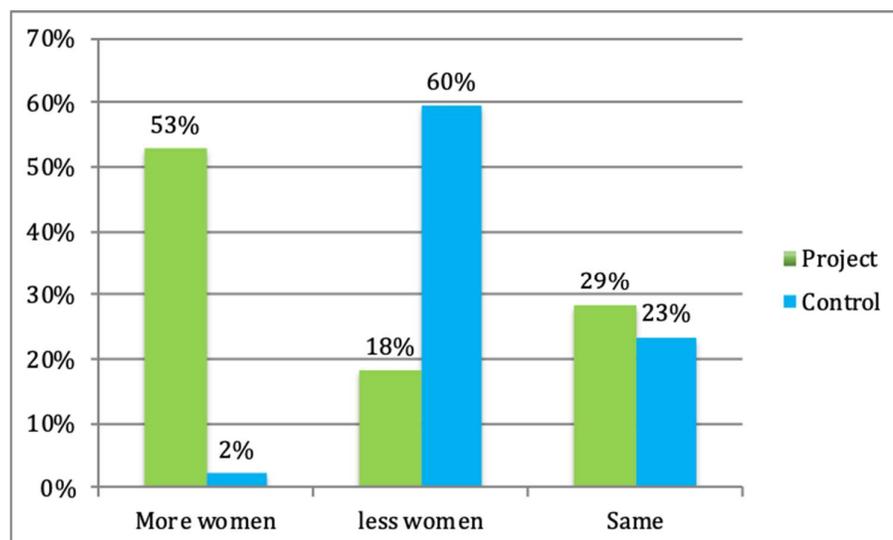
It is important to note for this indicator, the fact that in both project villages and control villages the number of female headed HHs is bigger than the number of persons that have reported that decisions are made only by women. This indicates that even if the head of the household is a woman, there is a potential for men members of the extended family, or living out of the HH that participate in HH decision-making, this is common in control villages and project villages even if the incidence is higher in control villages.

The involvement of women in food purchases in the project villages amounts to 91% (45% of respondents reporting that women alone are deciding, and 46% reporting it is a joint decision). In the control villages the data shows that 83% of women are involved in the decision making either alone (55%) or jointly (28%).

“If men decide alone, women could say it was just your decision and we would not help you. So, couples discuss together and decide.” Men Group, Long Mun Village

Regarding the indicator **participation of women in community decision making**, several questions have been asked which evaluate changes in the degree of involvement of women. The graph below illustrates responses of both the project and control villages, to the question: ***Are there more women in community bodies than 2 years ago?***

Chart 31: Perception on the participation of women in community decision making



Generally, responses from the project villages point to a better insight that the number of women has increased during the period of the project implementation. Interestingly, in the control villages the perception is that there is a decrease in the participation of women. The consistency in the perception is appreciated, in both project and control villages, on the participation by men and women, women being slightly more pessimist in evaluating the degree of their involvement.

“In community meetings before when we say something, men would comment saying these issues are not related to you but after CARE entered the villages, we don't hear that anymore” Women Respondent, VDO, Nar Taung San

To the question: ***Who is in your HH MAINLY attended community meetings?*** The results, for the project villages, indicate that 25% of the HHs members who attended the meetings are women. Whereas, in the control villages only 9% of HHs are represented by women. In addition, in 65% of the cases the respondents of the project villages said that women from the HH participate in community decision making bodies. In the control villages 40% of the HH reported that women from the HH are participating in decision making bodies.

Regarding the provision of rice milling, rice and maize threshing machines; and their impact on women's workload, respondents stated that it had a very positive impact in their lives because it reduced the heavy and long process of doing the work manually. Nonetheless, the systems put in place to manage them should be supported to ensure that profits reverts into community wellbeing. Generally, men do the handling and managing of the machines with more limited women involvement in the actual handling and operation. In addition, in one village there were smaller pre-existent machines while in others they are facing challenges to use them.



New and old machine in Pyne Hsar

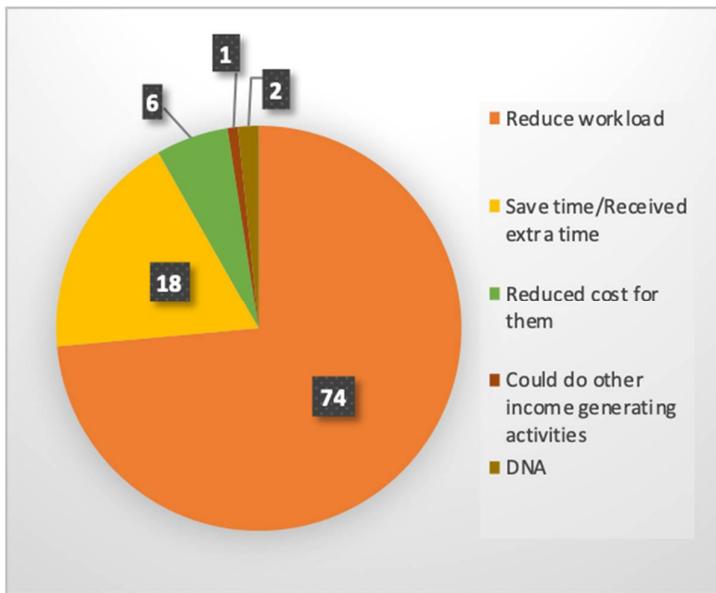


Chart 32: Main benefits of the machines as stated per females

“Our whole-body aches when Pounding paddy and we have callus in our hands. Our hands also bleed sometimes.”
 Man, Gaung Lone, Control Village

“Women have to pound the paddy every morning and it takes them around 2 hours if they pound enough paddy for two meals. Male members just watch them do this because this is regarded as women’s work.”
 Extracted from FGD Men, Man Gaung Lone Control Village



Images: Women pounding paddy in control village

The following bar chart shows the perceptions on women’s empowerment and gender generally, in the project and control villages. This results from measuring the attitude towards participation, management of resources, decision making, division of roles and perception on equality of the interviewed.

The graph shows a slightly more positive attitude in the project villages. Some quotes that shows changes in perception:

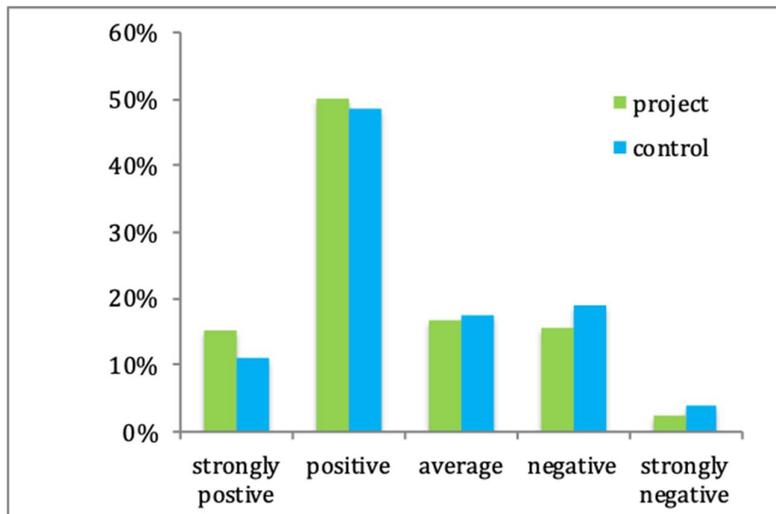


Chart 33: Perceptions on gender in project and control villages

“Before men just waited to be served now they wake up early too and help. This has been around 3 years.” Women Group, Pan Hkoke Village

“Men now help in all the Household related works for women such as washing, taking care of children. The only thing we cannot do now is giving birth” Male Respondent, VDO, Nar Taung San

When asked when this change in attitude towards gender begun, many said around 4 years ago. Therefore, it is difficult to understand if this project alone caused this change in mind-set, as there are other on-going gender related projects in the villages such as the “Gender Project” (the consultant do not know the exact name of the project). The project villages have also reported less incidence of gender-based violence.

5.4.6 Output 6

Objectives	Indicators	Control villages	End-line survey*
<i>Output 6 Increased access to water for home consumption and agriculture</i>	<i>% of HHs reporting access to improved rehabilitated/constructed water systems</i>	<i>64% of the respondents said that they have enough water all year long</i>	<i>96% of the respondents said that they have enough water all year long. 77% of the respondents said that CARE has improved water availability.</i>
	<i>% of HH reporting improved in having access to drinking water</i>		<i>77% of the respondents said that CARE has improved water availability. 14% reported access to drinking water as the best improvement of the water intervention</i>
	<i>% of HH reporting improved in having access to domestic use of water (hygiene and agricultural purposes)</i>		<i>77% of the respondents said that CARE has improved water availability. 13% reported access to water for hygiene purposes as the best improvement of the water intervention</i>

Notes to the indicators analysis:

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- In this output, indicators are not disaggregated as the differences on the responses by male and female are similar and not significant.
- Water is used either for home consumption and for home-gardening therefore the response to the indicators is the same.
- The response to the indicators 2 and 3 is given by the following question posed to the respondents in the project villages: **What is the main benefit that the water project intervention has done to your life?** below are the results:

Table 9: Main benefit of water intervention in project villages

Reduced time getting water	40%
Better quality drinking water	14%
Reduced workload	18%
Reduced incidence of Diarrhoea	2%
Better Hygiene	13%
No response / don't know	14%
	100%

The analysis of the data shows a big difference in the availability of water between control and project villages, showing that for this aspect, the project has been effective in this area. In the project villages some scarcity of water is declared in Nar Naung village, but this only affects 1 to 3 months.

Between all the villages Nar Naung shows the most difficulties accessing water. This is because Nar Naung did not received support for their water system, due to its small size and big changes in the number of populations throughout the year. Long Mun village did not receive support for their water system by the project because as shown in the survey, it was not needed. In the control villages the scarcity affects one of the 2 villages for up to 7 month a year.

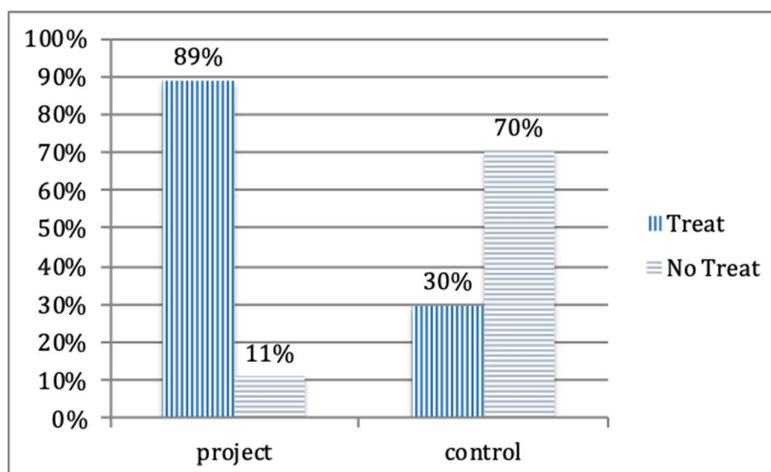
Regarding the reduction of the time spent fetching water, the following table shows the % of respondent reporting how much time they spent before and after the project intervention. The large differences between before and after the project intervention are appreciated.

Table 10: Time used to fetch water before and after the project intervention

	BEFORE	AFTER
LESS THAN 30 MINUTES	33%	42%
BETWEEN HALF AND ONE HOUR	33%	3%
BETWEEN ONE HOUR AND TWO HOUR	11%	0%
NO TIME	23%	55%

A big difference can also be seen in the uses and practices.

Chart 34: Percentages of people responding that they treat water before drinking



When it comes to treatment methods; half of the households use a cloth to filter and half boil the water. In the control villages, almost all respondents report filtering the water with a cloth. Another big difference between the control villages and the project villages, is that in the control villages almost 30% of the respondents did not know how to filter the water, whereas in project villages only 1% responded that they do not know how to do it.

According to the team in Lashio:

Water provision is the most successful action in this project. The community has reduced their time in fetching water and there has been a reduction in disease related to water. Water tap stands were placed close to their home. The project supported one tap stand per 10 HHs within the village. Our project supported 2 water systems provisions in 2 villages in 2017 and 2 villages in 2018. The rest of the 4 villages already has water provision by other NGO, Government and Self-reliance.

Additionally, as previously discussed access to water has contributed to better hygiene practices and improved nutrition standards. It has also had a big impact on the gender aspect, as women are mainly in charge of water fetching and home gardening, therefore it has greatly decreased their workload.



Water tap in Pang Kye

Some illustrative quotes from the project village:

“Water benefits both women and men, but women benefit more (especially mothers of children) because before they had to walk down the stream to go to wash the clothes of their children and family etc.” Water Management Committee, Nar Taung San

“Sometimes there are situations when after finishing the pounding of paddy, we hear our child cry and therefore we have to carry our child and also carry a bucket of water at the same time. It is very tiring.” Women Group, Man Gaung Lone Village (Control Village)

“Women mainly carry water. It is very tiring, aching and sometimes during the monsoon months, we even slip with the water buckets. (They all laughed saying this.)” Women Group, Man Gaung Lone Village (Control Village).



Left: Women from Pan Hkoke Village washing clothes Right: Old lady from village Man Gaung Lone

5.5 Impact

The extent to what lasting and significant changes have occurred and what the particular project’s contribution to these changes, the positive and negative, including unexpected impacts

To achieve long lasting change, given the context and the characteristics of the population, multi sectorial long-term interventions are needed. Above all, especially when the goal of the project aims to change cultural practices and behaviors. Having this in mind, it can be said that the project has started to raise awareness, challenged practices and introduced new knowledge in key areas of development for the targeted villages.

What follows is an analysis of the key impact by each of the outputs of the project:

- **Output 1: Increased understanding of contextual factors leading to malnutrition and Output 5: Improved hygiene and nutrition behaviours**

A general, basic knowledge of malnutrition and its causes has been acquired by the target population as highlighted in the analysis of the effectiveness. However, gaps are still evident especially regarding the key aspects of the 1,000 days. Practices of home gardening, with introduction of a range of variety and additional support by means of training, helped the HHs improve the quality of their diet as they have introduced more vegetables and have a more balanced food intake. Regarding hygiene knowledge and practices, the project has had a limited impact, being the results of the intervened villages similar to those of the control group. Moreover differences were noticed between remote and not remote villages, where in the latter people showed better practices. Overall, we can say that the project laid down some foundations for change that need to be consolidated in the future to ensure better impact.

- **Output 2: Improved ability to adopt appropriate agricultural technological innovation and products.**

The project has helped provide knowledge on the best agricultural practices and it has questioned traditional beliefs above all in the treatment of pest and infections of the yield (practices like throwing popcorn in the field, apologize and request the pests to go away). The best-valued knowledge by the population are the identification of pests, how to address them and how to appropriately use fertilisers. These are also the practices that are more likely to be applied in the future; as per the other practices- such as seed bed and crop spacing -there are several challenges in their adoption due to the lack of human labour, capital and time.

- **Output 3: Increased income resulting from successful marketing of products**

Given the context, the project has not achieved the expected result. As discussed before, there were several challenges faced in the implementation of the actions. Activities related to market facilitation access have been delayed during the project life, and some initiative have been taken only at the end, specifically meetings with Lashio traders were organised to improve information on the market chain. Moreover, the team was not able to catch the changes in the market environments and build strategies to improve the contractual conditions of the farmers with Chinese traders to negotiate better conditions. It is worth mentioning that this requires specific knowledge from the team and constant technical and organizational follow ups, while at the same time strengthening collective action by means of giving a clear role to the FIGs.

- **Output 4: Increased involvement of women in the management of household and community resources.**

According to the data gathered and to the opinions reflected in the consultants' field notes, there has been a change in attitude towards gender issues and equality. The project has raised awareness on equality and men and women are more open to the participation of women in decision making. On the other hand,

it is still early to assert that a long-term change of practices and behaviours has taken place. Men are more conscious of women’s workload; they are aware that they should have a say in community decision making but still at times the old way of doing things prevails. According to the survey, the biggest gender impact is the opening of new paths for increased participation of women in collective decision making, by involving women in committees (WMC and FIGs) they are being empowered to participate in community decision making. Even if the real decision making still takes place in the traditional bodies where women are most often relegated to listeners. Nevertheless, the consultants feel that the gender targets set in the project proposal were too ambitious given the context and the timeframe. Follow up actions and consolidation of recently established groups is needed in order to have bigger impact.

- **Output 6: Increased access to water for home consumption and agriculture.**
The water intervention, as stated by the project team in Lashio has had the biggest impact. Water availability is needed to improve nutrition, hygiene and health. It is also basic for cultivation of basic food that could reach the markets. The gender impact of the actions under this output is also very relevant as it directly facilitates some of the tasks in charge of women: fetching water, cleaning, home gardening, washing the children and clothes, etc...

5.6 Sustainability

To assess whether the benefits of the project are likely to continue after the project ends.

Given the adverse context (remote conflict affected villages) and the capacity challenges of the targeted populations (low levels of instruction and exposure) the obtained results are fragile, and further support is needed to ensure that the incipient observed changes are consolidated in the immediate future.

The consultants believe that by covering so many different areas the intervention was highly comprehensive but at the same time it has had an impact in the absorption of knowledge by the villagers and therefore in the sustainability and long-lasting change is questioning.

In the area of behavioural change, the report has shown a clear tendency to adopt new practices. Nevertheless, further work to reinforce what has been attained is needed. For instance; in the field of nutrition there has been an increase in the consumption of vegetables given the availability of inputs (seeds), provided by the project, but it is also clear that the affordability of new seeds for the next year will be challenging.

Similar concerns affect the areas of hygiene and increased participation of women in decision making, some changes have been made but it is unclear yet that they constitute a clear change in behaviour that will be maintained in the time. In the case

of women’s participation in decision making, it is essential to give contents to the new community bodies and increase links between VDOs and FIGs with traditional decision-making structures.

The fact that knowledge sharing following the trainings was not formally organised has limited the transfer of new competences that has been mainly done informally. This has affected the impact and sustainability of the project. Furthermore, it was found that informal exchanges about the activities of the project were carried out during village meetings, mainly attended by men and therefore women may not have had the chance to listen to the sharing of experiences.

In the case of the established community groups, to ensure sustainability, the project should find a way to give a mission to these structures beyond that of the implementation of the project activities, systematized the work they do and establish links with the traditional pre-existent structures.

Either VDOs or FIGs have limited to no activities out of the scope of implementation of project activities. In the case of the WMC and the machine management committees they have a more active role as they were given a very concrete tasks: to manage and maintain the water systems and the machines.

Following on the water system, clear rules and contributions by villagers need to be created and enforced to ensure sustainability. Nevertheless, given the key importance of the actions and the impact in the villagers life, this area is considered to be highly sustainable.

Special challenges have been detected in two of the intervention areas: new agricultural practices and access to market. For the first one, the challenges are mainly the scarcity of labourers to implement them and lack of resources to invest in inputs. In the case of access to markets results have been scarce.

6. Analysis of Key Lesson Learned and Recommendations

- **Allow for more flexibility** in the project proposal drafting. In the first phase of the implementation it was detected that some of the actions needed to be adjusted to better respond to the context. Changes would had saved resources, increased impact and sustainability of the results. In this project, it has affected mainly output 3.
- Projects that intervene in different villages should have a **more tailored approach**. Implementing exactly the same activities limits their impact. To this end, a higher involvement of the project staff on the field is recommended, in this case Lashio office and local stakeholders that could have provided inputs in the project proposal given their knowledge of the area. A higher degree of analysis of the needs in each of the villages could also help.

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- Train staff to better understand development as a process and go beyond the implementation of given activities to think in terms of results that need to be achieved. **Critical thinking and flexibility** in the implementation is required to better address villages particular needs.
- **Build on and work with local decision-making structures.** Community decision making is done in traditional bodies (Village Development Committees, traditional village leaders, etc..) to ensure that there is an influence in the way decision are made, the created bodies such as WMC etc, should be strictly linked to the more traditional structures and also establish links with key influential actors in the field. As the degree of sustainability would be higher if the changes are done in the established decision-making structures rather than in new ones created by the project.
- **Focus on one area of intervention**, rather than working in so many sectors at the same time as it stretches the personnel in the area and limits the capacity to have a deeper impact above all in the area of behavioural change.
- **Keep on working in the same areas in the same villages**, but changing the actions that did not have the envisaged results (in this case the agriculture and opening to markets activities) in order to consolidate the changes but doing so in a ore focused in depth way.
- Projects should **ensure constant follow up** in order to consolidate the processes. Contextual situation such as conflict, road deterioration etc. do not always make it possible, for this reason consider in the future the option to identify and form village change agents as guarantors of the ongoing processes and its future sustainability.
- Design strategy and strength actions oriented to **reduce the dependence** from the external sources (e.g. seeds multiplication, fertilizer etc.)
- When trainings are provided **a clear strategy to ensure follow up and transfer knowledge should be adopted.** There has been noted a clear concern of the respondents regarding the capacity of retention and absorption of knowledge. In the case of FIGs they should play a more active role providing extensions services in their communities, filling in the DoA’s gap. It is important to design sustainable strategies oriented to ensure their motivation, supporting adequate tools for the dissemination process.
- **Gender awareness tools should be better adapted to the local context.** Further training on gender should be provided to local staff so they feel more confident when doing the trainings. It is important to support women that are members of community groups and use **key people of the village as agents of change:**

leaders, teachers, etc. The work done with men is to be continued as it stimulates debate and questioning.

7. Conclusions

The intervention is relevant to the context as it has provided the communities with knowledge, techniques and inputs to strengthen their livelihoods, diversify their diet, improve their hygiene and access to water, overall increasing their resilience. It also represents an effort in promoting behavioural change amongst the targeted population on issues related to gender. During the quantitative and qualitative exercise, the evaluators have appreciated that incipient changes have been taken place in all areas of the project apart from increase of income. These changes are incipient and need to be consolidated with further ore targeted actions. At the same time, it is advisable to continue working with the communities using a more focus village tailored approach in order to have greater impact.

8. Annexes

8.1 ToR



Date: 18th Oct 2019

CARE International in Myanmar

Terms of Reference:	End of Project Evaluation
Consultant Project:	Northern Shan Food Security
Project Location of assignment:	Yangon and Lashio
Duration of assignment:	Estimated 25 working days
Responsible to:	Program Director – Rural
Program	
Main counterparts:	Director – Information, Documentation and Monitoring and Evaluation

1. CARE International in Myanmar

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

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

related areas.

2. Background

CARE started Northern Shan Food Security Project in January 2017, targeting 8 ethnic minority villages in Lashio Township, Northern Shan State. The project will end by December 2019.

The overall goal of the project is to contribute to the Sustainable Development Goals 1 (end poverty) and 2 (end hunger, achieve food security and improve nutrition) poor and vulnerable communities in remote areas in Myanmar. The specific objective is to increase capacities of poor and vulnerable households in remote rural areas and to strengthen their food and water security through: a) income generating activities; b) access to new technological agricultural innovations and products; c) better access to market opportunities.

To meet the project specific objective, six outputs have been set up to achieve within the project life:

1. Increased understanding of contextual factors leading to malnutrition
2. Improved ability to adopt appropriate agricultural technological innovations and products
3. Increased income resulting from successful marketing of products
4. Increased involvement of women in the management of household and community resources
5. Improved hygiene and nutrition behaviours
6. Increased access to water for home consumption and agriculture

Under the *Northern Shan Food Security* project, the situational appraisal of food and nutrition security was conducted in April 2017 to assess a range of contextual driving factors for food and nutrition security situation, nutrition-related behaviours and agricultural practices in the project area. In addition, market study and value chain analysis on paddy, groundnut and nigger was conducted in December 2017. An Annual Review of this project has been conducted annually in order to assess the project's progress in achieving its objectives and outcomes.

3. The Evaluation Objectives and Scope

The overall objectives of the end of project evaluation is:

1. To determine the project achieve its objectives and outputs
2. To identify intended and unintended outcomes, best practices, lessons learned and recommendations to improve future programming in terms of sustainability.

The evaluation will focus on the following:

Relevance, Effectiveness, Efficiency, Impact and Sustainability

- Relevance: The extent to which the project suited the priorities of the target groups
- Effectiveness: The extent to which the project achieved its objectives
- Efficiency: The extent to which project was managed to get value for money from inputs of funds, staff and other resources
- Impact: The extent to what lasting and significant changes have occurred and what the particular project's contribution to these changes, the positive and negative, including unexpected impacts
- Sustainability: To assess whether the benefits of the project are likely to continue after the project ends.

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

Key areas of investigation are:

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OBJECTIVES	INDICATORS
Goal To contribute to the Sustainable Development Goals 1 (end poverty), 2 (end hunger, achieve food security and improve nutrition) poor and vulnerable communities in remote areas in Myanmar	
Specific Objective Increasing capacities of poor and vulnerable households in remote rural areas to strengthen their food and water security through a) income generating activities, b) access to new technological agricultural innovations and products, and c) better access to market opportunities	<ul style="list-style-type: none"> ▪ % of HH reduced in average Household Food insecurity Access Scale Score ▪ % of HH reporting increase in Food Consumption Score ▪ % of HH reporting increase in HH's food (rice, vegetables, potato etc) availability from all sources throughout the year in the past 12 months with the previous year
Output 1 Increased understanding of contextual factors leading to malnutrition	<ul style="list-style-type: none"> ▪ % of beneficiaries reporting understanding on malnutrition
Output 2 Improved ability to adopt appropriate agricultural technological innovations and products	<ul style="list-style-type: none"> ▪ % of farmers used appropriate technology (eg-cultivation practices, proper use of chemicals, double cropping, composting etc.) to enhance crop production ▪ % of farmers reporting increase in yield/ scale compared to equivalent season in previous year
OBJECTIVES	INDICATORS
Output 3 Increased income resulting from successful marketing of products	<ul style="list-style-type: none"> ▪ % of farmers who grew at least one high yield variety of crops (eg-rice, groundnuts, niger) ▪ % of HH reporting increased incomes from marketing of products
Output 4 Increased involvement of women in the management of household and community resources	<ul style="list-style-type: none"> ▪ % of women involved in decision making on major household purchases ▪ % of women involved in decision making on community resources ▪ % of women reported spending less labor at farms due to use of farm tools
Output 5 Improved hygiene and nutrition behaviours	<ul style="list-style-type: none"> ▪ % of People practicing hand washing ▪ % of HH reporting decrease in diarrhea cases where water system was constructed ▪ % of people with understanding of basic nutrition principles ▪ % of HH demonstrate increase uptakes of fresh foods and vegetables in their meals
Output 6 Increased access to water for home consumption and agriculture	<ul style="list-style-type: none"> ▪ % of HH reporting accessing improved rehabilitated/constructed water sources ▪ % of HH reporting improved in having access to drinking water ▪ % of HH reporting improved in having access to domestic use of water (hygiene and agricultural purposes)

4. Methodology

The consultant will be required to design the methodology for the evaluation in the first phase of the consultancy, in consultation with CARE staff. This may include a mix of quantitative and qualitative

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

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

These include:

- Project documents, including proposal, other studies such as situational appraisal of food and nutrition security; market study and value chain analysis on paddy, groundnut and nigger; annual reports, Monthly Activity Tracking Data
- Results of project monitoring, reviews, reflection processes, and annual assessments
- Other relevant CARE tools and policies, for example CARE International Gender Policy
- CARE Myanmar’s program strategies, such as Gender Strategy
- CARE Myanmar’s long term program strategy summary documents, and framework

1. Roles and responsibilities

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

- Developing the key evaluation questions and designing the evaluation methodology
- Implementing the agreed methodology
- Field Work/ Field Data Collection
- Analyzing data
- Documenting outcomes of the evaluation
- Completion of final evaluation report

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

2. Deliverables

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

7. Timing

It is anticipated that the work is to commence on 7 November, with the final report due on 15 December, and approximately 7 days will be field based.

Activity	Working days
Verbal briefing of the key issues and priority information by CARE MM/ CARE Australia	1
Desk review, design and develop evaluation methodology	5
Field Data Collection, analysis and reporting	12
Presentation of initial findings to CARE for validation purposes	1
Submission of Final Evaluation Report	6

8. Selection criteria

- Master’s Degree in Economic, Social Science, Agriculture or a relevant field
- Sound knowledge of design methodologies, community based programming, Food Security and gender empowerment programming;
- Must have sufficient facilitation skills and ability to use participatory tools for evaluation processes
- Minimum ten years of continuous professional experience INGOs/NGOs
- Highly motivated and experienced in conducting baseline survey, evaluation, assessment, data collection and analysis;
- Demonstrated experience in participatory learning, assessment and evaluation methodologies
- Excellent report writing and documentation skills in English are required
- Experience in Myanmar or in the region is preferred.

9. Submission of Proposal

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

- Proposed methodology and work schedule (schedule of field visit)
- Proposed Budget (Including daily consultancy rate, international travel cost (if applicable), domestic transport and accommodation will be covered by CARE International. Per diem or meal costs will not be provided).
- Proposed survey team structure (if a firm);
- If the service provider is a firm, please submit organization’s profile of the firm experience and capacity in the specific field (or) if the service provider is an individual, please submit an up to date CVs and include experience and capacity in the specific field;
- An analytical writing sample of max. 5 pages from a previous evaluation report, preferably of strengthening food and nutrition security

CARE is an equal opportunity employer committed to a diverse workforce. Women, ethnic minorities and people with disabilities are strongly encouraged to apply. CARE is committed to protecting the right of children. CARE reserves the right to conduct screening procedures to ensure a child safe environment.

Please note that the consultants are required to provide proof of registration and payment of applicable taxes as per Myanmar Law.

Interested applicants are requested to submit above-mentioned documents to the address below not later than

8.2. Interview guide

Village Development Organization

1. When was the group created?
2. How often do you meet?
3. Where do you meet and at what time?
4. What is your role?
5. How many are you in the VDO? How many women? What is their role? What is the age range?
6. What is the average age of the participants?
7. How does the group work? Structure, tasks and responsibilities? Any written rule?

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8. How do you make decisions? To observe women’s participation
9. What do you know about the project? What will you say is the main objective?
10. Have you been involved in the project design?
11. What is your role in the project?
12. Have you been involved in the project development? If yes, please explain how
13. Which is your relationship with the WMC, FIG?,
14. Do you believe that WMC and FIG are able to support the community? Have they been properly trained? How would you value they work?
15. Do you think this cooperation will go on after the project finishes?
16. Have you been involved in the activities? If yes in which?
17. Do you have regular meeting with the NGO?
18. If yes, please give me example
19. Did you attend any training, workshop etc.. in the framework of this project?
20. What do you like and what you dislike about the collaboration?
21. What has been changed in the community after the implementation of the project? Do you see the activities as sustainable once the project is finalised? To specifically ask about what has changed for men and women.
22. Which would you say are the priorities / needs of the village? To ask men and women and note the differences.
23. How is the project addressing them? Have you seen any impact with regards to income, production and nutrition? Who has most benefited from the actions?
24. What can be improved?
25. Is there any local women association? If yes to ask for an interview with one of the members.

Farmer’s Interest Group

1. When was the group created?
2. How often do you meet? Where and when do you meet?
3. How many are you in the FIG? How many women? What is their role? What is the age range?
4. What is the average age of the participants?
5. How does the group work? Structure, tasks and responsibilities? Any written rule?
6. How do you make decisions? To observe involvement of women
7. What is your role in the implementation of the project?
8. Any collective action? Buying inputs, selling production, travelling? Who decides and how? To check involvement of women.
9. Have you received any training? When? Who attended?
10. What did you learn? Has it been useful to you? Why?
11. Is the training provided in line with what you need?
12. Are you replicating the new techniques in your fields?
13. Have you shared your knowledge with your neighbours/family?
14. How do you like the new system compared to the old one? Any improvement in the yield or HH income?

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15. Have you received any other support from the project? What? Has it been useful? Why?
16. How do you interact with institutions and other groups? Example water management group
17. What are the successes and failures of the activities? Variation on the production and income/foods available all year round
18. What has been done to tackle the difficulties on the implementation?
19. Who most benefit the project activities within the family? (male or female?)
20. Which would you say are the priorities for your village? What can be improved?
21. How could your experiences help other villages?
22. Will you be applying the new techniques in the future even if the project ends ?
23. Who is handling the machinery provided by the project? How is the management of the machines and how the benefits are being re-invested?
24. What would you say has been the main impact of the project?
25. What would you say has been the main shortfall of the project?
26. Are there any other on-going projects?
27. Do you need any support?
28. How would you evaluate the interaction with CARE How often do they come to the village? Is communication easy?

Water Management Committee

1. When was the group created?
2. How often do you meet? Where and when do you meet?
3. How many are you in the committee? How many women? What is their role? What is the age range?
4. What is the average age of the participants?
5. How does the group work? Structure, tasks and responsibilities? Anything written?
6. How do you make decisions? To observe involvement of women
7. Have you received any training? When? What did you learn? Has it been useful? Who was trained?
8. Have you received any other support from the project?
9. Do you need any support?
10. What is the main water concern in the village? To see if is the same on men and women, ask both.
11. Was there any local initiative for water management before the project?
12. Since the project started have you change anything regarding water management in the village? What? Why?
13. Do you have a water safety plan? If yes, explain to us how does it work and who wrote it
14. Any payment for water use? What is the plan for infrastructure maintenance?
15. Are you controlling water quality? How?
16. What is the hydric infrastructure that was sponsored by the project? How did you contribute to the construction?

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17. How much water more has the new infrastructure facilitated? What do you use it for? Agricultural production? Household consumption?
18. How do you interact with institutions and other groups? Example VDO, FIG? Is there any other ongoing water initiative? Who is representing the WMC in front of the other groups?
19. Any action training on environmental issues, hygiene? Reforestation, waste management? Could you please explain any changes due to project actions?
20. How do you evaluate the success of the project? Differences in access to safe water before and after.
21. On your view who has benefited more from the actions of the project? Why? How? – to see the different impact on men and women.

To interview men and women who were involved in the different activities of the project: Farming/water/nutrition/hygiene/women’s empowerment/micro-grant

Men participant

1. Age / economic status (landlessness) /household composition (number of men and women in the household).
2. What is your main occupation / Activity? Farming? Trading? Other...
3. Do you participate in any community activity? VDO, WMC..?
4. Could you describe a normal working day for you? What time do you wake up and after what do you do? We want to find out division of labour between men and women.
5. How do you decide things at home? Do you discuss them with your wife? Give us an example, how do you decide education, health, food expenses?
6. What are your tasks when farming your land? And your wife? What do you do at home?
7. Who goes to fetch water at home? How long does it take? And before the project?
8. In what activities of the project have you participated?
9. What did you do?
10. What did you learnt? Have you participated in any of the learning activities? Could you explain what was the activity?
11. Any change in the way you farm?
12. IF YES:
 - a. Are you using any of the techniques?
 - b. How much was your production before? Has it increase?
 - c. Do you believe you can and will continue producing once the project is finished?
- 13.
14. Do you have a home-garden?
15. Are you producing new veggies?
16. Has anything change in your diet? And your children diet?
17. Have you been involved in any nutrition training?

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18. Any change in your hygiene? And the family?
19. What have you learnt with regards to nutrition and hygiene?
20. Will you keep on doing it next year once the project has finished?
21. What about your wife is she involved in the project? What do you think she learnt?
22. How would you value the support you receive from the project?
23. What is the major contribution of the project on your view?
24. What do you think that could be improved?
25. What are the main problems of your village?
26. What do you think are the main problems for women?
27. How is this project addressing them?

Women participant

1. Age / economic status (landlessness) / household composition (number of men and women in the household).
2. What is your main occupation / Activity? Farming? Trading? Other...any involvement in community activities? What?
3. Could you describe a normal working day for you? What time do you wake up and after what do you do? We want to find out division of labour between men and women.
4. How do you decide things at home? Do you discuss them with your husband? Give us an example, how do you decide education, health, food expenses?
5. What are your tasks when farming your land? And your husband?
6. Who goes to fetch water at home? How long does it take? And before the project?
7. In what activities of the project have you participated?
8. What did you do?
9. What did you learnt? Have you participated in any of the learning activities? Could you explain what was the activity? Are you using your knowledge in your daily life?
10. Did you understand well the trainings? Do you have materials given to you?
11. Have you change anything on your routines? Use of time
12. Any change in the way you farm?
13. IF YES:
 - a. Are you using any of the techniques and tools provided?
 - b. How much was your production before? Has it increase?
 - c. Do you believe you can and will continue producing once the project is finished?
14. Are you benefiting from the new machinery rice miller/ threshing and maize threshing? How? In what do you use the saved time?
15. Are you producing new veggies?
16. Has anything change in your diet? And your children diet?
17. Any change in your hygiene?
18. What have you learnt regarding nutrition and hygiene?

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19. Any change of habits Hygiene and nutrition during pregnancy and menstruation?
20. Will you keep on doing it next year once the project has finished?
21. What about your husband is he involved in the project? What do you think he learnt?
22. Does he support you while you are involved in training and community actions?
23. How would you value the support you receive from the project?
24. What is the major contribution of the project on your view?
25. What do you think that could be improved?
26. What are the main problems of your village?
27. What do you think are the main problems for men?
28. How is this project addressing them?

Department of Agriculture – Key informant

1. What do you know about the project?
2. Have you been involved in the project design?
3. Have you been involved in the project development? If yes, please explain how
4. Have you been involved in the activities? If yes in which one?
5. Do you hold regular meetings with the project staff?
6. Did you attend / give any training, workshop etc in the framework of this project?
7. What is your opinion on the actions of the project?
8. Could you identify the needs in the area? For men and women?
9. Does the project address the identified needs?
10. Are there other similar actions ongoing in the same area?
11. How do you evaluate the synergies?
12. What do you like and what you dislike about the collaboration?
13. What can be improved?

Field Project Staff

1. How many staff in the field? Men, women? Age group?
2. Please explain your role in the project. Please explain if gender is within your job description;
3. What is your experience of the implementation structure, positive and negative aspects?
4. Have the Project and staff been proactive in addressing emerging problems or weaknesses?
5. What have been the key challenges encountered in the implementation by your organization?
6. How have you addressed these challenges within your organization and with your partner?

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7. What capacity building and trainings have been provided to the project staff? Usefulness?
8. Do you think there are other needs in terms of capacity building?
9. If a capacity gap remains at what level would you say it is?
10. To what degree do you think you have addressed population needs?
11. Men's needs and women needs?
12. How do you evaluate the sustainability of the actions?
13. What have you done to involve / work with institutions and coordinate with other development partners?
14. Do you think that the dynamics will continue after the project?
15. Do you think that the project has adequately promoted the participation of women and youth?
16. Please evaluate participation of men and women
17. Are women actively involved? Do you think they are listened to? Any adjustment of the activities to promote their participation?
18. What would you say has been the main impact of the project?
19. Could you evaluate the impact for men and women? What do you think the project have changed in the dynamics and decision-making processes?
20. What would you say has been the main shortfall of the project?
21. Which are the main factors facilitating and limiting the realization of the objectives? (internal and external)
22. Looking back at the project design, what changes would you have done in retrospect?
23. What would you see as the main priorities if the project was to have a new phase?
24. Do you think that the activities in the project promote long lasting change?
25. Will there be sustainable after the project ends?

Management Team

1. Who was involved in designing the project? To which extent communities, CBOs, Local authorities have been involved in the project cycle? What degree of ownership?
2. Have you done a gender analysis before the formulation/implementation?
3. How actual target areas were selected? Please describe the identification process of villages and beneficiaries.
4. Which problems have you encountered with the Logframe and what solutions have been applied?
5. What problems have you encountered in implementing the Work Plan, why? How did you address them?
6. Targeting VS achievements: could you explain reasons behind differences.
7. Can you give examples how the project has been flexible in adapting to actual (local) circumstances and constraints?
8. What monitoring system and tools have been used? What field monitoring has been implemented?

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9. What problems have you encountered in the budget expenditure (e.g. unspent budget or increase in beneficiaries)? What solutions have been put in place?
10. What procurement procedures have been used? Are they efficient?
11. What practices and innovations have been applied to ensure best cost/quality ration? What synergies have allowed increases in efficiency?
12. What coordination mechanisms (including decision making) have been organized with field staff? how information has been disseminated to/from partners, what benefits and limitation have you encountered?
13. What has been the key challenges encountered in implementation by your organization?
14. How have you addressed these challenges within your organization and with your partner?
15. Looking back at the project design, what changes would you have done in retrospect?
16. What is your experience of the implementation structure, positive and negative aspects?
17. Do you think there have been more difficulties with staff turnover and reassignments than usual, and in that case why?
18. Which are the main factors facilitating and limiting the realisation of the objectives? (internal and external)
19. What would you say has been the main impact of the project for men and women
20. What would you say has been the main shortfall of the project?
21. Which would you say are the priorities for the second half of the implementation?
22. What can be improved?
23. Could you please evaluate the sustainability of the project?

8.3 Survey questionnaire

See annexed file

8.4 Quantitative data

See annexed file