Mid-Term Review:

Strengthening Non-State Actors for Peace in Kayah State

Final Report

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1 Executive Summary

Objective

The overall objective of the MTR is to assess the project's progress in achieving its objectives and outcomes, in addition to facilitating a process to increase the capacity of key stakeholders in all steps of the learning cycle. Key interventions evaluated include:

1. The KSWN's capacity is built in areas of management, communication, coordination, and advocacy;
2. KSWN members have increased capacity and experience to deliver social services to women;
3. Women's groups at the community level are able to prioritize their needs and gain more economic independence.

Methodology

EMC carried out extensive desk research to better understand the program's objectives and results and to inform research tool design. Semi-structured interview guides created were based largely on the SNAP log frame to better measure the outcome of each output. The interview guides were broken down into three parts to assess each result that comprises SNAP. The first part measured KSWN's capacity in areas of management, communication, coordination and advocacy; the second part measured KSWN members' capacity and experience to deliver social services; the third part measured CARE's initiatives to support women's groups at the community level to prioritise their needs and gain more economic independence.

Findings and Analysis

CARE's support for KSWN has resulted in improvements in its organizational structure and capacity. KSWN has developed a clear mission, has an SOP, and staff have been recruited to fill important roles to ensure KSWN runs effectively. However, the improvements have been stalled by KSWN's leadership capabilities and cohesiveness amongst members. Certain members are less committed to the network, resulting in less knowledge about KSWN's developments and operations. There are also communication issues between members as senior-level members at times do not attend scheduled meetings, and there are issues of distrust between members. KSWN members' motivations to join the network need to be addressed. Their motivations should rely on helping improve and benefiting from the network rather than hoping to benefit from CARE's involvement.

Further, the mid-term review was only able to assess impact of the support that CARE provides directly to CSOs, including social service training and supporting establishment of VSLAs, through interviews and monthly financial records. Based on interviews, impact has been positive – communities are more aware of GBV, legal services regarding GBV cases have been increasingly utilized, and women interviewed had gained a considerable amount of self-confidence from being part of VSLAs.

Recommendations

- CARE should continue providing trainings with particular attention to M&E and clarify to members that only staff members responsible for the topic should attend.
- CARE should remind KSWN members of benefits of creating and committing to a network, and explicitly state CARE's goal in supporting KSWN.
- KSWN members need to build trust with one another. This includes ensuring that the EC is democratic and creating more network wide activities to that involves the ownership of all KSWN members.
- CARE should support KSWN leaders in facilitating between members to create ownership and commitment across all members.

- CARE should consider providing support KSWN members in providing refresher trainings to community members and expand trainings to be more in-depth.
- CARE should consider supporting KSWN in developing an M&E system.
- CARE should continue to follow up with KSWN members to ensure they are implementing and understand the referral guidelines created.
- CARE could consider supporting KSWN members in providing training to women on entrepreneurial skills.
- CARE could consider supporting KSWN members in connecting women on a community level to basic literacy courses.
- CARE could consider reviewing correct procedures for establishing VSLAs in villages with all KSWN members to ensure protocols are properly understood amongst all members.
- EMC suggests that CARE should continue to push for a bottom-up coordination of KSWN roles by supporting KSWN members to work together, create their own agenda, provide trainings to one another, and designing and implementing network-wide activities would provide KSWN with more legitimacy and authority.

2 Introduction

Emerging Markets Consulting (EMC) was commissioned by Care Myanmar to carry out a midterm review (MTR) of its Strengthening Non-State Actors for Peace (SNAP) in Kayah State. CARE's project goal is to enable non-state actors, particularly the Karenni State Women's Network (KSWN), to support women's organizations and grassroots members in representing their constituents' interests in governmental and peace processes. The overall objective of the MTR is to assess the project's progress in achieving its objectives and outcomes, in addition to facilitating a process to increase the capacity of key stakeholders in all steps of the learning cycle. More specifically, the MTR assesses the efficiency and effectiveness of the project in making progress towards achieving areas of impact, and assesses the likely achievement of expected results and specific objectives as specified within CARE's logical framework. Key interventions evaluated include:

4. The KSWN's capacity is built in areas of management, communication, coordination, and advocacy;
5. KSWN members have increased capacity and experience to deliver social services to women;
6. Women's groups at the community level are able to prioritize their needs and gain more economic independence.

Based on EMC's findings, EMC also provides lessons learned in project implementation and how to apply the lessons for the remaining duration of the project, in addition to recommendations on any required change or modification to project design or scope.

3 Background

Communities in Kayah State have endured internal armed conflict for over 60 years, resulting in significant displacement of its population and entrenched poverty. A ceasefire was formed in 2012 between the Myanmar government and the Karenni National Progressive Party (KNPP). As peace negotiations have been ongoing, CARE has found that community members have little input to the proceedings, particularly women. It is vital for women in Kayah State to participate in new development processes to ensure likelihood of appropriate, equitable and sustainable development. For this reason, CARE has been supporting civil society organizations (CSOs) to strengthen women's voices and enable their representation in local decision-making.

CSOs in Kayah State are still nascent; until relevantly recently, they were unable to operate within Myanmar due to government-imposed restrictions on freedom of association, express, and movement. Since 2012, CSOs began forming in Kayah State but have low organizational capacity. Although committed to the constituents they represent, many lack clear organizational goals or structure and defined work programs, and have little experience with financial management and organizational policies. Nonetheless, CSOs play an important role in community mobilization, advocacy and project implementation. CARE has been committed to helping them develop their capacity to manage funds, design effective programs, and monitor and measure results.

Further, CARE has found that gender-based violence (GBV) is common amongst communities in Kayah State and is often left unreported. There are limited services offered for GBV prevention and cases rarely reach the justice system.

CARE started implementing its program in 2015 aimed at supporting local partners to work at the state and village level to promote gender equality, respond to GBV, and economically empower women. They are working with KSWN to define and develop its role as a network until 2018. KSWN was founded on the 18th May, 2013. The network was composed of women groups, women union and individual activists within

Karenni State. It was reorganized in the late 2014 after the women's forum held in Loikaw. In the present constitution, there are 10 KSWN member organizations which are the local women association, Karenni tribe and religious-based women's association. However, only 8 members are active and working with CARE. Specifically, KSWN aims to:

i) Promote gender equality
ii) Work with other actors engaged in the peace and other political processes
iii) Develop the organisational capacity of the KSWN and its individual members
iv) Address the impacts of gender-based violence upon women.

CARE has been working with KSWN to define and develop its role as a network, in addition to helping the network achieve its objectives. CARE's goals for KSWN include:(a) have meaningful input into GBV-related policy in Kayah State and, (b) be recognised as an important actor by ceasefire groups and the Government of Myanmar (GoM) in the context of the peace negotiations. CARE has been supporting KSWN in achieving these goals by improving KSWN members' organizational management capacity and providing GBV service provision skills. Presently, KSWN's active member organizations include:

1. Future Women's Association (FWA)
2. Shining Star Women's Association (SSWA)
3. Women for Women Foundation (WWF)
4. SCOEWBA
5. Kayaw Women's Association (KWA)
6. Kolping Association (Women Development Center)
7. Kayah Baptist Association Women's Department (KBAWD)
8. Community Youth Center (CYC)

CARE also supports member organizations directly in working at the community level to improve community awareness and understanding of GBV; CARE further provides technical skills training to improve service delivery to GBV survivors. CARE has also been supporting some member organizations in establishing village savings and loan associations (VSLAs) to address gender inequalities and to economically empower women.

4 Methodology

EMC carried out extensive desk research to better understand the program's objectives and results and to inform research tool design. Desk research included CARE's annual report of SNAP and the project's log frame. A meeting was held with CARE staff to ensure correct understanding of the mid-term review.

Semi-structured interview guides created were based largely on the SNAP log frame to better measure the outcome of each output. The interview guides were broken down into three parts to assess each result that comprises SNAP. The first part measured KSWN's capacity in areas of management, communication, coordination and advocacy; the second part measured KSWN members' capacity and experience to deliver social services; the third part measured CARE's initiatives to support women's groups at the community level to prioritise their needs and gain more economic independence.

In order to measure the first result, 2 KSWN staff (accountant and network coordinator), 6 KSWN members and 4 CARE staff were interviewed to obtain their perceptions of KSWN's capacity. KSWN members interviewed included:

1. WWF
2. Kolping Association (Women Development Center)
3. SCOEWBA
4. Shining Star Women's Association
5. KBAWD
6. KWA

Baseline data was collected to assess the capacity of each individual organization's capacity through an Organizational Capacity Assessment (OCA) questionnaire. EMC's interview guide was targeted towards obtaining interviewees' views on KSWN's organizational structure, management, financial capabilities, and coordination, and communication skills. Members were asked their opinions on how KSWN could improve to better streamline KSWN's processes, and what support they believe is further required from CARE.

To measure the second result, EMC carried out interviews with 2 KSWN staff (accountant and network coordinator), 6 KSWN members, 4 CARE staff, and with 3 safe houses supported by CARE, including WWF, Good Shepherd and Karenni National Women's Organization (KNWO). All KSWN members were asked about technical GBV training provided by CARE to assess whether the training has been useful and whether they use any knowledge obtained from the training. A CSO providing legal services in Kayah State was also interviewed to assess the referral mechanisms in place across the network.

To measure the third result, EMC carried out interviews with 2 KSWN staff (accountant and network coordinator), 6 KSWN members who are implementing VSLAs, 4 CARE staff, two village leaders, and held FGDs with 4 VSLAs (24 members altogether) and 1 VSLA (7 members altogether) receiving livelihood grants from CARE. Two VSLAs were selected based on their strength and 2 VSLAs were selected based on their weakness as evaluated by CARE. CARE's intervention in supporting economic empowerment of women relies on VSLAs and livelihoods training to help women, thus all respondents were asked about how those interventions have helped women become more economically empowered and its sustainability.

EMC carried out data collection in Kayah State for the duration of one week, starting in Loikaw. The team traveled to Demoso Township to interview VSLA groups and village leaders. After data collection, EMC entered data into an analysis framework where analysis was carried out.

5 Limitations

One of the biggest challenges in assessing the impact of SNAP is comparing OCA data with the interview guide for assessing KSWN capacity overall; OCA was aimed at assessing individual organization capacity as opposed to KSWN in general. However, according to CARE, KSWN capacity started at a very low baseline, which explains why each organization was assessed individually as opposed to KSWN as a whole.

Some KSWN members interviewed were also unfamiliar with developments or the overall situation at KSWN, due to frequent turnover of volunteer staffs in CSOs, frequent absence from meetings, or a prolonged absence from work. For instance, a coordinator interviewed recently returned from maternity leave. A leader of SCOEWBA interviewed was not able to regularly attend the network meeting or coordination meeting due to many reasons. As the representative of their CSO, their insights were incorporated into the report but may impact the accuracy of the findings.

Due to confidentiality agreements, EMC was also unable to interview GBV survivors, thus the impact of providing access to services and supplying safe houses to GBV survivors could not be assessed. Nonetheless,

the research team interviewed representatives of the safe houses to better understand the effectiveness of CARE's supplies of equipment. An observation checklist of all supplies was not carried out because the research team's mission was not to verify actual purchase of each supply but to assess effectiveness and impact of supply.

Moreover, according to KSWN, there are 8 active members who are working in the CARE program. However, EMC was only able to meet with 6 KSWN members, and were thus unable to obtain the perspectives of the remaining members.

Further, a few women in the VSLA focus groups were reticent to speak out and kept quiet during the discussion despite encouragement from EMC analysts. EMC was thus not able to obtain their insights on VSLAs and the activity's effectiveness in addressing women's needs and achieving economic independence. The data collected thus risks being biased towards the points of view of women who did witness an impact compared to those who did not.

6 Findings

6.1.   Result 1: KSWN capacity is built in areas of management, communication, coordination and advocacy

In order to build KSWN's capacity, CARE has provided trainings related to organizational management, advocacy, financial skills, leadership skills, proposal writing, monitoring and evaluation (M&E), programme design and implementation, provides small funds to aid in office supplies, and aided in drafting a standard operating procedure (SOP) and advocacy strategy. The following section presents EMC's findings on KSWN's level of skills in each of those areas.

6.1.1.   Effectiveness

Members were asked about their perceptions of the improvements in KSWN's capacity before and after CARE's involvement. According to most respondents, previously, KSWN was operating informally; they did not have a clear mission or SOP. The groups interviewed stated that policies and regulations were not properly formed. According to one respondent:

> We were like siblings with no parents to guide us and we had different opinions. CARE took the role of being parents and organized us, supported our budget, and gave us advice. Before, KSWN wanted to stand alone but they didn't know how... but CARE was patient and said they will support them until they can stand alone.

CSOs interviewed presently understand KSWN's mission as aiding in developing a network of women's groups to empower one another.

The organizational structure of KSWN has also been defined: there is a Steering Committee (SC) that overlooks the Executive Committee (EC), who in turn makes important decisions on behalf of KSWN. The roles in the EC include President, Secretary, and Treasurer, and each member is democratically elected to the role by all KSWN members. However, no one quite understood the roles and responsibilities of the SC; some members have a role in both the SC and the EC, and the SC do not hold regular meetings. Moreover, EMC received conflicting stories about how the SC was initially formed. KSWN members stated that CARE suggested a SC would be advantageous for the organizational development of KSWN whereas CARE stated that KSWN members came up with the suggestion. Given the confusion of roles and responsibilities of both the SC and the EC, the president stated she must take responsibility for essentially each role, which overburdens her.

CARE has also aided KSWN in developing an SOP by providing training; according to respondents, the SOP was properly formulated in April 2017. However, understanding of the SOP is limited to EC members or the network coordinator. Some EC members admitted the SOP was very useful both for the KSWN and the member CSOs. EC members suggested that since the formulation of the SOP, the KSWN has been utilizing financial, procurement and HR policies.

Regarding the development of an advocacy strategy, the network coordinator and 3 members stated that the strategy is not available yet but they attended training on how to develop one, and 3 said it is developed but "it is not good yet" and "yes, but I don't remember it." However, CARE staff stated that they have provided training on developing an advocacy strategy but it has yet to be formulated. The last 3 members' misunderstanding of KSWN's advocacy strategy shows that developments at KSWN are not fully understood amongst all members.

The consensus amongst all members was that, although KSWN's structure has improved due to CARE's support, KSWN itself is weak in enforcing policies and ensuring proper participation from network members. There appears to be a difference in participation between veteran members of KSWN and newly joined members of KSWN, where the former members believe that the latter ones are only interested in joining KSWN to gain CARE's support. Two members stated that the newly joined CSOs are not fully interested in the network's activities, which risks undermining KSWN's mission and position and weakens the network as a whole if the members do not dedicate proper time to understanding its policies and regulations. According to one of the respondents, "KSWN has a better structure and regulations are in place but is still weak in pushing members to support and be interested in the KSWN network." The lack of interest in newly joined members in KSWN was illustrated when one organization was asked about KSWN's policies; she stated:

> It is written in the SOP but we can't remember details. Before, we heard about KSWN and didn't have that much interest in it… After CARE, organizational management, like finance and communication, are better than before and we joined to be a member of KSWN with the help of CARE.

Effectively, this member was motivated in taking part of the network after witnessing CARE's involvement in KSWN's work.

Furthermore, according to interviews carried out, original members of KSWN appear to have more influence in decision-making in KSWN than newly joined members. Newer members were observed to not be as active as the original members; certain members would take the lead in meetings and make important decisions on behalf of the committee.

6.1.1.1 Communication Skills
Before CARE, members only met up with one another on an ad hoc basis; afterwards, members have been holding monthly meetings to discuss developments, roles and responsibilities of members, office supply policy, and to arrange for the next meeting. The CSOs have been keeping up to date with another through email and messenger, and if one CSO has a certain issue, they will meet to discuss the issue in person until it is resolved.

Despite the regularly scheduled meetings, all but one CSO interviewed stated that communication amongst the network is still challenging because members do not necessarily send a senior-level member to the meeting. Thus, important decisions may be carried out without senior-level input. The representative sent to meetings may also not completely understand KSWN's mission and newly joined CSOs do not always attend meetings. Their inconsistency in attendance also affects communication in phone messenger groups amongst the KSWN members. Only those who attend meetings can follow and contribute to conversations

in the messenger thread. One member stated that, at times, KSWN must ask CARE to ensure newly joined CSOs attend the monthly meetings as the network itself does not have sufficient influence over the CSO.

6.1.1.2 Coordination Skills
According to CARE staff and one CSO member, monthly meetings did not take place in May, June, and July of 2017; the person responsible for coordinating meetings had resigned from KSWN and certain KSWN members were engaged in budgetary disagreements, which further disincentivized members from meeting with one another. Monthly meetings resumed in August.

To aid with coordination, the KSWN recently recruited a network coordinator to schedule and ensure monthly meetings take place. According to CARE staff, the network coordinator implements and delegates tasks to CSOs. CARE suggested that KSWN recruit a network coordinator outside of the network to avoid possible bias and conflict of interest in decision-making. However, KSWN members elected a network coordinator amongst themselves with the argument that they want to build experience in leading, facilitating, and coordinating the network themselves; the coordinator is also a member of the SC. This duplication of roles can create conflict of interest since the coordinator may influence decisions based on his/her position on the SC.

6.1.1.3 Organizational Management Trainings
To assess effectiveness of CARE's organization trainings, one network coordinator and each member was asked about their perceptions of KSWN's skills. Regarding KSWN's financial skills, most admitted that, before CARE's intervention, they were unfamiliar with KSWN's financial skills. One member stated that KSWN now has a better financial policy and record keeping skills; however, financial policies may be difficult to implement given the informal nature of transactions within communities, such as obtaining receipts in rural villages.

Concerning administration skills, most KSWN members believed that the skills have improved due to change in KSWN's management and the members' increased motivation following CARE's support. One member stated that the improvement is due to hiring staff, such as a coordinator and financial officer. In fact, KSWN members generally stated that they think KSWN's human resource skills have improved, as they have been active in recruiting staff. Further, with increased resources from CARE, activities are better supported.

Many members did not have anything to say about KSWN's design and implementation skills. The network coordinator stated that it has improved but KSWN has difficulty in actual implementation.

Most members did not have anything to say about KSWN's M&E skills. One member stated that there is no M&E system within KSWN's system. Another member stated that the newly joined members do not understand M&E as it is too complex for them; the usage is unfamiliar to them.

6.1.2. Impact
KSWN members were asked whether they believe their goals for joining KSWN have been achieved. The response was mixed. Four members stated that their goal is in the process of being achieved but still needs improvement. According to one organization:

> If we stand alone as a CSO, our voice can only be heard in our community. By joining [KSWN], we have more networks to coordinate and empower women. We can spread our work and goals with other people and in other areas and we can learn from other CSOs and share lessons amongst our community.

Another member stated that their initial goal in joining KSWN was to enable "all CSOs to come together with a single voice on GBV issues, political issues, and women's rights issues." They stated that they are not sure

they have achieved their goals, although they have increased their knowledge on GBV issues and have expanded their networks.

Others stated that they believe KSWN has been effective in helping them achieve their goals, which was to be connected to other CSOs. In fact, all CSOs and CARE staff interviewed stated that KSWN has expanded their network since CARE has been involved. Other NGOs are now aware of KSWN, and KSWN members now have connections with certain government offices, such as health and general administration department authorities.

KSWN only developed their organizational development policies last year and the advocacy strategy has yet to be drafted; thus, the impact of KSWN on ensuring women's participation in decision-making related to peace, social duties and obligations, economy and politics cannot be assessed yet.

6.1.3. Challenges

A challenge impeding the success of KSWN's mission is poor communication between members that in turn may create tension between one another. At times, KSWN members have difficulty arranging meetings and disagree on certain issues. This also appears to stem from a lack of trust of one another. A member organization stated that they feel as though KSWN members are competing with one another for grants from CARE provided by other donors. This causes friction and undermines KSWN's mission of having women's organizations work together. She suggested that CARE provide trainings on how to properly apply for grants instead.

Further, time management is an issue due to staff shortages. Some CSOs cannot commit to all their responsibilities at KSWN due to their responsibilities in their own organization, which may cause other members to believe that they do not value KSWN. CARE staff and almost all members stated that staff shortages in their own CSOs are an issue that affects their commitment to KSWN.

More veteran members also stated that they find newly joined members are less interested in the network and more interested in working directly with CARE. In fact, to illustrate this point, when members interviewed were asked how CARE could better support KSWN, one member who recently joined suggested that CARE should provide grants directly to CSOs rather than providing funding to KSWN. She finds that the discussions in determining what is needed at KSWN and how to utilize funds is tedious and inefficient; rather than communicating with CARE through KSWN, it would be better for CSOs to communicate with CARE directly, so that they can speak frankly about their CSO's needs. Yet this suggestion would undermine the reason CARE is supporting KSWN.

A problem that has been brought up is KSWN's difficulty in enforcing its policies, having members commit to the network, and gaining respect from members. One original member of the network suggested that a way to work through this problem is for CARE to distribute resources directly to KSWN, such as for shelters and VSLAs; if they manage grants, then perhaps KSWN can better stimulate the member's interest in KSWN as a network. However, this suggestion demonstrates a misunderstanding of CARE's operations given that VSLA funding is part of a separate project and not a part of the KSWN programme.

There also appears to be a misunderstanding of CARE's intention to support KSWN amongst some senior-level members. One member organization expressed that CARE's direct involvement with certain CSOs has been undermining KSWN on various issues. For instance, the member stated that CARE should inform KSWN of other activities they carry out with members outside of the network's activities. She also believed that CARE went to villages under her CSO's supervision without informing her. This concern was only expressed

by this one member but demonstrates miscommunication between CARE and KSWN members and the need for an organized discussion to lay out and resolve concerns by all members.

An issue that was brought up by CARE staff was that only some members attend the trainings, and even then, the same member does not attend the series of trainings provided nor does the relevant person always attend the trainings. For instance, if CARE holds a series of training on legal counselling, different staff members from the member organization will attend, which affects the impact of the training as they did not attend the previous training and are unable to follow the course. Or if CARE holds a training on program design and implementation, a member organization may send their finance staff to attend. Further, key decision makers at times do not attend trainings targeted towards them, such as advocacy trainings. This lack of commitment from CSOs in turn affects how effective the trainings are.

An important challenge that only CARE staff mentioned is registering KSWN with the government. The Government has suggested KSWN that the term "Karenni State Women's Network" is not appropriate given that the peace process has not stabilized yet. For KSWN to be impactful, though, they need to be able to advocate GBV issues on a state level, and thus be connected to the Department of Social Welfares and coordinate with government authorities. Further, government officials may capriciously decide that KSWN's activities are illegal, which in turn challenges 1) obtaining donor grant funds for programs; 2) implementation of programs.

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

6.2.1. Effectiveness of Counselling Training to KSWN Members

CARE provides direct support to KSWN members in increasing their capacity to deliver social services. This includes creating a GBV case management manual, providing GBV-counselling training to members, and supporting 4 safe houses with supplies, 2 of which are not members of KSWN.

According to the BMZ annual report, a case management manual was developed late 2016. However, CARE staff stated that the manual will only be finalized and rolled out in September 2017; CARE will then provide necessary training on manual usage. One member stated that they are presently using the draft manual to manage cases. One member organization stated that they believe the manual will be useful; although each CSO has their own system for managing cases, creating a systematic and uniform method of case management would be beneficial for all organizations.

KSWN members stated that they received training on GBV counselling twice. Out of all of the member organizations and safe houses, 6 are using the draft GBV training manual provided by CARE and 2 are not. The members in turn provide trainings to local communities, including youth, elders, community leaders, and religious leaders. The trainings last two days and each training session has a total of 25-30 participants. At least 2 villagers from each village are selected to attend the awareness training. Presently, the trainings cover 6 out of 7 townships. In fact, out of all the trainings provided by CARE, five member organizations stated that they found these most helpful.

One member also lamented that their knowledge and training is limited to spreading awareness about GBV and informing communities of referral pathways, and wished to receive training on counselling. However, this is likely an isolated case as other members did not express concerns about their abilities to provide counselling services.

6.2.2.   Impact of Counselling Training to KSWN Members

In terms of the impact of the trainings, CSO members stated that there has been increased awareness amongst communities – for instance, they stated that there has been increased open-mindedness in communities and communities do not blame survivors for violence they experienced as they did in the past, and relationships between husbands and wives have improved. Further, Law Home perceived that some communities are changing their mindset after the trainings – in the past, communities blamed the GBV survivor and attempted to solve the cases in a traditional manner, such as fining the perpetrator 1 lakhs if the girl is pregnant and 50,000 Myanmar Kyats if she is not. They were not aware of other alternatives. The information education communication (IEC) materials supported by CARE have been effective in communicating information to the community. CARE also stated that they have noticed that there are at least 2 cases of GBV from Loikaw and Demoso reported per month, but not Shar Taw Township, showing that some villagers have retained the trainings and are now willing to act when cases of violence against women take place.

In fact, VSLA members interviewed praised the trainings provided by CSOs, especially in bringing awareness of GBV to villages. The trainings targeted towards women help elevate their sense of self-respect. According to one respondent, "before, men only went to trainings. But now I am going to trainings." In fact, according to the village head, women were not allowed to attend meetings, and if they did, they were relegated to the corner and not allowed to discuss anything. After trainings commenced, women attended and participated in discussions. Witnessing one another speak out further empowers the women. "When one person is talking, others also talk and they have more confidence to speak out loud. Before they were afraid to talk."

The trainings also taught the women about their rights. One respondent stated, "Men have their free time and women should have free time, too," whereas another stated, "Before, our ethnic group thought only men are worthy and women are like trash. But their mindsets have changed now." The trainings have also provided awareness of legal avenues for women if their rights are abused. According to a village head, previously, if a man raped a woman he could simply give her a chicken and the case would be dismissed. With legal services available, these cases do not happen as often anymore.

The trainings not only aided in developing a sense of self-worth and awareness of their rights, they have also helped them open up to other cultures and feel less timid in talking to others outside of their community. One woman stated, "Before, people would say, I cannot speak Burmese so I don't want to go but now they attend trainings and they learned how to sign their names."

6.2.3.   Effectiveness of support to safe houses

For a survivor to be referred to a safe house, legal services, or health centre, their case is usually presented to a community member who has received training on GBV. For most villages, this person would be the village head. For villages that have received training from one safe house, a specific community member has received training on both GBV awareness and GBV counselling techniques. The survivor and the community member then decide what service is appropriate. All legal cases are referred to Law Home, whom CARE has been supporting. This referral process was only implemented after CARE and has aided in effective and efficient case coordination, especially for safe houses that did not have networks previously with service providers, such as legal and health providers. Notably, one member organization who receives support from CARE did not know the referral mechanisms for legal cases; for health cases, they simply refer the survivors to a hospital or clinic.

Out of the safe houses that are not members of KSWN, one received training on GBV counselling from CARE whereas the other has their own GBV counselling curriculum that was previously supported by another

INGO. The safe house that does use CARE's counselling methods stated that the trainings were very useful – although they had their own system before, CARE gave them new perspectives on counselling, including confidentiality rights of the survivor and correct words to be used when talking to survivors, and taught them how to be more systematic in case management. Further, they provided counselling training back in their communities; one safe house identified that, out 25-30 trainees, 7 youth can do "good counselling at the village level." Previously, there was no one on the community level who could manage cases. However, they stated that additional training on health, security, and reintegration issues would be useful.

CARE provides supplies and pays for referral expenses for shelters, which has been useful for safe houses. According to CARE, referral expenses are extremely important – for instance, Law Home supported one survivor in a divorce case. The survivor won $10 000 – to receive this amount, the survivor had to pay 50 000 Myanmar Kyats of fees to the court. This would not have been possible without CARE's support. Due to CARE's support, not a single safe house stated that they could not provide referrals due to budget constraints.

Regarding the shelter's procedures, one safe house reported that there is a shelter manager who runs day-to-day operations; they only receive volunteers on an ad hoc basis and these volunteers do not receive any training. One member who is receiving support from CARE in receiving supplies for the shelter stated that the director manages the shelter and 6 volunteers help with day-to-day operations. However, they do not receive training.

6.2.4. Impact of support to safe houses

A member organization that also runs a safe house stated that they have found the trainings they provide to communities have been effective, particularly if given to the village head and community leader. Previously, if there were cases of rape, survivors would refuse to seek legal help. They have attempted to resolve this issue by providing training directly to community leaders so they are aware of the law against GBV and legal processes for survivors; some community leaders now contact the safe house and the police whereas previously this did not take place. Over the span of a year, one safe house stated that they received 5 cases where survivors stayed at the shelter for health and security reasons and 8 cases that require legal advice. Another shelter stated that they receive at least 2-3 referral cases a month. One member organization who also operates a shelter stated they receive about one case a month and another stated they receive about 4-6 GBV cases every two months.

Law Home stated that the number of cases they receive on GBV have increased since CARE's intervention. Before CARE's intervention, most of their cases supported by Law Home were focused on land and civil rights issues. The increase in reported GBV cases is likely due to **increased community awareness** about legal solutions to GBV and understanding of the referral process, which led to increased reporting of such cases.

One member who also operates a safe house provided concrete examples of successful counselling cases. She described a case where a father was raping his daughter, and the safe house discovered that the township was attempting to cover it up. Her brother did not want to make a case, yet the safe house contacted the police and kept her at the safe house for over a year until they deemed she was safe enough to go back home. They follow up to ensure her security.

Many safe houses also previously operated on a low budget and thus struggled with obtaining proper supplies and equipment. One safe house stated that the supplies CARE has provided has been useful in advancing their mission – CARE helped purchase a television where survivors could watch educational video

clips during counselling sessions. When asked if they would be able to sustain the safe house without CARE's financial support, 2 CSOs stated that they can probably receive support from other donors.

6.2.5.   Challenges

To improve operations, one safe house requested shelter management training to systematize and structurally organize the shelter. She also requested a professional counsellor to visit the shelter and provide training to staff in addition to mentoring on specific cases. Further, one safe house stated that the public location of the shelter precludes the shelter from providing confidentiality for the girls. Another requested purely financial support. This includes financial support for survivors' living costs and transportation for follow-up, in addition to staff salary and meeting coordination expenses.

The effectiveness of training is limited by the education level of trainees, particularly in the villages. Not all participants understand the training material. Follow-up needs to be carried out. CARE also pointed out that some trainings are connected to one another, such as GBV case management and counselling, yet KSWN members at times send different staff to the training.

An issue that arose was the safe return of survivors – the shelter provides safe housing but cannot guarantee safe reintegration. For instance, one safe house stated a survivor returned to her village but had to resettle her in another village due to security issues.

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

To achieve result 3, CARE has supported CSOs in starting VSLAs. The objective of the VSLA is to "provide sustainable, locally generated, secure forums for group savings and loans." CARE has provided training to KSWN members who have sufficient capacity to establish and support VSLAs. Training took place over 4 days and members gained knowledge on VSLA techniques, procedures in its formation, implementation of VSLA activities, member criteria, and record keeping. Five organizations were identified to implement VSLA, which includes Kolping, SSWA, CYC and KBAWD. Since June of 2016, 35 VSLAs have been established with a total of 709 female members and 46 male members across Loikaw, Demoso, and Shar Taw townships. The VSLAs are self-run by the members; CSOs help set them up initially and provide guidance.

CARE has also started supporting certain VSLA groups with livelihood grants as of April of 2017. Twelve groups are presently receiving the grants. Seven of them are investing in pig farms; 2 in selling rice; 1 in selling fertilizer; and 2 in weaving. EMC interviewed one group receiving livelihood grants for breeding 19 pigs. However, given that they only recently started, impact has not yet been evident, although they stated they are happy to work as a group and learn and support one another in this economic initiative. CARE staff stated that one livelihoods grant recipient group has already started seeing some effects. One group has sold 50 bags of rice and another has started selling fertilizer in the local markets; however, it is difficult to calculate the profits raised after only a couple of months.

6.3.1.   Effectiveness

Amongst the FGD members interviewed, women generally understood the VSLA's goal as to economically empower women to better support their families. They are charged 3% interest and many also have social funds of about 200,000 Myanmar Kyat; according one respondent, if the loan is taken out for health purposes, then no interest is charged. When asked what the loans are most commonly used for, respondents stated primarily for health reasons. Their logic was, if they are sick, they cannot work. Paying for children's education is the second most common reason for taking out loans followed by business ventures. They are aware that the VSLA is meant to support economic initiatives for women but due to lack of funds at home,

many resort to using the VSLA's funds for other reasons. According to one respondent, "Our village is far from the hospital and it is hard to see the doctor. That's why we prioritise health." According to another respondent, "I requested a loan for education, n for my children. I do not have an income so I requested loan for my own expenses, too."

The social fund has been extremely useful for cases of emergency amongst members. By keeping a social fund, if someone gets sick, they can help others in the community, which aids in the positive perception of the VSLA.

Outside of health and education, the primary reason for borrowing money from VSLAs was to raise pigs. Seven members stated that they have invested in purchasing pigs to sell at a later point; 1 member stated she purchased 5 chickens; 4 members stated they used loans for their agribusiness; 1 for raising 500 fish; and 6 members stated that they use the VSLA to save money. A village head interviewed stated that, after witnessing the success of some members in pig-breeding, other members follow suit. Having a community is helpful for this since they provide one another with technical advice on how to best breed pigs and take care of them if they are sick.

Regarding the effectiveness of VSLA operations, all members stated that they have monthly meetings where they discuss savings and determine who will obtain loans for the month based on the severity of each person's needs. To ensure attendance at meetings, VSLA members stated that they charge fines for lateness or absence, about 1000 kyats. A challenge is collecting these fines though. According to one respondent, "We have to define the fine but we don't collect them because if we collect fines the members will be upset." The VSLAs have been successful at record keeping, which helps ensure that members' trust in the VSLA as they know that their funds are properly documented.

6.3.2. Impact

Perceptions of the impact of VSLAs were overwhelmingly positive. Women were proud that they know how to save money, and their level of confidence has gone up. According to one respondent, "I am happy to save money and I know and feel happy that my money is there." Another respondent stated, "I am happy how much money I already saved and calculating my savings amount is a joy to me every month."

Part of the reason VSLAs have positively impacted them is it has helped them step outside of their homes, recognize the importance of their roles in the households, and feel proud that they have a financial part to play within their families. According to one woman, "I am so happy when I think I have my savings and I can support my children's education and they will be educated people in the future." Another respondent stated, "My family depends on me now, and if they need something, I can say I have savings, which is beneficial for my family." Another woman stated that two women in the group never used to leave their homes until joining the VSLA.

Women also felt more comfortable speaking out in the public arena after joining the VSLA and have taken initiatives to commute alone for the first time. One respondent stated, "Before I didn't go anywhere. Now I can ride a motorcycle to attend trainings, which before I did not dare do but now I dare to go." Another stated, "We have changed a lot. We were not able to introduce our names if someone asked because we were very scared. Now, we can discuss openly."

Some also stated that VSLAs helped them gain confidence because of the responsibilities that require pen and paper, which only "educated people" used to have. "Now I can read and sign for other members. I never held a pen before and now I help the members and lead meetings."

Some women also mentioned that their husbands' attitudes have changed since they join the VSLA. They are more respected by their husbands and find that their husbands have taken on some responsibility in the household that they previously eschewed. One respondent stated, "Before, my husband used to ignore me but now he accepts our women's group is powerful and helps with family matters." One stated that her husband even encourages her to go out now, and another said she feels as though her husband trusts her more. Whereas before women were the sole caretakers of their children, their husbands have started to share responsibility in looking after the children while they are away. "My husband understands the savings program and supports my savings. He also looks after the children when I go to VSLA meetings."

All the VSLA members interviewed stated that they believe the VSLAs will continue in the future. They are run by community members and thus do not depend on CSOs to continue functioning. The impact has been positive and the women stated they wish for it to continue.

6.3.3.   Challenges

The main concern many members had is the lack of education amongst most members. Only a select few can read and write, and they are worried that those members will leave the executive committee of the VSLA. They are not confident in their own ability to carry out recording keeping. They also stated it is difficult to retain trainings for uneducated members; for this reason, they only send the educated members to trainings who then share what they learned to other members. In fact, self-consciousness about their own lack of education was evident in almost all the focus group discussions. Many women commented that they are not educated and thus are unable to remember certain trainings or are not confident in joining the executive committee.

Furthermore, a concern was the low level of savings in the fund, which has been attributed to low income. According to one respondent, "we don't have proper income work. Most are daily workers so they can only save a low amount, which is a problem for them." Many also expressed lack of knowledge on how to start and run a proper business. Providing training to members on entrepreneurial skills and business planning would be essential to ensuring that loans are used productively and sustainably. Further, members requested consistent training on gender and legal issues on a 3-month basis to increase the community's level of knowledge and awareness.

A certain challenge that the EMC research encountered were the procedures in which a KSWN member established a VSLA in a certain village. EMC learned from the village head that the KSWN member did not inform him of the VSLA and started an information session without his knowledge or consent. This was an isolated cause but lack of respect for the village head has negative repercussions of CSO activity in villages, and should be immediately addressed.

7. Analysis of Key Issues

The discussion portion will discuss CARE's achievements towards the project objective: The Karenni State Women's Network is able to advocate for the needs of their constituents with decision-makers and provide community education and services through their members. CARE has been working with KSWN to build their organizational capacity needs to better ensure that members in the network are able to work together to create a larger impact for women across their communities. In addition to helping the network organizationally, CARE has been equipping members with GBV awareness training skills to advocate the rights of women in communities and to let community members know about the options available for GBV survivors. In addition, CARE has been supporting some members in economically empowering women

through the establishment of VSLAs. All of these activities combined are meant to strengthen KSWN's capabilities and impact.

To achieve this goal, KSWN needs to be a cohesive network with committed members. Presently, there is a divide between certain members, largely affected by the imbalanced commitment of certain members to the network. Some members appear to be more keen to work with and receive support from CARE whereas others want to limit CARE's involvement in KSWN to allow them more autonomy, or for CARE to provide them with fund management responsibilities to attract more commitment from other members. The level of commitment affects the leadership roles in the EC, whereby those who are more committed adopt decision-making roles. This creates a vicious cycle where, as other members are less involved, they do not have as much influence in determining the direction of KSWN, which further causes them to be less involved. KSWN recently hired a network coordinator to aid in the coordination structure, but the coordinator is a member of the EC, which furthers the influence of certain members over others.

The level of commitment and divide in the network also affects KSWN's organizational structure and capacity. Some members had a difficult time answering basic questions about KSWN, such as whether they have an advocacy strategy or their knowledge about the SOP.

The lack of respect that some KSWN members felt they receive from other members appears to also stem from misunderstandings of CARE and CARE's role in KSWN. Some members feel as though CARE's involvement is detracting from the full commitment of other KSWN members, such as by providing certain CSOs with funding for other program activities outside of KSWN, like VSLAs. The underlying issue is that KSWN members need to feel as though they have more autonomy over the network itself and to be able to work effectively with the other members. This could be done by creating activities whereby all the members of the network work together. Presently, members carry out their programs within their respective villages and convene meetings to discuss their results. KSWN's activities as a network have been limited; they have only worked together on a 16-day GBV awareness campaign. However, if all members are supported in creating and carrying out a program in which each of them are involved together, they can better create a cohesive dynamic. In fact, almost all members cited the 16-day GBV awareness activity they carried out together as very successful and as only possible through KSWN leadership.

Further, the differences in commitment likely also stems from varying organizational capacities of members. Some members are newer and less developed, and thus have less time to dedicate to KSWN as they are occupied by their own organization's activities. To aid in the network's cohesiveness, KSWN members who have stronger capacity could provide training to members with weaker capacity. This would build a stronger foundation for the organizations to work together while addressing urgent needs to ensure the network is fully functional. This would also address the issue with trainings provided by CARE where relevant CSO members do not consistently attend trainings or find CARE's structure of training effective.

Additionally, referral to services may not be sufficient for GBV survivors – they may have difficulty accessing health centers, may not receive necessary medical attention, or may encounter obstacles in safe houses that are not documented. It is unclear what happens in any of these cases. A GBV case management manual is being developed though. CARE also provides supplies to safe houses who are not members of KSWN. These safe houses have their own methodology for providing counseling services. The impact of CARE's support is thus difficult to measure.

Further, one of CARE's goals is to strengthen referral pathways and to address GBV through a holistic approach. CARE is providing financial support to help partners practice good case management through

making appropriate referrals and working with medical and legal services providers to assist GBV survivors. One member stated that survivors cannot access to government-run health centres. This is a serious obstacle that CARE is addressing by developing and finalizing GBV referral guidelines in late August before the evaluation interviews took place. The referral guideline will provide information on what sort of assistance survivor can expect to receive from the health, legal, psycho-social, safety/protection services available in the community and will have access to services through a referral system based on survivors' immediate needs following the GBV incident(s).

In addition to social services to protect and respond to survivors' needs, CARE has also been supporting some KSWN members in establishing VSLAs in their communities to economically empower women. Positive impact has been significant – women interviewed recounted how, previously, some of them never stepped outside of their house or spoke to others, but with the VSLA and the trainings provided targeted towards women, they feel more confident and respected. Although most women did not prioritize economic ventures, they feel that the savings they have accrued provides them with value in the household. If a household member is sick or needs to pay for school fees, they have the financial means to step in and provide assistance. If CARE's key objective is to build both self-respect and respect for women, the VSLAs have aided largely in this initiative.

The impact of the VSLAs on actual economic ventures has been difficult to measure in this mid-term review; the livelihood grants was only provided in April 2017, rendering evaluations of the grants' impact too premature. That is, it is too early to measure the impact of these economic activities on the household level in providing women with economic independence, although a monitoring system has been created to assess changes. Thus, the research team was only able to assess the impact of VSLAs based on interviews, whereby some women stated that they find their husbands respect them more and supports their involvement in the VSLA.

A difficulty women encountered was the low level of savings they have in the fund, which precludes them from starting a business. Further, they lack the entrepreneurial skills in opening business ventures; many women had never attended school or only received limited education, and thus could not read or write. This makes starting a business daunting for the women as they expressed lack of confidence due to their low level of education. Therefore, even if KSWN members hold workshops to identify livelihood opportunities with VSLA groups, actually carrying out income-generating activities would be difficult for the women, especially given that their stated priority is in health and education, and ensuring that they have sufficient funds to cover those needs.

8.   Conclusion

CARE's support for KSWN has resulted in improvements in its organizational structure and capacity. KSWN has developed a clear mission, has an SOP, and staff have been recruited to fill important roles to ensure KSWN runs effectively. However, the improvements have been stalled by KSWN's leadership capabilities and cohesiveness amongst members. Certain members are less committed to the network, resulting in less knowledge about KSWN's developments and operations. There are also communication issues between members as senior-level members at times do not attend scheduled meetings, and there are issues of distrust between members. KSWN members' motivations to join the network need to be addressed. Their motivations should rely on helping improve and benefiting from the network rather than hoping to benefit from CARE's involvement.

Further, the mid-term review was only able to assess impact of the support that CARE provides directly to CSOs, including social service training and supporting establishment of VSLAs, through interviews and monthly financial records. Based on interviews, impact has been positive – communities are more aware of GBV, legal services regarding GBV cases have been increasingly utilized, and women interviewed had gained a considerable amount of self-confidence from being part of VSLAs.

9. Recommendations.

9.1. Result 1 Recommendations

To ensure that KSWN members fully understand the organization's functions and procedures, it is imperative to have members' complete buy-in to the network. As stated earlier in the report, certain members are less committed and do not partake in all of KSWN's meetings. This is likely due to a lack of cohesiveness – there are certain new members who joined with the incentive of working with CARE and are unfamiliar with KSWN's dynamics. CARE's power differential as an institution that provides funds and presently delivers the capacity building service to CSOs may inadvertently be creating adverse incentives for women's organizations to join KSWN. To address this issue, support should continue as CARE has been doing – providing core funding to aid in strong network formation while also supporting member organizations to work together on a common project to achieve KSWN's overall goal.

9.1.1. Capacity-Building Strategy

CARE's strategy in helping develop the KSWN network stems from providing effective capacity building training to the organization.

- CARE should continue to provide capacity-building trainings. Most trainings appear to have been effective; however, there remains room for improvement of KSWN members' M&E skills. Particular attention should thus be given to developing members' M&E skills.
- To ensure members properly benefit from the trainings, CARE should make clear to members that only staff responsible for the training topic should attend trainings and should do so consistently. For instance, if CARE provides training on financial skills, only finance staff should attend as opposed to other program staff.
- It is imperative to ensure that the organizational structure is well understood amongst all members. The roles of the EC and the SC should be reviewed and defined. Some members and CARE staff stated that they are considering eliminating the SC due to the confusion of the SC's roles and responsibilities. This should be made official if so.

9.1.2. Member Buy-In

- CARE should continue to remind KSWN members of the benefits of being part of a network. Network membership is completely voluntary, and if members perceive that they are not benefitting from the network, they will not participate, causing the network to weaken or cease to exist. The benefits of being part of the network should not be due to receiving support from CARE but from benefiting from one another's expertise and connections. Certain concrete benefits that can be used to remind KSWN members include:
  1. Increased access to information, expertise, and financial resources
  2. Increased efficiency through leveraging their numbers in community programs and allowing some CSOs to specialize in certain areas due to their comparative advantage, which in turn reduces CSO costs and prevents duplication of efforts. Further, by sharing what they have

learned from their work and the best practices in the field, CSOs can be prevented from "reinventing the wheel" each time they commence a new activity.

3. Effective networks can allow KSWN members to achieve greater accomplishments through the multiplier effect. The members can have farther reach and increased impact in their goals when participating in networks.

4. Increased visibility of GBV issues and women empowerment, and the members' good work and practices.

5. Increased credibility if the network is effective, allowing member organizations to more easily access and utilize necessary services and receive support for their activities.

9.1.3.   Making Networks Sustainable

CARE should consider certain activities to build members' bonds with one another to ensure the success and sustainability of KSWN. These include the following:

- Trust is important for a sustainable network and, presently, it appears as though some KSWN members have a certain level of distrust of one another. To build trust, bonds need to be strengthened, and this can be done by creating activities to which all members contribute. CARE could consider encouraging KSWN members to design and implement network-wide activities while also ensuring the complete participation of every member; this could include distributing roles and responsibilities for each member to implement the network activities. These activities would aid in helping KSWN feel more like a community to members who are feel as though others are not fully committed to the network.

- CARE could consider strengthening the leadership within the network. Strong leadership facilitates between members, distributing ownership of the network amongst members. Where ownership is centralized, networks are vulnerable to failure. Presently, it appears as though a select few EC members lead meetings and make executive decisions. To better foster relationship between members, CARE could consider providing workshops that emphasize:

1. Nurturing other members to be leaders by emphasizing leadership skills;

2. Fostering trust and empowerment amongst members through group activities and initiatives;

3. Identifying the strength of network members and helping them leverage their strength to the benefit of the KSWN;

4. And helping members view themselves as "lead learners" as opposed to the leader by constantly communicating and consulting with other members.

9.1.4.   Recommendations Result 1 Summarized

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

- CARE should remind KSWN members of benefits of creating and committing to a network, and explicitly state CARE's goal in supporting KSWN.

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

- CARE should support KSWN leaders in facilitating between members to create ownership and commitment across all members.

9.2.   Result 2 Recommendations

CARE's activities in addressing GBV has been largely impactful and has positively affected many women by raising awareness of women's rights. To strengthen that impact, the following recommendations are provided:

- To improve the effectiveness of trainings, refresher trainings to community members could also be provided. Some community members also requested more in-depth training to strengthen their knowledge of GBV and the legal protections in place for survivors. CARE should work with KSWN members to provide consistent and periodical trainings in the same community for larger impact.
- CARE provides M&E training to KSWN members but some KSWN members do not fully understand M&E, as was substantiated in the discussions EMC held with certain members regarding KSWN's capacity in M&E. To improve the effectiveness of M&E trainings, CARE could provide core foundation lessons in the training on M&E but then allow KSWN members to fill the gaps of their knowledge. **This could occur by allowing KSWN members to lead the creation of their own M&E system where CARE provides feedback.**
- CARE has just finalized the GBV case management manual to better support KSWN members in managing GBV cases and ensure that referral services are adequately being provided to GBV survivors. CARE should continue to follow-up with KSWN members to ensure they are implementing and completely understand the guidelines provided.
- CARE should continue to provide financial support to safe houses as the benefits of this support has allowed the safe houses to continue to offer support to GBV survivors and should consider providing one-off training on counselling to safe house counsellors.

9.2.1. Recommendations Result 2 Summarized

- CARE should consider providing support KSWN members in providing refresher trainings to community members and expand trainings to be more in-depth.
- CARE should consider supporting KSWN in developing an M&E system.
- CARE should continue to follow up with KSWN members to ensure they are implementing and understand the referral guidelines created.

9.3. Result 3 Recommendations

- EMC found that a limitation in women investing in income-generating activities is the low-level of entrepreneurial skills they possess and their inability to read or write. CARE could consider supporting KSWN members in providing training to women in starting businesses, such as how to develop business plans and keep records, in addition to connecting women with basic educational trainings where available. Increasing their knowledge of how to run businesses could help them overcome their adversity to risk and propel them to invest in income-generating activities as opposed to only prioritizing health and education.
- CARE should review correct procedures in establishing VSLAs in villages with all KSWN members. CARE has already written proper procedures, ensuring that village heads should first be informed about the activity both as a sign of respect and to obtain buy-in of the project. Although only one member has not followed the procedure correctly, the review should nonetheless be carried out to prevent such future occurrences from taking place.

9.3.1. Recommendations Result 3 Summarized

CARE's activities in economically empowering women has been positively impactful. To strengthen that impact, the following recommendations are provided:

- CARE could consider supporting KSWN members in providing training to women on entrepreneurial skills.
- CARE could consider supporting KSWN members in connecting women on a community level to basic literacy courses.
- CARE could consider reviewing correct procedures for establishing VSLAs in villages with all KSWN members to ensure protocols are properly understood amongst all members.

9.4. Overall Recommendations

EMC suggests that CARE should continue to push for a bottom-up coordination of KSWN roles by supporting KSWN members to work together, create their own agenda, provide trainings to one another, and designing and implementing network-wide activities would provide KSWN with more legitimacy and authority. This would allow CARE to take a step back from the network, explicitly showing other KSWN members the value they would gain from fully committing themselves to KSWN.