

END OF PROJECT EVALUATION REPORT

IMPROVING ACCESS TO SAFE EMPLOYMENT FOR MIGRANT WOMEN IN MYANMAR

August 2017

Very recently, in the evening, I was riding my motorcycle and noticed a couple fighting - he was beating her and shouting at her. Many people were passing by but only I stopped. I invited them to my house and educated the couple about the legal rights of the woman and the consequences for man. If she complains to them in the future, they will sue him and they said they would never do that again. I follow up, as I live nearby and the wife knows to come to me.
FDG17-23-M-GBV (CSO)

Contents

ABBREVIATIONS.....	2
EXECUTIVE SUMMARY	3
RECOMMENDATIONS	6
PROJECT DESCRIPTION.....	9
Project details	9
Background and introduction	9
Project design matrix.....	10
EVALUATION DESIGN.....	11
Objectives and Scope of the End of Project Evaluation	11
Methodology and Limitations	11
FINDINGS.....	13
Relevance: Alignment with Government Policies.....	13
Objective 1: More safe-job options are available to migrant women.....	13
Activities	13
Impact and Outcomes	13
Achievements against the agreed indicators for outcomes under objective 1	14
Changes between base line and end line quantitative survey participants	14
Changes identified in the qualitative study	15
Effectiveness.....	17
Sustainability	18
Conclusion and Recommendations.....	19
Objective 2: Migrant women are accessible to sexual reproductive health and legal services.....	20
Activities	20
Impact and Outcomes	20
Achievements against the agreed indicators for outcomes.....	20
Changes between base line and end line quantitative survey participants	21
Changes identified in the qualitative study	21
A: Legal Services.....	21
B: SRH Services:.....	23
Effectiveness.....	26
A: Legal services	26
B: SRH services	26
Sustainability	27
Conclusions and Recommendations:	27
Objective 3: Migrant women reached by The Project are experiencing less sexual harassment and gender based violence through improved protection and response at community level	28

Activities	28
Impact and Outcomes	29
Achievements against the agreed indicators for outcomes:.....	29
Observations from the comparison of base line and end line surveys	30
A: Sexual harassment	30
B: Intimate partner violence	30
Attitudes about gender and gender based violence	31
Changes identified in the qualitative study	31
Effectiveness.....	35
Sustainability	35
Conclusions and recommendation	36
Objective 4: Migrant women are experiencing greater social support	36
Activities	36
Impact and Outcomes	36
Achievements against the agreed indicators for outcomes under objective 4	37
Observations from the comparison of base line and end line surveys	37
Changes identified in the qualitative study	38
Effectiveness.....	41
Sustainability	41
Conclusions and recommendations.....	42

ABBREVIATIONS

ANCP	Australian NGO Cooperation Agreement Partnership
CIM	CARE International in Myanmar
DFAT	Department of Foreign Affairs and Trade
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
LCM	Legal Clinic Myanmar
MSI	Marie Stopes International
SRH	Sexual and Reproductive Health
The Project	Improving Access to Safe Employment for Migrant Women in urban Myanmar

EXECUTIVE SUMMARY

Background: CARE International in Myanmar (CIM) implemented “Improving Access to Safe Employment for Migrant Women in urban Myanmar” (*hereinafter referred to as “The Project”*) between July 2013 and 30 June 2017, with funding from CARE Australia (CAUST), under the Australian Department of Foreign Affairs and Trade’s (DFAT) Australian NGO Cooperation Agreement Partnership (ANCP), with a total AU\$2.5 million.

The Project was implemented through a partnership of CIM, Marie Stopes International (MSI), Legal Clinic Myanmar (LCM) and various vocational training and employment service providers, including MyJobs.com.

The Project focused on HlaingTharya Township, Yangon and the townships of Patheingyi and Aung Mye Thazan, Mandalay, where an estimated one-fifth of the population are migrant workers from rural Myanmar, now living in urban slums. Within this context, The Project design promotes social inclusion and addresses the needs of migrant women related to safe employment, protections against gender based violence and access to services (legal and sexual and reproductive health services).

The Project focused on breakthroughs identified in the first five years of the CIM long-term program targeting socially marginalised populations, aiming to “Improve Access to Safe Employment for Migrant Women in Urban Myanmar.” The specific objectives of The Project are:

1. More safe job options are available to migrant women.
2. Migrant women are accessible to sexual and reproductive health and legal services.
3. Migrant women reached by The Project are experiencing less sexual harassment and gender based violence through improved protection and response at community level.
4. Migrant women are experiencing greater social support.

Evaluation overview: The evaluation of The Project was conducted in the final quarter of implementation, under the oversight of CARE Australia’s Program Quality and Impact Team. The evaluation considered information from comparison of baseline and end line surveys of 381 and 84 female migrants respectively, a qualitative study involving 20 focus group discussions and 22 key informant interviews, and a review of key project documents. The evaluation was intended to assess whether and how The Project had achieved its objectives, whether these achievements had resulted in benefits for urban migrant women in the target areas, the appropriateness of its approach to implementation and to identify recommendations that could help to inform future practice.

Summary of findings: Findings from the evaluation were organised by objective; for each, the report provides a summary of the project’s activities, specific findings against key indicators, findings from the quantitative and qualitative studies, an assessment of effectiveness and sustainability, conclusions and recommendations. This summary draws from these to provide highlights from the entire report.

Objective 1: More safe job options are available to migrant women: The Project faced significant challenges in relation to Objective 1, due to significant social, economic and political upheavals within Myanmar throughout the implementation period. Balanced against its limited reach, results for individual beneficiaries are good but likely not sufficient to conclude that the project has achieved its intended objective. The various changes in The Project’s approach, adjusting the design to the rapidly changing context, were sensible and appropriate – if poorly documented and communicated at the time – and account for much of the problem in attaining its desired outcome, however, there were also limiting design issues.

The Project set out with a wide range of livelihoods activities included small grants, small business development, job placement, vocational training. The focus initially was on engaging and influencing vocational training providers to influence and increase access to skills for migrant workers through improved vocational training services; by the end of the project the focus had shifted to engaging and influencing job placement services, improving links between low-skilled workers and employers in the low-skilled job market.

Within the very limited reach of its initial vocational training program, The Project was successful in securing employment for 29% of its 452 vocational training graduates in areas such as machine sewing, nurse and pharmacist's assistants. The Project also raised incomes for 93% of the 120 women who received small business loans through the project. The more recent focus on job placement services promises better results and, through leveraging The Project's experience CIM has secured funding through another donor to develop the approach further. To date, within its early inception, this new approach had delivered job information to 937 women, secured 321 job interviews and 14 job contracts for low-skilled migrant workers.

The evaluation also found that, among the small group of women reached, more were employed (increasing by 30% from 59% to 89%) either in paid employment or managing their own small businesses. Importantly from the perspective of safe migration, the proportion of women using formal safer job information sources increased to 24% from a baseline of 8%.

Remembering that the end line sample was drawn from vocational training participants and was small, these results are not surprising, however they are supported by the qualitative study where women reported experiencing increased quality of life and social inclusion – explaining that their increased income and/or increased income stability allowed them more time to participate in social and family life, provided them with increased independence and allowed them to begin to plan for their own or their children's future, which was highly valued by them.

Although 'safe employment' was the project's focus, the design was much broader than this, encompassing responses to gender based violence and access to legal and health services. Within the livelihoods component itself, the design was likely too broad, itself targeting a wide range of technical areas including the development of vocational training, a small-grant scheme, small business development and job placement services.

The evolution of the design during implementation has led toward important engagement of the private sector and an opportunity to change the way migrant women find work, one that has the potential to reduce their risk of exploitation.

Objective 2: Migrant women are accessible to sexual reproductive health and legal services. During implementation The Project provided 2937 migrant women with sexual and reproductive health checks, training 509 health care providers, representing 667 women through legal mediations and an additional 61 through litigation.

The Project has been successful in increasing access to legal and health services for migrant women during the life of the project with key outcomes including an increase in women's awareness of their rights related to gender based violence, their gaining of skills and confidence to claim them, and an increased valuing of sexual and reproductive health services. However, there are contradictions in the findings, which show increasing awareness and access in some areas but with specific areas where utilisation is lower. For health services, service use is lower at end line - it is possible, based on the information provided, that this reflects MSI's better targeting of services to women of reproductive age, and the increasing uptake of longer acting contraception methods. For legal services, the finding that about one third of women experienced some form of harassment on the way to and from work but do not report it or seek help may be a case of perceived seriousness of the harassment, with many women dismissing verbal harassment. However, it may be that the context within which the harassment was occurring (now in the community, on the way to or from work, rather than in workplaces) has made reporting more difficult.

The MSI and LCM partnerships are key to the success of increasing access to services under objective two and a highlight of CIM's achievements – engaging, partnering with and handing over to two leading technical organisations within the first year of the project for MSI and within the life of the project for LCM.

There are questions about sustainability for both the legal and the sexual and reproductive health services supported by the project. It is possible the project imagined a second phase and more time to address sustainability issues, however with the project closing, the MSI funded activities are not sustainable beyond the life of their respective funding cycles and there is limited engagement with local public and private sector service, who are likely the only future source of these services. While the LCM have taken up the issues of gender based violence, individual cases may have been selected more thoughtfully, to better support legal precedents or policy dialogue that may have driven more lasting changes, linked to Objective 4.

Objective 3: Migrant women reached by The Project are experiencing less sexual harassment and gender based violence through improved protection and response at community level. The Project developed a range of educational materials including 4000 Women's *Protection and the Law Booklets*, an *Engaging Men* video clip and training materials and went on to train and raise awareness in the community – reaching community based organisations, trade union staff and members, local authorities, factory workers and community members in issues related to gender based violence and harassment. The Project had limited involvement in policy dialogue, but did provide input to the drafting of *Prevention of Violence against Women Law*.

Remembering the limitations of the evaluation in comparing the baseline and end line survey samples - there was a reduction in the total proportion of women who experienced any form of sexual harassment (falling by 15%, from 47% to 32%). However, of women who experienced harassment, fewer sought help (falling 24%, from 89% to 65%), see *Objective 1, above*. And, while remaining high overall, fewer women at end line survey had experienced any form of intimate partner violence compared to baseline (falling by 13% from 44% to 31%). Of the baseline survey participants who reported family violence, only 41% sought help - in both surveys, most women sought help from friends and family.

Compared to baseline, women at end line were more likely to hold positive attitudes about gender and to be supportive of women's rights. They were more likely to believe in a shared responsibility for decision making, for earning household incomes and for performing household care tasks. The two groups of women were similar in their belief that girl's education and women's rights were as important as boy's education and men's rights and less likely to believe that intimate partner violence was acceptable. However, contradicting this, they were also more likely to believe they were unable to refuse sex with their husbands.

Although change is difficult to attribute to The Project based on the quantitative survey alone, the qualitative interviews also found high levels of community engagement and commitment to the issues of women's rights and gender based violence. The strong community engagement and networking appears to have led to strengthening of local responses, with community groups describing examples of educating duty bearers and demanding their rights, or advocating for the rights of others, to protection and recourse under the current laws.

The approach taken by The Project of engaging, reorienting and strengthening existing local community members, community groups and local government means the investments in awareness raising, knowledge and responses to gender based violence are more likely to be sustained, at least into the medium term future.

While the approach to community engagement and mobilisation is a highlight for The Project - sustainability of the a range of existing and new community groups may have been strengthened by including a focus on organisational capacity (particularly donor engagement and resource mobilisation) to compliment the technical capacity and networking.

Objective 4: Migrant women are experiencing greater social support. Under Objective 4, the project established three new migrant support groups, provided leadership training for union representatives, migrant support group members and paralegals, and facilitated twenty-four mass public communication events linked with international and national public holidays and days of action.

These community mobilisation activities were not evaluated for their social impact, however, quantitative outcomes indicate there was a large increase (rising to 24% from a baseline of 8%) in the proportion of women in the end line survey using more formal, safer job information services. However, given the early stages of their introduction and large volume of migrant workers seeking jobs, the majority of job seekers (76%) continued to use less safe, informal networks to secure work and were less likely to participate in social groups compared to baseline.

While qualitative outcomes indicate that there appears to have been real and potentially lasting change in the community's awareness of the harms of gender based violence and strong community response to it – one that has engaged women as agents of change to catalyse increased action from duty bearers and changes in the behaviours of both men and women in the community.

RECOMMENDATIONS

1. **CIM should take a more prominent role in the decision making generally, about which legal cases are pursued by LCM using CARE funding.** The agreement of selection criteria for funding mediation and litigation could increase the likelihood that CARE's funding is used to advance policy and law, to provide a greater benefit beyond the immediate case in question – while ensuring that funds are being used for cases that rest easily alongside CARE's core values and principles.
2. **It is strongly recommended that CIM refrain funding or being associated with the pursuit of 'cheating for sex' cases in light of the principles of "do not harm" and commitment to women's equality.** Myanmar's 'cheating for sex law'¹, in most cases, skirt closely to and in some cases have actually, result in forced marriages – often at the behest of parents hoping to salvage what they perceive as tarnished reputations of their daughters who entered into consenting sexual relationships on the understanding of a future marriage that did not eventuate. The use of the 'cheating for sex' laws to pursue rape cases conflates rape with breach of promise and in addition to risking forcing marriage, its defence also entrenches negative stereotypes about women's value being primarily linked to their sexual histories and future prospects of marriage.
3. **Linked to recommendation three but more broadly, CARE Australia should provide stronger direction and clarity to guide its gender equality and gender based violence interventions.** In addition to the issues identified relating to The Project's use of the 'cheating for sex laws', some messaging is unclear. For example, the lack of clarity around increasing women's safety by restricting women's movement at night, need to be clarified and within the context of local social and cultural norms.
4. **Documentation and communication should be improved generally.** CIM appears to have adapted The Project well to Myanmar's rapidly changing social, economic and political context to ensure that it continued to progress toward its objectives. Unfortunately, these changes were not well communicated nor were they well documented and the poor communication and poor documentation, rather than the changes themselves, led to various problems – both administrative and technical that confounded The Project through implementation. I would be helpful for the lead partners CARE Australia and CARE Myanmar to explore

¹ Myanmar's *Prevention of Violence against Women Law*

adaptive management practices and the ways it may be incorporated into future projects, particularly in Myanmar and other States with a higher likelihood of fluid social, economic and political environments.

5. **Future projects designs should balance the likely availability of technical and operational capacity with the scope and scale of The Project.** Having a more realistic scope may have made better use of The Project's limited resources and allowed for a greater impact. Within this, an assessment of the country office's technical capacities and the capacity to attract and retain the breadth of key technical staff prior to inception. This was key to the weaker outcomes achieved under objective one (livelihoods), however it is relevant for all four objectives, where strong technical leadership was needed but unable to be secured.
6. **Future designs should place a greater emphasis on policy and structures, in addition to individuals and organisations, to help to entrench and sustain changes.** The Project's design could have been stronger if it had considered the deeper underlying causes of vulnerability for migrant workers and engaged with key actors to *contribute to* structural changes at the outset– for example, working with unions, chambers of commerce and relevant ministries to address issues like safe migration, representation, labour code conditions (minimum wages, employment contracts and conditions etc).
7. **Strengthened monitoring and evaluation to understand the changes on the project - direct and indirect.** For example, understanding down stream benefits such as those flowing on from the machine sewing graduates who are now passing their skills on to large numbers of migrant women independently of The Project and to better understand the drivers of what appear to be strong changes in men's behaviours to inform technical approaches. Future projects would benefit from a more thoughtful approach to monitoring by the lead partners, both CARE Australia and CARE Myanmar – including a more considered joint planning of monitoring and evaluation strategies for the project, including clarifying and agreeing indicators for goal, objectives, outcomes, approaches and activities, and how these will be measured.
8. **Future project's should avoid direct service delivery models and emphasise longer-term solutions to service gaps.** CIM should more carefully consider the balance between the need to provide direct delivery of services that, while effective, only result in temporarily solutions to local services gaps and the need to ensure that the underlying service delivery problem is being addressed. A much stronger emphasising and greater engagement of local private businesses (general practice, pharmacy, etc.) and local public services (mid-wives, public health services) combined with a focus on local health systems strengthening rather than individual health practitioners, would improve the likelihood of sustainable change.
9. **Include a focus on male behaviour change in monitoring and evaluation in order to understand the motivations for change and actual changes among men.** There were no assessments of male attitudes or behaviours in the quantitative base line or end line study, nor a measure of change for duty bearers. As one of the main targets for changed behaviour, The Project needs to understand what drives male behaviour and male behaviour change as it relates to violence against women and women's equality. One of the key successes of The Project was the use by community women of the law to raise men's awareness of the potential legal consequences of violence against women. It is not clear, whether the fear of consequence that is driving immediate and dramatic changes in men's behaviour is also driving deeper changes in attitudes and values that will be sustained – or if violence will resurge when The Project closes, and when legal responses are perceived by men to be less vigorously pursued. A similar problem exists with duty bearers and understanding whether and how they have changed in relation to the role in prevention and protection.
10. **Develop a more comprehensive approach to civil society strengthening.** To support the strong work already underway in The Project in engaging and mobilising communities around gender and legal protections –an approach to organisational capacity assessment and strengthening that focuses on the whole organisation

rather than only the technical components issues would strengthen and help to sustain community based organisations.

11. **Future projects would benefit from a clearly articulated and planned advocacy strategy.** The Project's 'ground up' approach to community mobilisation is a key strength of The Project, successfully engaging a range of community actors to respond to migrant women's issues. The assumption seems to be, under Objective 4, that this approach will lead to a more responsive policy and institutional environment. There is some evidence from the qualitative study that this is occurring, however, The Project would have benefited from a clearly articulated advocacy agenda to identify which policies and which institutions need to be more responsive and how The Project will bring about these changes.

PROJECT DESCRIPTION

Project details

Project Title:	Safe employment for migrant women in urban Myanmar
Project Start Date:	01/07/2013
Project End Date:	30/06/2017
Donor(s):	AusAID/DFAT ANCP
CI Member:	CARE Australia
Submitting CARE:	CARE International in Myanmar
Total Budget	AU\$ 2,529,764.00

Background and introduction

CARE International in Myanmar (CIM) has been implementing a project titled *Improving Access to Safe Employment for Migrant Women in urban Myanmar* (hereinafter referred to as “The Project”) in Western Greater Yangon and Mandalay. The Project commenced on 1 July 2013 and concluded on 30 June 2017 and was funded by CARE Australia through Australian Department of Foreign Affairs and Trade (DFAT) Australian NGO Cooperation Agreement Partnership (ANCP) to a total of AU\$2.5 million.

The Project covers Hlaing Tharyar Township, Yangon and the townships of Patheingyi and Aungmye Tharzan in Mandalay, where it is estimated that one-fifth of the populations in both locations are migrant workers from rural Myanmar, now living in urban slums characterised by poor housing, few social services, and high rates of unemployment.

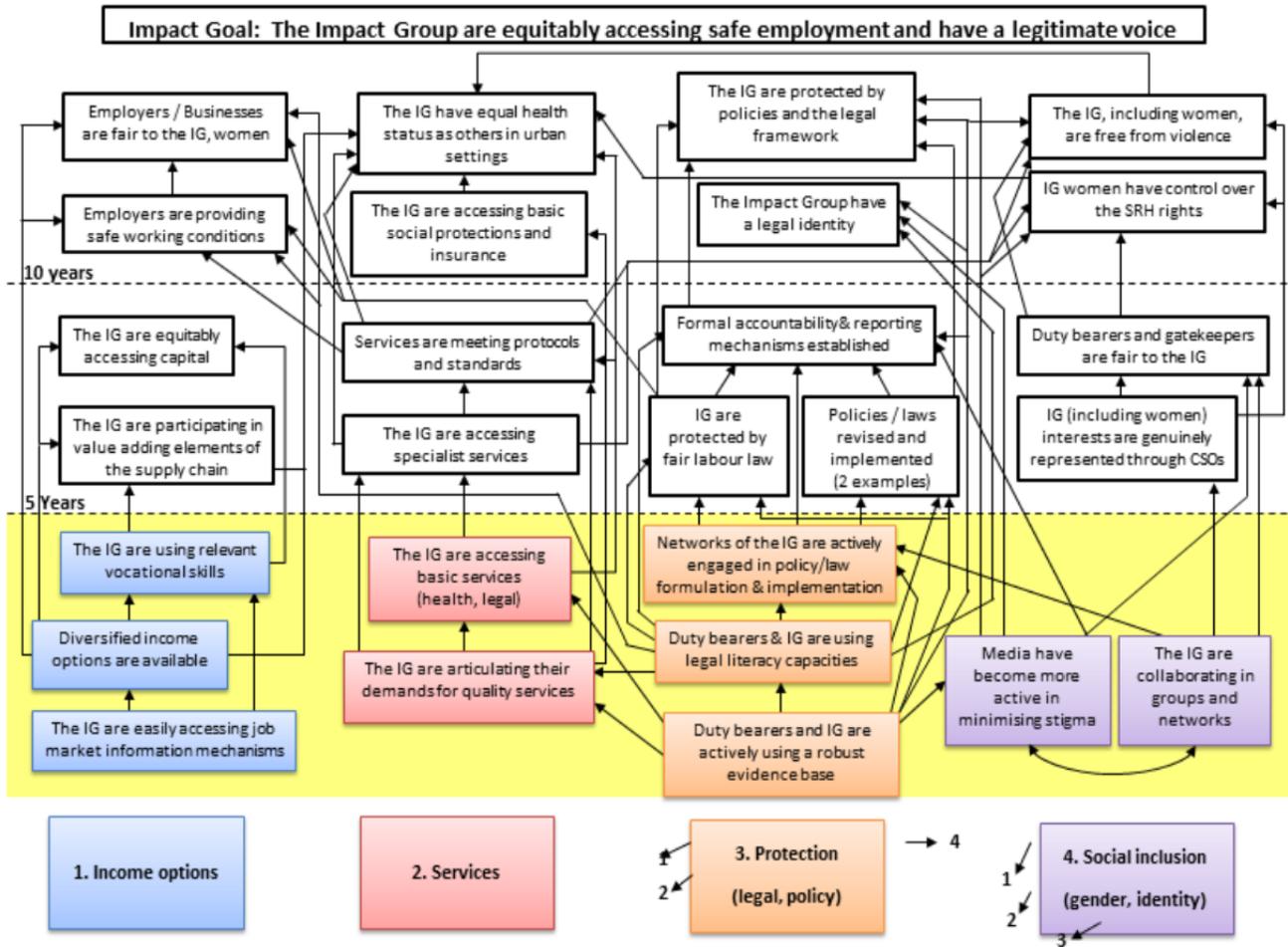
The Project promotes social inclusion and addresses the needs of migrant women related to safe employment, protections against gender based violence and access to services (legal and sexual and reproductive health services). The project aimed to address the underlying causes of marginalisation of the impact group in a mutually reinforcing way, focusing on breakthroughs identified in the first five years of the program approach. By doing so, it aims to “**Improve Access to Safe Employment for Migrant Women in Urban Myanmar.**” This links clearly to the the goal of the country office’s long term program for Socially Marginalised Populations (SMP): “That if safe income option and services are available to the impact group, and they enjoy adequate legal and policy protection the impact goal of safe employment and a legitimate voice will be achieved.”

The specific “breakthroughs” in the first five years of the program design targeted by The Project include:

1. More safe- job options are available to migrant women.
 - Outcome 1.1: Migrant Women have marketable skills and are accessing safe job market opportunities.
 - Outcome 1.2: Project has built specialised knowledge of impact group circumstances and appropriate job market opportunities.
2. Migrant women are accessible to sexual reproductive health and legal services.
 - Outcome 2.1: Migrant Women accessed to sexual reproductive health and legal services have improved satisfaction on service provision.
 - Outcome 2.2: Project has built specialised knowledge of impact-group barriers to services and how they can be overcome.
3. Migrant women reached by The Project are experiencing less sexual harassment and gender based violence through improved protection and response at community level.

- Outcome 3.1: Women in the community have increased access to protection services due to improved legal literacy and community response to gender based violence.
 - Outcome 3.2: Project has built specialised knowledge of impact-group barriers to services and how they can be overcome.
4. Migrant women are experiencing greater social support.
- Outcomes 4.1: Migrant women are motivated and have necessary support to form networks.

Project design matrix



EVALUATION DESIGN

Objectives and Scope of the End of Project Evaluation

The results of this evaluation will be reported to project participants, host government, other development partners, donor, CARE Australia 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.

The overall objectives of the evaluation are:

1. To assess whether and how The Project has contributed to outcomes that improve the lives of urban migrant women in Myanmar.
2. To assess The Project's performance against stated objectives, outcomes and outputs.
3. To assess The Project's approaches and practices against key CARE implementing standards, (including monitoring and evaluation, gender equality, disability inclusion and partnerships)
4. To identify lessons learned and make recommendations to improve future programming.

In assessing The Project's contribution to change, the evaluation will consider the following key questions:

- **Relevance:** *Does the theory of change and design assumptions remain valid – i.e. is The Project relevant within the current development context – considering developments in/alignment with the current policies and approaches of key development actors, the government of Myanmar, CARE Australia and its appropriateness to the communities where it operates?*
- **Effectiveness:** *How successfully has The Project been in utilizing project resources and delivering activities and outputs against the stated project design?*
- **Impact/Outcomes:** *What contribution has The Project made in bringing about significant and lasting changes for the impact group?*
- **Sustainability:** *How likely are positive changes in the lives of the impact group to be sustained beyond implementation?*
- **Recommendations:** *What lessons can be drawn from implementation that may strengthen future similar project designs?*

Methodology and Limitations

The evaluation consists of a comparison of baseline and end line survey results, a qualitative survey and a review of key project documents. The base line was conducted in February 2015 by an external consultant, interviewing 381 of an estimated 3,000 female migrant workers between the ages of 18 to 45 years of age targeted by The Project (a subset of an estimated total population of 76,000 female migrant workers). Due to financial limitations toward the end of The Project, the end line survey was considerably smaller at 84 female migrant workers selected from amongst The Project's vocational training and income-generation direct participant lists, who remained accessible to The Project. Financial constraints also meant the end line survey was conducted internally, by CIM.

The baseline sample was selected using purposive sampling methods and the end line was selected using convenience sampling methods. In addition to the sampling methods and the small size of the end line sample, there were important demographic differences between the two groups - most notably, the end line sample were a more established group of migrant women with approximately half having been in their current location for more than five years, compared to baseline where the majority were new and recent migrants. The limitations associated with sample size, sampling method and differences in demographic characteristics between the baseline and end line surveys make comparisons between the two groups difficult.

The qualitative study included 20 focus group discussions (11 in HlaingThaya and 11 in Mandalay) and 22 key informant interviews (8 in HlaingThaya, 8 in Mandalay and 4 in Yangon). The interviewees included:

- Migrant workers who had participated in various components of The Project, including grant recipients, vocational training graduates, factory workers, health service users, legal service users.
- Duty bearers, including ward and township administrators, provincial government staff and hospital administrators.
- Partners, including community based groups, vocational training providers, and health service providers
- Project staff, CARE Myanmar staff in Yangon, Mandalay and HlaingThaya.

The qualitative interviews were conducted by CARE Australia's Quality and Impact Unit, although external to CARE Myanmar, the association between CARE Myanmar and CARE Australia is implicit. CARE Myanmar arranged access to the communities, beneficiaries and stakeholders based on a selection process developed by the lead interviewer. The use of CIM staff to conduct the end line survey and CAUST staff for the qualitative study introduces the possibility of positive bias.

Despite the limitations and although unreliable for generalising about the lives of all migrant workers, the base line and end line data does provide some insight into the changed profile of the women *participating in The Project* and the *shifting approaches of The Project* as it responded to the volatile economic and political context that existed in Myanmar at the time. While it is not possible to conclude relationships between the base line and end line surveys due to the sampling issues, we can assume the experiences of the two separate groups of women to be true, independently of each other, to describe, and explain their different experiences of the project, without implying a causal relationship.

FINDINGS

Relevance: Alignment with key Government of Myanmar policies

The National Strategic Plan for the Advancement of Women (NSPAW) 2013 – 2022 is a Government commitment to provide support to improve the situation of women and enable them to fully enjoy their rights. NSPAW has 12 priority areas and this includes: women's equal access to resources, opportunities and services, and their representation and participation in livelihoods, decision and policy-making at all levels and in all spheres of society. Women's equal access to livelihood opportunities, and legal and policy protection tailored to the needs of impact groups, are significantly addressed in the proposed National Strategic Plan, which is also in line with priority women's empowerment thematic areas under CARE's program strategy.

In addition, the momentum for the development of the Protection of Violence Against Women Law, advocated for by the Gender Equality Network, is under the drafting process and there is a strong likelihood that the proposed law will encompass sexual harassment in workplaces. However, the extent to which this issue will be addressed for particular impact groups remains unclear. Labour law reform presents an opportunity for Myanmar to introduce the sexual harassment prevention in workplaces. The introduction of a law and policy requiring workplaces to address sexual harassment would encourage greater participation of women in the formal economy and contribute to Myanmar's economic development.

Objective 1: More safe-job options are available to migrant women.

Activities

Under Objective 1, at the time of the evaluation, The Project had implemented the following activities to date:

- Partnerships established with 34 services, to provide vocational training tailored to migrant women. These included skills training related to sewing, foreign languages, nursing assistants, pharmacy assistants, hair and make up, computers, accounting, and machine embroidery.
- Supported 452 women through vocational training courses, of which, 131 (29%) had gained employment, received a promotion or started their own small business.
- In year four, The Project established a private sector partnership with MyJobs, a for-profit job placement service, to tailor for-profit job placement services toward low skilled migrant workers.
- In years 1 to 3, before the MyJobs partnership while The Project was providing direct job matching services, 2818 women were provided with job vacancy information and 207 women were referred for jobs. In the nine months to date for year four, under the MyJobs partnership, 937 migrant women were shared job vacancy information, 321 were referred to interview and 14 secured jobs. A further 2189 migrant women in HlaingTharya were provided with job information through The Project's drop-in-centre and outreach workers.
- Assisted 29 migrant women with funds to complete their education (school matriculation), of which 12 matriculated.
- Provided 614 migrant women with career improvement seminars.
- Provided life-skills training to 418 migrant women and 32 migrant men.
- Provided low interest loans to 120 migrant women, of which 112 (93%) reported increased incomes.

Impact and Outcomes

The intended outcomes for Objective 1 were:

1. *Migrant women have marketable skills and accessing safe job-market opportunities.*
2. *Project has built specialised knowledge of impact group circumstances and appropriate job market opportunities*

The evaluation explored The Project outcomes using a comparison of the baseline and end line survey results and findings from the qualitative study. These are presented below in three parts: a direct response to the agreed indicators; differences between base line and end line survey participants, and; key themes from the qualitative study.

Achievements against the agreed indicators for outcomes under objective 1

1. Project Indicator 1.1.1: %/# of VET graduates employed:

- *Of the 452 migrant women supported for vocational training, 131 (29%) had gained employment, received a promotion or started their own small business as a result of participating in the project.*
- *Of the 141 women provided with low-interest loans, 118 (84%) reported having increased incomes.*

2. Project indicator 1.1.2: # of referrals made:

- *5936 women were provided with job vacancy information.*
- *521 migrant women were referred for job interviews.*

3. Project indicator 1.1.3: Activities are tailored to circumstances and show refinement in implementation:

- *The Project made significant adaptations based on independent market research in response to an extended period of economic, political and social turbulence in Myanmar. Beginning with a strategy to engage and influence VET training providers directly, then, in response to market changes and informed by additional market research, changing direction to focus on reorienting² private job-matching services to tailor their services to migrant women.*
- *Reoriented 34 VET providers to deliver services to low education level migrant workers.*
- *Reoriented a significant for-profit job-placement service (MyJobs.com) to begin tailoring to the needs of low-skilled migrant workers – resulting in significantly greater reach.*

Changes between base line and end line quantitative survey participants

- **Increase in access to reliable job information:** The majority of job seekers continue to use informal networks to secure work; however, there was a large increase in the proportion of women using formal job information services. The proportion of women using formal information services (newspaper, journals, NGO services, internet based employment services), increasing by 24%, from 8% at baseline to 32% at end line. There was a corresponding reduction in the proportion of women using informal networks (family, friends and neighbours), decreasing by 29%, from 99% at baseline to 70% at end line.
- **Increase in employment:** A larger proportion of end-line survey participants were employed compared to baseline participants, increasing by 30% from 59% at baseline to 89% at end line – with a corresponding 30% drop in unemployment from 41% at baseline to 11% at end line.
- **Fewer women in unskilled labouring jobs:** The end line survey found fewer women working in factories, construction and casual labour, reducing by 44% from 65% at baseline to 21% at end line.
- **Increase in demand for capital to start a small business:** Access to capital to start a business increased by 34% between baseline and end line, as a barrier to securing a job or starting a small business, that may lead to increased livelihoods. Other barriers were similar between the baseline and end line, with “lack of job skills” and “access to childcare” declining by 5% and 10% respectively and access to transportation increasing slightly (3%).
- **Increase in small business operators:** There was an increase in the proportion of women working independently, in small businesses, such as tailors and traders, increasing by 27% from 22% at base line to 49% at end line.

² Expanding organisational mandates, beyond the immediate responsibility to service the general population to better understand and respect the varied needs of individuals (in this case, the needs of migrant women) and creating relationships between the organisation and broader social, political, economic and physical environment that impact access to services.

- **More women sending remittances to home:** A larger proportion of participants in the end-line survey were sending money home to family members compared to baseline participants, increasing by 13% from 30% at baseline to 42% at end line.
- **Increase in women earning less than needed to cover cost of living:** The majority of workers in both baseline and end line were unable to earn enough to meet basic family needs. However, more women in the end line survey compared to women in the baseline survey reported that they did not earn enough to meet their basic family needs, increasing from 17% from 55% at baseline to 73% at end line.

Changes identified in the qualitative study

During focus group discussions and key informant interviews, beneficiaries and were asked to describe the most important changes that had occurred over the past three or four year years in their lives and stakeholders were asked to describe important changes they had observed in the community. Changes that were related to The Project's purpose were explored and participants were asked to describe not only the identified change but also how they believed The Project had contributed to it.

Improving quality of life: Many of the women described experiencing an increasing and more stable personal income. In turn, they said, this more stable, higher income was contributing to an overall improvement in quality of life and social inclusion. Many of the migrant workers saying they now had more money to pay for essentials and more time to participate in important social and religious activities with family, friends and communities.

In my family, my two daughters are working at the factory and are earning 200,000 Kyat per-month. With an increase this year, the family income has increased and they can cover food and accommodation **FDG4-19-H-Legal**

The grant was most important. I have a mobile cart and can sell in the neighbourhood and my income is now a little higher **FGD16-23-M-Grants**

I used to be married and have a daughter going to school at fourth standard. Before CARE, I worked at a garment factory and now started getting training form CARE. At that time, I was quite depressed, with financial and other problems. After CARE, my depression and the way I think is better and now I'm working as a seller of food and fruit at the factory **FDG3-19-CARE-H-SRH (Golden Futures)**

Before CARE, I was working in a shoe factory, as quality control. After meeting CARE, I got tailoring training could start my own business. I now have more time for my family, to go on trips with my family, and spend more for myself. I started to save money and I didn't save money before. **FDG14-26-H-Liv**

Investing in their future security: These stories of increasing and more stable incomes seemed to be associated with a trend toward small businesses, with many starting out in low skilled labouring jobs and moving toward, or aspiring to, independent small businesses. Linked to this, some of the migrant workers described taking advantage of savings and job stability to invest further in their future - explaining how they had begun to use their income to save, to start their own small business or continue to further education.

I came to Mandalay alone....I have found it easy to make friends – I had a friend here already who organised a job. I've worked here for two years and this is a significant change in my life – I can save money for my self. I come from Sagaig region (where I) did not work or earn.... I did nothing. One good thing is to have more money. With savings, I feel I could open my own business....a big restaurant. **FDG6-20-M-GBV**

Compared to before, I noticed that income has increased a little and that is important – I'm a seller and with more money I can invest more in my business **FDG4-19-H-Legal**

I passed matriculation exam (school) and started learning computers (with CARE) – Microsoft software and typing. I decided on computers because I know that computer literacy is important when applying for jobs. After finishing, I worked as a clerk in a store and after that, I started taking pharmacy training because I can learn about medicine and illnesses and I can both get a good job and help my family if they get ill. **FDG8-21-M-Liv**

Before CARE, I didn't pass matriculation (school) and therefore couldn't attend the public nursing school – with CARE's help I could go to nursing school. I wanted to do this because in the village there was no doctor and only one midwife and health services were poor. I wanted to be able to take care of the family and after CARE that dream came true and the training guaranteed a job. (She currently studying part time in nursing). **FDG13-26-H-VocEd**

Gaining economic independence: Some migrant women described, with a sense of relief, and stressing its importance to them, their increasing economic independence. Pointing out the pride they felt in being able to begin or increase their remittances to family, their sense of security in knowing they were financially independent of their male partners and being free of expensive debtors.

I was married before and dependant on my husband and felt small for that and worried about my survival if my husband left. Now I can stand on my own feet and will start my own business and not be dependent... if I am able to make my own money, I feel more confident. There are many reasons why women are dependent on heir husbands, for reasons of education or child raising, but for me, I think it (independence) is important. **FDG8-21-M-Liv**

Before 2015, I worked in a paper factory and didn't earn much money and it was tiring. I decided to change and in 2015, I started working in a lace maker's shop; I earn more money, and can send money back. In the shop, I decorate dresses with lace made by others. I finished the training in 2015 with CARE's support....CARE supported me to learn lace decoration. **FDG8-21-M-Liv**

Before CARE, I lived on a farm. I worked as a day labourer and wanted to study tailoring but my parents couldn't afford it. My monthly income is currently OK. Previously I couldn't afford the clothes that I wanted, and I can send money home to help my family. I live with my sister in the city and they share. I feel happier in the village with my parents and one day I would like to go back....but had not enough money and I was a burden on my parents, so I feel better.... the village is where I feel happy and the city is where I am meant to be" **FDG13-26-H-VocEd**

Long time ago family income wasn't enough but in the last few years jobs are better and salary is better and we are not in debt anymore... (day labourer)...more work and higher salaries **FDG2 HTSRH**

Flow on of outcomes to other migrant women: In addition to achieving improvements in their own incomes, many of the tailoring beneficiaries went on to deliver benefits to other migrant women seeking entry-level skills to employment and small business. For example, of the thirty women sent to one tailor for training by CARE, twenty have gone on to start their own tailoring shop and the remaining ten are working in garment factories. Three of six tailoring trainees in one focus group had started their own businesses and had begun to take on trainees of their own, extending The Project's reach and increasing access to employment for migrant workers.

Unfortunately, The Project does not have monitoring systems established that can capture a fuller picture of these downstream outcomes.

(Speaking of her trainees) They are garment workers who come on Sundays, to learn, in the hope of opening a shop of their own (she designed a four-month course for full time people – trainees pay her 200K per month). I am doing this informally – it is not a recognised tailoring course – people find out about her and let her make a dress for them. If they like her dress, they'll start learning from her FDG14-26-H-Grants

...They have zero experience... they are migrant women in the village with no skills who want a job in the garment industry....they learn basic skills (over three or four days) and they pay about 10K per person....about eight of the ten trainees have gotten jobs in the factories and two started as day labourers in shoe/bag factory. FDG14-26-H-Grants

A background of economic challenges: Not all of the migrant workers were fairing well. Some said they had to end their participation in full-time, paid work because of poor health and disability. Others were working but struggling with the cost of living or were unemployed.

I have a husband who is not well and six family members. Only one is working. My husband was paralysed on the left hand side for three months. Since then I've had to borrow money and when the (one working) daughter is paid each month, I pay the debt but it is never enough and it is a vicious cycle. FDG4-19-H-Legal

(A male partner) I had an injury - I fell from a bus and severely injured my head. I've been in hospital and although now discharged, I can't work, so my wife now sells things and I rely on my wife's income....but I have to service a debt and sometimes if not selling we have a problem FDG4-19-H-Legal

.... previously worked in a factory but not feeling well, I left and started selling snacks and it didn't go well, so stopped and now dependent.... and have two children ... dependant on my husband who must support three other people ... FDG3-19-CARE-H-SRH (Golden Futures)

I came from another region and my salary is not enough; I earn about 100000LAK and it is not increasing with the cost of living, so I cannot send money back to family and need assistance and would like CARE to provide services for this type of problem. FDG1-19-CARE-H-SRH

Effectiveness

The Project's livelihoods activities were challenged by a series of major social, economic and political upheavals that were occurring in Myanmar throughout implementation. These upheavals resulted in significant instability and change in the low skilled labour market and the vocational training sector, which forced The Project to adapt its approaches in order to continue to make progress toward its outcomes. Beginning initially with efforts to target vocational training organisations with the aim of increasing access and appropriateness of training for migrant women, The Project added in support for small grants and support for small businesses. The social, economic and political context began to stabilise toward the end of year four, when The Project was able to narrow its focus on strengthening job-seeking services in the low skilled labour markets. By the end of The Project, the new strategy had begun to make progress, to the extent that it had begun to reach larger numbers of low

skilled rural women hoping to migrate for work and The Project was successful in securing funding for an ongoing partnership with the private sector to continue this work independently of ANCP after project completion³.

Most of the women involved in the qualitative study identified the cost of living as one their highest priorities, specifically mentioning the stresses associated with housing affordability, the cost of health, remittances to family and low paid job options. This is reinforced by the quantitative study with both baseline and end line participants highlighting that finding enough money to secure food and housing as their greatest migration challenge. Most believed strongly that the CARE livelihoods activities were directly relevant to their circumstances, placing particular value on the gaining of skills and confidence to begin to seek better paying work or to start a business of their own, and to have a better life.

My dream is to get a job with better salary and be able to meet with my family on weekends - better salary would allow this and provide support for my family... It could be the same industry but better salary. FDG1-19-CARE-H-SRH

With the evaluations limitations in mind, it appears that, toward the end of The Project, more workers *involved in The Project* were receiving more reliable job information and more were working in paid employment, however there were fewer women working in factories. Corresponding with this, there was an increased demand for capital, to start small businesses, and an increase in the number of migrant women who went on to established small businesses.

This difference between the two groups is possibly an indication that both The Project and the migrant women themselves were responding to the instability within the low skilled labour market - investing in opportunities that promised more stable incomes with a preference for small businesses, using The Project's small grant scheme, or seeking higher paying jobs in short term labour markets (mostly linked to high-demand high-paying day-labour on construction sites).

Despite this apparent increase in employment, about one-third of the women in both groups remained unemployed and incomes overall were not keeping up with the cost of living. Workers in the end line sample were being relied on more for remittances to family members compared to baseline and despite more women accessing reliable job market information through The Project and MyJobs, the majority of women continued to rely on less safe, informal networks to find employment.

Sustainability

The changes in the lives of the small number of women involved in the livelihoods activities are dependent on the economy - the labour market. However, within The Project's limited scope to influence change more broadly, it is likely that the improvements in individual vocational and business skills will be sustained and, as mentioned above, in some cases these skills have begun to flow on to other new migrants through informal training and employment opportunities generated by The Project's beneficiaries themselves.

Although "*safe employment*" was its focus, The Project's components were much broader than this-encompassing access to services (health and legal), responding to gender based violence, and enhancing social inclusion and social protection. Given that migrant-women's issues were new to CIM, the overall scope of The Project was likely too broad. Even just within The Project's the livelihoods component itself, the scope was also

³ CARE Myanmar, BusinessKind Myanmar and the Pyoe Pin Programme have formed the Aung Myin Hmu consortium to work in partnership with private sector, government and civil society actors to implement a comprehensive wide-ranging intervention to improve the quality and safety of employment for urban migrant women over 28-months in Hlaing Thar Yar and Shwe Pyi Thar townships estimated to reach 54,000 direct and 383,750 indirect beneficiaries; funded by LIFT.

likely too broad, attempting to deliver vocational training in a range of various professions, managing small business loans and supporting small business start-ups, and strengthening job-seeker services.

In addition to taking a much narrower focus from inception, The Project's outcomes may have benefited from engaging with key actors, like industry representatives, unions and governments to address deeper barriers to safe employment –to focus more on policy and legal dialogue and institutional structures to address the underlying conditions that place workers and job seekers at risk.

CARE Myanmar has strong partnerships with a range of providers, MSI, LCM and MyJobs in particular. Each partnership has led to a scaling up of The Project's reach and potentially its impact. In the livelihoods area, MyJobs is positioning itself as a leader in Myanmar's job-seeker/job-placement service industry. It has drawn on The Project's understanding of, and reach within, the migrant community to adapt its for-profit service to link low-skilled workers with low-skill jobs. The partnership with CIM to develop this service further has been successful in securing ongoing donor funding and has a strategy in place to become profitable and independent over the next phase of its development.

Conclusion and Recommendations

Excluding the large number of job information postings that were largely passive, The Project has had limited reach in the area of vocational training. Within its limited reach, it has achieved a good result for individual beneficiaries, with more graduates securing jobs, more women using safer job seeking services, more women working (either in paid employment or small business) and more women using these small but important opportunities to improve their economic position, their independence and quality of life.

Balanced against its limited reach, results for individual beneficiaries are good but likely not sufficient to conclude that the project has achieved its intended objective. The various changes in The Project's approach, adjusting the design to the rapidly changing context, were sensible and appropriate – if poorly documented and communicated at the time – and account for much of the problem in attaining its desired outcome. Specific conclusions include:

1. The evolution of the design during implementation has led toward important engagement of the private sector and an opportunity to significantly change the way women find work, that dramatically reduces their risk of exploitation. This is an example of a highlight of The Project's livelihoods component.
2. Future projects designs should balance the availability of technical and operational capacity with the scope and scale of The Project. Having a more realistic and narrower focus will make better use of The Project's limited resources and allow for greater depth of understanding and engagement, and hopefully impact.
3. The Project's design could have been stronger if it had considered the deeper underlying causes of vulnerability for migrant workers and engaged with key actors to *contribute to* structural changes at the outset– for example, working with unions, chambers of commerce and relevant ministries to address issues like representation, minimum wages, employment conditions etc. may have had a more lasting impact.
4. Documentation should be improved generally - to ensure that future projects retain their integrity – in that they remain consistent with the program and project's purpose, are understood within CARE and amongst partners and the various corresponding management, monitoring and evaluation systems are able to continue to function effectively.
5. Strengthened monitoring and evaluation to understand the direct and indirect benefits of The Project, to better understand the changes in women's lives – particularly down stream benefits such as those outlined above amongst The Project's machine sewing graduates who are now passing their skills on to large numbers

of migrant women independently of The Project. A cost benefit assessment that is broader than simply the cost of training per beneficiary but considers a broad range of benefits, including down stream benefits would be helpful in understanding The Project's impact.

Objective 2: Migrant women are accessible to sexual reproductive health and legal services

Activities

Under Objective 2, The Project had implemented the following activities to date:

- Conducted 51 community awareness raising sessions reaching an estimated 1657 (924 female and 733 male) local authorities, community leaders, community organisations, host community and migrant community members.
- Conducted gender based violence awareness raising sessions, reaching 13223 (11719 female and 1504 male)
- Implemented 24 mass public events to raise awareness of gender based violence and sexual and reproductive health services for International Women's Day, Labour Day, Water Festival, International Day against Child Labour, CEDAW Day, International Youth Day, World AIDS Day, Myanmar Children Day, Migrant Day, Child Rights Day, Valentine Day, 16 Days of Activism.
- Formed a key partnership with MSI, supporting it to conduct 121 mobile outreach clinical services, reaching an additional 1405 migrant women.
- Supported 1532 women to attend MSI clinics in Mandalay and HlaingThaya.
- Trained 8 general practitioners in responses to gender based violence
- Trained 501 government health staff in clinical responses to gender based violence and sexual and reproductive health.
- Supported Legal Clinic Myanmar to train 234 paralegals (212 women and 22 male)
- Supported Legal Clinic Myanmar to litigate 61 cases involving violence against women, of these 34 have been concluded successfully.
- Supported Legal Clinic Myanmar to mediate 667 cases involving violence against women.

Impact and Outcomes

The intended outcomes for *Objective 2* were:

1. *Migrant women accessed to sexual reproductive health and legal services have improved satisfaction on service provision.*
2. *Project has built specialised knowledge of barriers to service and how they can be overcome.*

The evaluation explored The Project outcomes using a comparison of the baseline and end line survey results and findings from the qualitative study. These are presented below in three parts: a direct response to the agreed indicators; changes between base line and end line survey participants, and; key themes from the qualitative study.

Achievements against the agreed indicators for outcomes

1. **Indicator 2.1.1: #of impact group referred to MSI for SRH services**
 - 2937 migrant women were supported by CIM to receive clinical services through MSI Township Clinics and mobile clinics
2. **Indicator 2.1.2: # of impact group who have been supported to access non-MSI health services**
 - No referral or service use data were collected for non-MSI clinical services, however, The Project provided clinical training to 509 clinicians from public and private health services in Mandalay and HlaingThaya.
3. **Indicator 2.1.3: # of impact group provided with legal services**
 - 61 litigations and 667 mediations on behalf of women experiencing violence.

4. Indicator 2.1.4: % of legal aid /support cases concluded successfully

- Of the 61 litigations commenced, 34 had been successfully concluded (about 57% of total litigations); the remainder are ongoing.

Changes between base line and end line quantitative survey participants

Legal services:

- **Greater proportion of women reached with legal rights and services:** The small end line sample draws on a population of women much more likely to have participated in legal awareness activities compared to the base line population (increasing by 70%, from 10% of baseline to 80% of end line).
- **Changing sources of legal support:** Most women, who needed legal services, sought it from local village or ward administrators. However, this was declining (falling by 12%, from 46% at baseline to 33% at end line) in favour of community paralegals and private legal services (increasing by 22%, from 11% at baseline to 33% at end line)
- **Changing reasons for seeking help:** Although a slightly smaller proportion (10%) of the women in the end line survey sought assistance from a service compared to the proportion of baseline participants (12%), of those that did, sexual harassment (rising by 19%, from 3% to 22%) and intimate partner violence (rising by 25%, from 8% to 33%) were more commonly the reason, with fewer reported complaints against an employer other violence (falling by 19% and 12% respectively).

SRH Services:

- **Greater participation in SRH awareness and training:** 81% of end line survey participants compared to 22% of baseline survey participants had participated in training or awareness raising on family planning, menstrual care, HIV/STI prevention.
- **Changing barriers to access:** A larger proportion of women at end line knew where to go for SRH service compared to women at baseline, (increasing by 32% from 39% of baseline to 74% of end line) and an increase in the number of women who believed they faced no barriers to SRH services (rising by 14% from 34% to 48%). However, there was an increase in the proportion for whom cost was a barrier (rising by 65% from 1% at baseline to 18% at end line).
- **Fewer women had used an SRH service:** Despite more women knowing about SRH, where to go for SRH services and experiencing fewer barriers, the proportion of end line survey participants who had used a sexual health services in the past year was lower (36%) compared to baseline participants (55%) representing a 19% reduction in service use.
- **Increasing preference for NGO services:** More end line participants said they would prefer to use an NGO service compared to baseline participants (rising by 24% from 19% at baseline to 36% at end line). Of the women who had actually used a service in the past year 59% used an NGO service, 17% used a private service and 3% had used a public service.

Changes identified in the qualitative study

A: Legal Services

Increasing awareness and knowledge: Sometimes, describing it as “this violence thing”, for many at the community level, the concept of gender-based violence, the harm it causes to the community and community’s capacity to respond, was new.

Previously women didn’t know about this violence thing and just stayed at home and did house work. Now they have knowledge, they have learned about organisations that can provide assistance to them, and as a result, the number of cases being reported has been reducing.
KII13-29-H-GBV (Ward Leader)

I learned about the different forms of violence... .. staff encourage me to talk openly and freely and I participated in conversations about different forms of violence and how women are vulnerable to violence e.g. on the bus and at the baths. FDG1-19-CARE-H-SRH

Growing confidence in demanding rights and responding to conflict and violence: In addition to general awareness, many of the women spoke about gaining increased confidence in their ability to demand their rights, to negotiate situations with the potential for conflict, and to respond to violence.

I participated in a different training on GBV and have come to know more about it and now I don't have stage fright. I can speak out (previously I didn't have courage and when someone accused me I didn't have enough courage to explain to them that I was right) FDG2-19-CARE-H-SRH

I have bigger knowledge about how to protect myself. I have come to know if I am harassed, I have the right to report it. And I have the contact number from CARE (for the paralegals). FDG18-23-M-GBV

I became more courageous – previously when the ward administrator would come and asked for money I said nothing – just gave the money - but now I ask what the money is for e.g. if he says it is for road construction, I ask who else is contributing and how much and for how many metres of road and how it will benefit the community etc...I have courage to ask questions FDG2-19-CARE-H-SRH

When it comes to salary, previously they were not interested in how much they or others earn. After the training they were interested e.g., boys were earning more than girls and girls started asking why and began to claim their rights and sometimes for the same position the conditions are different for girls and boys but they started to ask why. KI11-29-M-GBV (Owner)

Adopting protective behaviours: Some women made changes in their own behaviours to minimise their personal risks. Some began carrying the phone number of the paralegals with them, to report violence and seek advice. Others became more aware of their physical environment and began to avoid higher risk situations, or felt able to take direct action to protect themselves in violent situations.

... we keep the phone number in our phones (for the paralegals)... We have not had to use the number yet... since the training there has been no violence. FDG18-23-M-GBV

Before I participated, I didn't know about violence against women but now I know. And that there are people out there who might harm me, so now I know to try to stay safe. Before the training, on days off, I went out anytime I wanted ... but after training, I meet friends and family at the right time ... safer times, not late. FDG1-19-CARE-H-SRH

Previously, before training, I had no legal knowledge and I was hit by my drunk husband. I did not know what to do, so I bore it... with knowledge, I now tell him that I will inform on him to care or women's affairs... he has stopped hurting me... FDG3-19-CARE-H-SRH (Golden Futures)

Personal risks and cost of activism: The responses to conflict and violence are not without risk and personal cost to the responders, who raised concerns about their own safety, emotional difficulties and the personal time and expense associated with responses.

*Sometimes I feel it is dangerous to solve these cases e.g. once a woman was beaten by a drug user husband. If the case is beyond my reach, I refer. **KII15-29-H-GBV***

*Sometimes it is emotional taking care of children – child rape cases are difficult and take time.....we feel responsible to support them and they are starved for love and kindness and form attachments to the paralegals. At the end, the transfer to welfare is difficult. The girl was so strongly attached and wanted to live with the paralegal and cried allot but for the girls own good she had to go to live with other girls (public care). They (the paralegals) are building resistance and learning not to show their weakness or pass their burden to others and try to be strong. **FDG11-22-M-Legal (Paralegals)***

*Training is enough but other than training, we don't receive enough support. E.g., we have to use our house as a meeting space for women with complaints. Another thing is people come to talk to us but they have no money and we must use our money to send them to the police or the CARE office. Some (group members) feel less motivated because of the cost of their own money so some members are less motivated to help. **Support group HliangTharya. FDG21-30-H-Legal***

B: SRH Services:

For most of the women who were reached by the SRH component of The Project, the most important recent changes in their lives were linked to peace of mind and confidence. The peace of mind in knowing that they were not at risk of unwanted pregnancies or diseases, such as HIV or cervical cancer, and the confidence this provided in enabling them to plan for their future.

Access to information: For some women, this was the first time they had been provided with any information about SRH and local SRH services, particularly for younger migrant women who may not have completed their education.

*All the (Yangon Bakehouse) apprentices are young women and do not know about this issue. Having dropped-out of high school, they only have limited knowledge about SRH - the experience (of The Project) is very effective. **Director YBH***

*(What changed) was getting the knowledge because I didn't have that before and if I need help, I know where to go and get help **FDG1-19-CARE-H-SRH***

*Now she has come to know about contraception methods and CARE has told her she can come and can get any service for free. Important to know, even though now single and she can share with her friends **FDG4-19-H-Legal***

*... before, I didn't know anything about this and because of CARE, came to know allot. ...SRH training by CARE was my first experience. In training, the trainer started talking about sex and reproductive health; we were all shy and never used the word sex before but the trainer was friendly and explained in simple terms.... it is important to know this information for the future. **YBH***

Access to contraception: For many, having access to affordable contraception was the most important change, freeing them of concerns about unplanned pregnancies and allowing them to focus on their existing children and to work and plan for their own futures.

*... it is important because I am poor and can't afford to have another baby **FDG3-19-CARE-H-SRH (Golden Futures)***

.... it is important because I have four children, some working and some at school, and I can focus on them and it allows me to plan for the future... it is good because I won't have more children. **FDG2 HTSRH**

Contraception measure is important. I come from a poor family and have to work hard and with this service I don't have children and can work and earn money instead of having more children (she has five already oldest 18 and youngest 13). I probably would have had more children if it weren't for CARE. **FDG2-19-CARE-H-SRH**

Access to cervical cancer and HIV screening: Many of the women were aware of and were concerned about cervical cancer and HIV but the screening services were too far away and too expensive for them to access. For these migrant women, the reassurance of knowing their cervical cancer and HIV status was the most important benefit of The Project.

Before the clinic visit, I was ill, I had family and financial problems and really wanted to get a check up and I was especially scared of HIV – suspicious because I had been losing weight - and the free service meant I could check....because of the health services, I know I'm healthy and can focus on work and have more confidence in life. **FDG7-21-M-SRH**

... It is the most important thing because, if I'm not healthy, I can't do other things, like work. If not for CARE I would need to go to a private clinic and I couldn't afford it. I am now healthy. **FDG7-21-M-SRH**

I didn't have a chance to fully participate in the talk show (community awareness event) but those who did shared with me about getting cervical screening and I joined them to get the test and felt very happy....one thing I can say is that I have more confidence and was worried that I had cancer and would have to pay for it myself. I saw some women who had cancer here in this village....that's why I learned about how expensive it is....I knew about it before – I knew there was test but couldn't afford to go. **FDG7-21-M-SRH**

Demand for and quality of SRH services: There is an indication of increasing credibility and valuing of SRH services, with migrant women point out examples of increasing confidence in SRH services.

This was followed by training on SRH and contraception....in the community, so people began coming to this hospital for implants – at first people were afraid but now more people are coming. Before CARE (meaning the MSI team) there were none – no implants – since CARE's training, there have been about 100 implants. **KII14-29-SRH (MedOffic)**

...previously the doctor inserted the implants only but with CARE (MSI) training, they also provide counselling to the patients. In the beginning, some patients came back and wanted it removed. With doctor's providing counselling, no one wants to remove them afterwards. **KII14-29-SRH (MedOffic)**

...previously people gave birth with a traditional birth attendant, which was dangerous; they didn't know about skilled birth attendants but now they know and take care of their pregnancy better....**FGD16-23-M-Grants**

Public health capacity: Despite increasing demand, and while stakeholders pointed out CARE's efforts in supporting health service capacity, there is an indication that local health service coverage remains limited and

that quality is not consistent. Also at the Township level, both CARE and MSI provide support to strengthen the capacity of township level public hospitals. However, these investments are focused on individual staff skills, are not institutionalised through policies, procedures and systems, and are likely to be diffused and lost over time.

Three years ago, they only had limited electricity and water now they have enough....an important change because children can study better (previously candle and lamplight). There have been no changes in (local) health services – there is one township government hospital but it is small and not enough human resources or medical supplies. They need to go to Mandalay or a private clinic.. **FDG18-23-M-GBV**

CARE identified this gap, invested in community mobilisation and training local (CARE) staff to increase their capacity to connect communities to services **FGD19--M-All (CARE staff)**.

In areas where there are no local services, CARE and MSI arrange for transport to MSI services in larger urban areas or arrange for MSI mobile clinics to visit the communities. **FDG18-23-M-GBV**

These changes are practice changes resulting directly from training – they have not been institutionalised in policy and procedures at the hospital. They have an SOP but not for counselling, contraception and there have been no additions/changes (to the SOP) following the training..... not sure if these practices will be sustained or for how long... if government and NGOs can provide more training, the knowledge will be long lasting - even if they move to another hospital. **KII14-29-SRH (MedOffic)**

CARE transports them to the MSI clinic and provides lunch and free contraception **FDG7-21-M-SRH...If transport stopped they would go back to the public (local) clinic... .Midwife was for the whole village and she was qualified and good... .only offer help for minor illnesses, birthing and contraception advice. FDG7-21-M-SRH**

Relationship with local private services: The Project has developed a limited engagement with the private business and local service providers that migrant women will be reliant on after The Project closes.

For private doctors in the village, the expats from MSI provide training and distribute contraceptive pills to the doctor and the pharmacy. In some areas, MSI have an exit strategy, provide information on caseload to local doctors, and remind the people to see the local doctor and mid-wives. They provide training to the doctor and contraception - but no other support. **KII2-29-M-SRH (MSI)**

General practitioners must register each year at the hospital and she calls them to important medical updates (e.g. communicable diseases). If MMR medical association calls a meeting, they must all come. The GPs were also included in the implant training (of about 120 GPs, about 20-40 attended). **KII14-29-SRH (MedOffic)**

For the time being, if the community go to the private doctor, the doctor doesn't give enough counselling to the patient because they are more focused on making money and they charge money, so the community don't want to pay. The government doesn't have enough resources and capacity to support them (cover the cost of SRH) so for the time being it is not a good idea to refer now. **KII2-29-M-SRH (MSI)**

Effectiveness

A: Legal services

Although it cannot be assumed that all migrant women in the target areas have the same degree of better access to legal services, the individuals involved in The Project's end line survey did; they were also accessing more reliable, independent services, such as trained paralegals and private legal firms. In accessing legal services, women were seeking support for issues directly related to The Project's core message – gender based violence, and more specifically, sexual harassment and intimate partner violence, indicating that The Project was influencing both demand and supply of legal services.

Within the qualitative study, women discussed important changes in their lives and how they believed these were a result of their participating in The Project. These included having an increased awareness and knowledge of gender-based-violence and a growing confidence in their ability to demand their rights, to better negotiate situations that had potential for conflict, to identify and minimise risk, and to respond to violence directed at them or their neighbours and friends.

The descriptions the women and the duty bearers gave during interviews confirmed that a range of support was available at the community level, as a result of The Project, and that many migrant women were engaging with them. They described a wide range of examples where they had direct involvement with trained community educators, community based organisations, paralegals, local government administrators, LCM and the judiciary. Their involvements ranged from participating in community education and awareness sessions about gender-based violence, learning new knowledge and skills to reduce their risks and to share their knowledge with others in the community, and, for a smaller number of women, receiving formal legal advice and/or advocacy directly to respond to an act of abuse of their rights.

The scale of numbers reached by The Project, combined with the community based networks established and/or strengthened by The Project and the large number of women engaging with them indicate that The Project has been successful in increasing access to legal services within the target areas. The approach The Project has taken of engaging, reorientating and strengthening local community groups' capacity in gender based violence, organisational capacity and networks, has added to The Project's reach and increased the sustainability of the organisations/groups with whom it collaborates. This extends beyond the new work these organisations have taken on with CARE in gender-based violence to sustaining previous work in other areas, like child protection and trafficking.

B: SRH services

As with other components of The Project, the comparison of the end line to baseline survey sample are not generalizable to all women in the community, they do provide an insight into the changing profile of the women involved at the start and at the end of The Project. By the end of The Project, more women were participating in community events, participating in training and had an increased awareness of local services related to sexual and reproductive health. However, more women had also become aware of, but found the cost of SRH services a barrier and fewer women were utilizing them; those that had used SRH services preferred NGO services to private and public services, possibly due to the subsidised cost of the NGO services and a greater confidence in the quality of care.

For many of the women interviewed in the qualitative survey, their involvement in The Project was the first time they had been provided with accurate SRH information, and an opportunity to discuss it. According to the quantitative studies, fewer women were using SRH services at end line but those that did believed the growing sense of confidence and peace of mind they derived from them was the greatest benefit of The Project –

specifically, the peace of mind that they were not at risk of unwanted pregnancy or diseases like HIV and cervical cancer and giving them the confidence to plan for theirs and their families futures.

There was also a growing valuing of SRH services among the women who, with a better understanding of the benefits of regular SRH screening and contraception, and better experiences of quality health services. Women involved in The Project explained that they would now be willing to pay for the service, if The Project were to close – that although still a major concern, the benefits of SRH services were beginning to outweigh the costs.

The relationship between the larger number of women aware of SRH and the lower number of women using the services within the end line sample compared to the base line sample could be a result of the sampling methods and the forms of the questions being asked. It could also be related better targeting of services by MSI to women of reproductive age rather than targeting all women through local midwives and public health services. The preference of Marie Stopes International for implants rather than oral contraception may also mean that women in the end line survey were visiting services less frequently for contraception.

Sustainability

CARE Myanmar has strong partnerships with a range of providers, MSI, LCM and MyJobs in particular. Each partnership has led to a scaling up of The Project's reach and potentially its impact. The Project's reorientation of LCM to align itself with and take up many of The Project's core messages has the potential to sustain The Project's agenda beyond its own funding, as these issues are increasingly incorporated into LCM's core business.

MSI's initial partnership with CARE evolved rapidly and, in partnership with CARE, has established a network of services in the target area and secured independent donor funding to establish township clinics and mobile outreach services, independently of ANCP. Unlike the approach to expanding legal services discussed above, the expansion of SRH services may not be sustainable in the longer term. CARE Myanmar's early success in paving the way for MSI to establish clinics within the target communities meant that CARE could focus its resources on community engagement and awareness, while MSI focused on the supply of clinical services – a partnership that has produced great results in terms of extended SRH service delivery during the life of The Project. Women have been made aware of the benefits of SRH screening and contraception, have been provided with subsidised access to quality clinical services and are increasingly aware of value of the service and driving future demand.

However, both the CARE and MSI projects are short-term donor funded interventions that will ultimately close. During The Project, there was limited engagement with public health services (township hospitals) and private businesses (general practice and pharmacy), though likely not enough to address issues of quality and cost to the extent that women in the communities return to them after The Project closes or, if they do return to them, are satisfied with the quality of the services being provided and continue to return over time. In addition, the investments in local health service capacity were focused on staff skills and to a lesser extent on hospital and medical equipment. There was little investment by The Project in sustainable change through strengthening policies, procedures or governance. Given that the public service and local private businesses are the only likely services to remain after MSI and CARE leave, a greater focus on their capacity and quality may have been a better investment in the longer term.

Conclusions and Recommendations:

As outlined above, The Project has been successful in increasing access to legal and health services during the life of the project. With key achievements, being the increase women's awareness of their rights related to gender based violence, their gaining of skills and confidence to claim them, and an increased valuing of SRH services. However, there are contradictions in the findings, which show increasing awareness and access in some areas but with specific areas where utilisation is lower. For health services, service use is lower at end line - it is possible that this reflects MSI's better targeting of services to women of reproductive age, and the increasing uptake of longer

acting contraception methods. For legal services, the finding that about one third of women experienced some form of harassment on the way to and from work but do not report it or seek help may be a case of perceived seriousness of the harassment, with many women dismissing verbal harassment. However, it may be that the context within which the harassment was occurring (now in the community, on the way to or from work, rather than in workplaces) has made reporting more difficult.

There are questions about sustainability for both legal and SRH services supported by the project. The MSI and CARE funded activities are not sustainable beyond the life of their funding and there is limited engagement with local public and private sector service who are likely the only future source of these services. While the LCM have taken up the issues of gender based violence, individual cases may have been selected more thoughtfully, to better support legal precedents or policy dialogue that may have driven more lasting changes. Other conclusions specific to access to services include:

- With limited resources and a wide range of priorities, CIM should take a more prominent role in the decision making generally, about which legal cases are pursued by LCM using CARE funding. The agreement of selection criteria for funding litigation could increase the likelihood that CARE’s funding is used to advance policy and law, and provide a greater benefit beyond the immediate case in question – while ensuring that funds are being used for cases that rest easily alongside CARE’s core values and principles.
- LCM and CARE Myanmar’s use of the ‘cheating for sex law’, in most cases, skirt closely to and in some cases have actually, result in forced marriages at the behest of parents hoping to salvage what they perceive as the tarnished reputations of their daughters having entered into sexual relationship with the possibility of a marriage that did not eventuate. In addition to risking forced marriage, its defence also entrenches negative stereotypes about women’s value being primarily linked to their sexual histories and prospects of marriage. It is strongly recommended that CIM refrain funding or being associated with the pursuit of these cases in light of the principles of “do not harm” and commitment to women’s equality.
- Future project designs could consider a balance between the need to provide direct delivery to fill urgently needed gaps in local services and the need to ensure that the underlying service delivery problem is being addressed. Emphasising greater engagement of local private businesses (general practice, pharmacy etc.) and local public services (mid-wives, public services) combined with a focus on local health systems rather than local health practitioners, to improve the likelihood that those health services that remain after The Project has closed are able to continue to provide quality SRH services.

Objective 3: Migrant women reached by The Project are experiencing less sexual harassment and gender based violence through improved protection and response at community level

Activities

Under Objective 3, The Project has implemented the following activities to date:

- Supported LCM to produce and print 4000 copies of *Women’s Protection and the Law* booklets.
- Developed “Engaging Men” video clips, GBV flip charts and pamphlets.
- Trained 27 members of community based organisations in GBV awareness.
- Trained 35 GBV response group members in GBV counselling, case management, engaging men and responses to sexual harassment awareness and response.
- Trained 66 Trade Union staff/members in GBV awareness and labour issues.
- Trained 477 duty bearers (202 women and 275 men) in 24 training sessions focused on engaging men and responses to gender based violence.

- Trained 3293 (2655 women and 638 men) in basic legal awareness and rights.
- Reached 13201 community members (12273 women and 964 men) with gender based violence messages.
- Trained 336 factory and food service workers (277 women and 59 men) in sexual harassment awareness and prevention.
- Conducted policy research and analysis on sexual harassment, including a comparative study on sexual harassment practices in workplaces compared to other countries and a gap analysis of sexual harassment laws.
- Contributed to policy change by directly influencing the *Prevention of Violence against Women Law* drafting process, and facilitating policy dialogue meetings on women's access to justice, and contributing to the development of labour law reform in the area of sexual harassment in the workplace.
- Based on the experience of implementing this project, developed and piloted a GBV response mechanism

Impact and Outcomes

The intended outcome for *Objective 3* was:

- *Women in the community have increased access to protection services due to improved legal literacy and community response to GBV.*

The evaluation explored The Project outcomes using a comparison of the baseline and end line survey results and findings from the qualitative study. These are presented below in three parts: a direct response to the agreed indicators; changes between base line and end line survey participants, and; key themes from the qualitative study.

Achievements against the agreed indicators for outcomes:

- 1. Indicator 3.1. Migrant women reached by project have improved attitudes related to GBV (at least 10%)**
 - Compared to the baseline participants, women who responded to the end-line survey were more likely to hold positive attitudes about gender and to be supportive of women's rights (*see Attitudes about Gender and Gender based Violence, below*). However, end line participants were much less likely to believe that women could refuse sex with their husbands, compared to base line.
- 2. Indicator 3.2 60% of women reached by The Project have increased help seeking action due to improved access to protection services when they experience violence or someone else experiences violence.**
 - *There was a reduction in the total proportion of women who experienced any form of sexual harassment (falling by 15%, from 47% to 32%). However, of women who experienced harassment, fewer sought help (falling 24%, from 89% to 65%).*
 - *While remaining high overall, fewer women at end line survey had experienced any form of intimate partner violence compared to baseline (falling by 13% from 44% to 31%). Of the baseline survey participants who reported family violence, only 41% sought help. In both surveys, most women sought help from friends and family.*
- 3. Indicator 3.3: 60% of duty bearers (police and ward administrators) reached by project have improved awareness related to GBV.**
 - Not measured in baseline/end line surveys. The monitoring and evaluation strategy focused only on changes amongst migrant women (the impact group) and not all target groups. This is a serious omission in the monitoring and evaluation planning at inception and means we are unable to 'see' important changes amongst key actors involved in both perpetrating and protecting against violence.
 - Qualitative discussions with key informants indicate that local duty bearers were engaged and actively involved in promoting activities to raise awareness and respond to gender based violence. *See below.*
- 4. Indicator 3.4: Increased collaboration of duty bearers to provide coordinated GBV response for women.**
 - Not measured in baseline/end line surveys (see above note, *Indicator 3.3.1*)

- Qualitative discussions with key informants indicate that local duty bearers were engaged and actively involved in promoting activities to raise awareness and respond to gender based violence. *See below*
5. **Indicator 3.5: Improved awareness among factory management to protect women workers against sexual harassment.**
- Not included in baseline/end line (see above note, *Indicator 3.3.1*)
 - Not enough key informants included in qualitative study to assess.

Observations from the comparison of base line and end line surveys

A: Sexual harassment

- **Reduction in harassment:** There was a reduction in the total proportion of women who reported experiencing any form of sexual harassment between base line and end line (falling 15%, from 47% to 32%).
- **Reductions in verbal, visual ⁴and physical harassment:** Among the women that had experienced harassment, there was a reduction in the proportion of women who had experienced verbal harassment (falling by 18%). However, the proportions in both baseline and end line surveys are high (at 89% and 70% respectively). Similarly, there were small reductions in the proportion of women experiencing visual and physical harassment (falling by 7% and 9% respectively) but as with verbal harassment, the overall proportion of women in both baseline and end line samples remain high, with visual harassment falling from 40% to 33% and physical harassment falling from 23% to 15%.
- **Reduction in workplace harassment:** Fewer women reported experiencing sexual harassment, (falling by 38%, from 76% to 38%). With reductions in verbal harassment accounting for most of the reduction (falling by 19%, from 42% to 19%), and smaller reductions in visual harassment (8%), physical harassment (6%) and “other” (4%). There was one report of sexual violence in both the base line and end line survey samples.
- **Increase in incidents of harassment on the way to and from work:** Of the women who experienced any form of sexual harassment, most occurred on the way to and from work and this proportion increased by 17% rising from 54% at baseline to 71% at end line. The proportions of women experiencing harassment at work and within the community generally declined by 10% and 7% respectively.
- **Increased fears about reporting harassment:** Although fewer women experienced harassment, more women in the end-line survey believed the harassment they experienced was serious enough to report compared to the baseline (rising 75%, from 36% to 61%). However, fewer women in the end line reported out of a fear for their own safety (increasing by 28%) or concerns that other people would know about it (increasing by 7%).
- **Decrease in seeking help related to harassment:** Of women who experienced harassment, fewer sought help, (falling in proportion by 24%, from 89% at baseline to 65%) at end line. Of those who experienced harassment and did seek help, fewer turned to their employers (declining by 35% from 44% to 9%). Of those that did seek help, women in the end-line survey were proportionately more likely to turn to co-workers (increasing by 16% from 2% to 18%), village or ward administrators (increasing by 11% from 7% to 18%) and less likely to turn to police (falling by 13% from 22% to 9%) or friends (falling by 7% from 19% to 11%).

B: Intimate partner violence

- **Reduction in intimate partner violence but remaining high:** While remaining high overall, fewer women at end line survey had experience any form of intimate partner violence compared to baseline (falling by 13% from 44% to 31%).
- **Different patterns of intimate partner violence:** Although reduced overall, the number of women experiencing intimate partner violence remained high (31%) and the pattern of types of violence had changed between end line and baseline with and increase in the proportion who had experienced physical abuse (raising by 7% from 30% to 38%) and sexual violence (rising by 13% from 2% to 15%). There were

⁴ Gestures or imagery of a sexually suggestive nature that made workers uncomfortable.

corresponding reductions in emotional violence (falling by 11% from 58% to 48%) and economic violence (falling from 8% to 0%).

- **Reduction in violence perpetrated by other household members:** There was also a reduction in the number of women reporting violence from another household member (falling by 12%, from 24% to 12%). Similar to intimate partner violence, there was a change in the type of violence being experienced with reductions in physical violence (falling by 17% from 45% to 28%) and economic violence (falling by 5% from 5% to 0%) and increases in the proportion who experienced sexual violence (rising by 6% from 0% to 6%) and emotional violence (rising by 9% from 47% to 56%).
- **More likely to seek help:** Although the total number of end line survey participants who reported family violence was very low, all sought help. Of the baseline survey participants who reported family violence, only 41% sought help. In both surveys, most women sought help from friends and family.

Attitudes about gender and gender based violence

Compared to the baseline participants, women who responded to the end-line survey were more likely to hold positive attitudes about gender and to be supportive of women's rights. However, end line participants were much less likely to believe that women could refuse sex with their husbands, compared to base line.

In relation to decision-making, violence against women and women's rights, end line survey participants were:

Decision-making: More likely to believe in a shared responsibility for decision making, earning household incomes and performing household care tasks.

- *18% less likely to agree that men are responsible for earning most of the household income and 70% less likely to agree that women are responsible for earning most household income.*
- *43% more likely to agree that men were responsible for most household care and 40% more likely to disagree those women were responsible for most household and family care.*
- *41% less likely to agree that men have the final say in family decision-making and 14% more likely to agree that women have the final say in family decision-making.*

Violence: Less likely to believe that intimate partner violence was acceptable but more likely to believe they were unable to refuse sex with their husbands.

- *More likely to disagree with the beliefs that a husbands can use physical punishment when their wife does something wrong or does not obey him (24%) or when they are angry (19%).*
- *30% more likely to agree that women cannot refuse sex with their husbands 33% less likely to agree that there is no such thing as rape in marriage.*
- *23% less likely to agree that when women experience violence they should not talk about it to other people because it can bring shame to the family.*
- *19% less likely to agree that women are to blame for rape because of their behaviour.*
- *19% less likely to agree that women should not go out at night alone.*

Rights: Similar in their belief about the importance of girl's education and women's rights.

- *Similar in their agreement that girl's education is as important as boy's education, with the majority in both surveys (94% and 94%) agreeing.*
- *Similar in their beliefs that "women have the same rights as men" (88% and 85% respectively).*

Changes identified in the qualitative study

Participants were asked to describe the most important changes that had occurred in their lives or in their communities over the past three or four years. For the changes that seemed related to The Project's purpose, participants were asked to describe not only the change itself but also how they believed The Project had contributed to it.

Migrant workers, duty bearers and partners mentioned a number of important changes in their communities that could be seen as contributing changes in institutional behaviours. In addition to increased awareness of rights and access to services mentioned under Objective 2, these included changes to local administration of gender based violence cases, increasing the number of local actors taking up gender-based violence as an important issue, and changes within workplaces toward sexual harassment.

Increasing engagement of duty bearers and authorities: Duty bearers had begun to engage with gender based violence as an important issue for the community, many for the first time, drawing on existing local administrative structures and resources to extend The Project's reach within the community.

There have been no changes in the Ministry of Women's Affairs plans – however, they have more capacity in relation to GBV... among all Ward representatives, not just me... (She doesn't know how many of the 30 representatives have been trained but) believes all of them have increased their capacity. KII15-29-H-GBV

The police and authority opinion has been changed slightly - previously they would try to open a case and the police would say this is private and could not open a case.... Now they have begun accepting these types of cases....based on their training they were able to question the police... If the people don't know and the police don't know they will refuse (to respond) but advocacy is changing this slowly. KII13-29-H-GBV (Ward Leader)

He believes violence has actually reduced (not just the reporting) – people are now more aware because of collective effort the actual violence is reducing. KII13-29-H-GBV (Ward Leader)

I used the CARE number three or four times and connected these women to CARE services: First was an unwanted pregnancy and the boy left her and would not marry her so she called CARE (cheating for sex laws in Myanmar can force the couple to marry or be compensated for the women's loss of virtue); the trial is continuing. Second, was a husband beating his wife and the wife called and asked to be connected to CARE. The couple resolved and stay together. KII6-23-M-GBV (Duty Bearer)

He is the ward administrator. He coordinates the '100 household' leaders and the '10 household' leaders and when CARE wants to do work here, he asks these leaders to organise a place and the people. In addition to training, in this ward, we have one library nearby and he has allowed CARE to use it as an office and as a community centre...drop in centre. KII13-29-H-GBV (Ward Leader)

Developing systems: The migrant support groups, paralegals and the Legal Clinic Myanmar have begun to develop an awareness of and relationship with the local administrations, to facilitate reporting of and strengthen responses to incidents of violence in an administrative environment where formal systems are weak.

In the village there is no formal reporting system but in the group we make an appointment with village chair person and the leader of one-hundred households and call the husband and wife together and resolve the issue. The husband then has to sign an agreement not to beat his wife. If the husband has to sign three times (... he has three chances, then...), he has to go to jail. This hasn't happened in their village yet. For perpetrators of rape, they refer to village chair and it is reported to the police. FGD9-21-M-MSG

Changes in her Ward after the training – I believe the knowledge of legal rights among women has improved. I believe this because I receive complaints from community and after the CARE

training, the community began to explain to me their rights and demand their rights they say things like "...according to our legal rights we should be able to do..." **KII15-29-H-GBV**

Mobilising community activists: Many of the migrant support group members were active within their communities prior to The Project. The Project helped to consolidate these individuals into groups focused on migrant women's issues.

The reason they formed is, that they wanted to help migrant women as much as possible. Even before this group formed, they were members of charity organisations e.g. helping with funerals or other charity events. When CARE came and trained them on SRH and GBV, they got the idea to form a group to help migrant women. Now they connect women needing contraception with CARE – who helps them get to MSI clinics. They help victims of violence as much as they can and refer those that are beyond their capacity. They provide basic legal advice and referral related to violence – they mediate but don't act on their behalf legally – they refer to lawyers. They provide social help and psychological help e.g. if a wife is hit they will talk to the husband and tell him he is breaking the law and if he stops then that is a supports to the wife and if he keeps they refer to a lawyer. **FGD9-21-M-MSG**

She works as volunteer and lives in a slum area and some organisations come to the ward and provide education and she requested that they provide the same in nearby areas and she organises the communities and ward administrators to arrange for the trainers to visit and stay **FDG2-19-CARE-H-SRH**

Reorienting civil society: In other cases, small to medium civil society organisations and informal groups predated the CARE project, most forming under other donor-funded projects, to address other important issues, like child protection and human trafficking. While maintaining their current interest and activities, The Project has helped to reorientate these groups to include migrant women's issues, in particular around GBV and SRH.

Before this group, we were already a group linked with Save the Children and the International Labour Organisation...starting in 2011. We worked with child rape victims – linking them to legal organisations and helping during court cases. We also helped to remove child soldiers from the army and connected children at risk with legal organisations. We continue to do this work occasionally, even now, but their focus is on GBV with CARE. When the Save the Children project closed, they formed this group to work with CARE. **FDG20-30-H-MSG (Lu Mu Sheay Saung support group)**

Expanding community networks: By engaging with existing community activists and existing community groups, The Project has been able to capitalise on and contribute to strengthening and expanding existing networks of community based support.

I am also the secretary for a local community based organisation involved in child protection, called Lin Let Nyitta. That organisation works on violence against children...grants from others include Yadna and work with violence against children support them. **KII15-29-H-GBV**

CARE MM is our main partner but we also work with Pae Kaing Shin on trafficking. **FDG20-30-H-MSG (support group)**

Currently, CARE is the only international NGO working with us but there are small community based organisations that they collaborate with - Karen Baptist, Tung Foundation and Disability

Association and Yadinmyitta and Yangon Justice Centre, Youth Network that they Network with. **FDG12-26-H-MSG (Golden Futures)**

Coverage of this clinic is seven townships (all townships) plus one city in Northern Shan State and two townships in Sagaing Region. They need budget to cover the activities they need money and they need support for transport, snacks and coordination etc. **KII3-22-M-Legal (LCM)**

Increased collective community responses to violence: Responses to conflict and violence extended from individuals intervening directly in difficult situations in the lives of neighbours and friends, to semi-formal support groups trained to identify and provide on-the-spot mediation and referral, to trained paralegals providing formal mediation and bridging the community-based responses to formal legal services. Legal Clinic Myanmar provides training for the community responders and paralegals and, where necessary, pursues perpetrators within the legal system on behalf of women experiencing violence.

(Speaking of her neighbours)...in arguments, the husband would beat the wife but she mediated and explained the work of CARE (re: GBV rights and the law). At first the wife was not so interested but the second time she agreed to go to a training and listened and got the legal book from the session and when she went home the husband read the book and he came to know he can be sued for his behaviours and now they notice he doesn't beat the wife any more.
FDG20-30-H-MSG

Since starting, there have been changes in violence in the village. In 2014, there was more domestic and sexual violence but now there is less. Previously they did not know about domestic violence, laws or assistance and that meant there was a lot of abuse but now they have reduced by about two-thirds, in her opinion, because we have legal knowledge and awareness and know how to get help – e.g. if we see a violent husband we can educate him and they start to change their behaviour because they don't want to go to gaol.
FDG21-30-H-Legal (support group)

....There was a girl; she was the lesser wife of a man. One day they got a call from the girl who told them she was pregnant, with no money, and he had refused to take responsibility. So, she wanted to sue him for support and compensation, they tried to mediate but the man's family refused to accept responsibility. They took him to court....his mother has taken responsibility of her on behalf of the man....the mother has come to know the girl and became compassionate and took her in.
FDG10-21-M-Legal (support group)

....There was a boy and girl, who were officially married but after one month, he left her. He came back after two years but the girl wanted a divorce. He said his parents were ready to meet her and ready to divorce but he took her to a field, raped her, and left her in the field. She was angry and wanted to punish him but he was the son of the village Chair and friend of the police. LCM filed a case against the boy, who is now in prison and the trial has begun. This group....take turns helping this girl. The girl reported it to the township NLD office and NLD referred it to them and together they went to CARE and CARE referred to Legal Clinic Myanmar. Support Group Mandalay.
FDG10-21-M-Legal (support group)

....There was a 14-year-old girl living with her parents. Her parents went away, to live near the border but the daughter stayed with their friend, by arrangement with the parents. The husband raped the girl and the wife was there. She could not escape; later the girl was sedated and thought she was raped again. This time she ran away and slept on the street, where people

saw her and reported it to them. They found the girl, who explained what had happened and the group opened a case at the police station and linked her to Marie Stopes International (SRH clinical services) and Legal Clinic Myanmar, provided legal support. Finally, the perpetrator and his wife were both imprisoned and the girl was sent to social welfare for support and provided education. FDG11-22-M-Legal (Paralegals)

Effectiveness

Compared to the baseline participants, women who responded to the end-line survey were more likely to hold positive attitudes about gender and to be supportive of women's rights. They were more likely to believe in a shared responsibility for household decision making, for earning household incomes and for performing unpaid household care tasks. The baseline and end line samples were similar in their strong belief that girl's education and women's rights were equally important as boy's education and men's rights. While the end line sample were less likely to believe that intimate partner violence was acceptable, they were also more likely to believe they were unable to refuse sex with their husbands.

There was an overall reduction in harassment between the base line and end line samples, with reductions in verbal, visual and physical harassment. However, while declining, by the end of The Project, almost one third of the women involved in The Project had still been exposed to some form of harassment. The profile of the perpetrators of harassment had changed from baseline, where it occurred most often inside the workplace to end line where most women were exposed to harassment on the way to and from work by men in the community. Alongside these changes in the nature of the harassment women were exposed to, is an increased fear of reporting harassment and a corresponding decrease in the number of women seeking help.

A possible explanation for the relationship between the changing profile of harassment and women's preparedness to report it or to seek help may be that fewer women in the end line survey were working in factory settings, where they might be more exposed to workplace harassment but also where male behaviours are, at least to some extent, limited by workplace regulations and where women have safer options to report it. At end line, more women are working in less regulated, small businesses, based in local communities where they travel in smaller numbers and where they have weaker social networks. Women in the end line survey may be experiencing these harassing behaviours in a community setting that could easily escalate to violence and/or where there are fewer options available to them to respond safely or report it.

As with harassment, the rate of intimate partner violence had declined slightly but remained high in both the baseline and the end line surveys groups, with about one-third of all women experiencing some form of intimate partner violence. Of those that had experienced violence, about one-third experienced physical violence and about half had experienced economic violence. Unlike harassment, more women in the end line sample reported the violence perpetrated against them – possibly, because the end line sample was drawn from a group of beneficiaries more engaged with local services than the sample used for the baseline.

Sustainability

Although change is difficult to attribute to The Project based on the quantitative survey alone, the qualitative interviews also found high levels of community engagement and commitment to the issues of women's rights and gender based violence. The strong community engagement and networking appears to have led to strengthening of local responses, with community groups describing examples of educating duty bearers and demanding their rights, or advocating for the rights of others, to protection and recourse under the current laws.

The approach taken by The Project of engaging, reorienting and strengthening existing local community members, community groups and local government means the investments in awareness raising, knowledge and responses to gender based violence are more likely to be sustained, at least into the medium term future.

Conclusions and recommendation

Strengthening monitoring and evaluation systems to better understand changes resulting from The Project – e.g. the quantitative finding that there has been an increase in harassment of women going to and from work and an increase in fear of reporting may correspond to a shift in The Project’s approaches, away from factory based workers to working with women within small businesses in communities. These relationships are difficult to understand and respond to without more regular and more sensitive monitoring of The Project’s outcome indicators.

The Project’s ‘ground up’ approach to community mobilisation is a key strength of The Project, successfully engaging a range of community actors to respond to migrant women’s issues. The assumption seems to be that this approach will lead to a more responsive policy and institutional environment. There is some evidence from the qualitative study that this is occurring, however, The Project would benefit from a clearly articulated advocacy agenda to identify which policies and which institutions need to be more responsive and how The Project will bring about these changes.

A key driver for change in both male behaviour and institutional behaviour is the increasing awareness of the legal consequences for men if they abuse women’s rights and of institutions and individual duty bearers if they fail to act. LCM has been a key driver in perusing litigations that heighten the reality of these consequences – and CARE Myanmar funds a small number of these cases. At the moment, these cases are selected by The Legal Clinic Myanmar independently and while all involve instances of violence against women and respond directly to *Objective 2*, they could be better used under *Objective 3* if CARE and Legal Clinic Myanmar had an agreed selection criteria that prioritised litigation that contributed to changing policy, law and practice more broadly.

Objective 4: Migrant women are experiencing greater social support

Activities

Under *Objective 4*, The Project had implemented the following activities to date:

- Established 3 migrant support groups with 59 members (56 women and 3 men)
- Supported 10 meetings of the migrant support groups share experiences and refresh knowledge
- In conjunction with the 24 mass public events mentioned above, under *Objective 2*, The Project raised awareness of migrant issues, rights and services within the community during International Women’s Day, Labour Day, Water Festival, International Day against Child Labour, CEDAW Day, International Youth Day, World AIDS Day, Myanmar Children Day, Migrant Day, Child Rights Day, Valentine Day, 16 Days of Activism.
- Conducted a Women’s Leadership training for 44 union representatives (37 women and 7 men) from among the migrant support groups.
- Provided training to 61 migrant support group members (55 women and 6 men) on GBV, engaging men, the law and paralegal skills.
- Provided organisational management training and refresher paralegal skills to 27 migrant support group members

Impact and Outcomes

The intended outcomes for *Objective 4* were:

1. Migrant women are motivated and have necessary support to form network.
2. Host community are more familiar with challenges face by IGs and their rights

The evaluation explored The Project outcomes for *Objective 4* using a comparison of the baseline and end line survey results and an analysis of findings from the qualitative study. These are presented below in three parts: a direct response to the agreed indicators; changes between base line and end line survey participants, and; key themes from the qualitative study.

Achievements against the agreed indicators for outcomes under objective 4

- 1. Indicator 4.1: 50% of migrant women reached by project have experienced greater social support in terms of source of information about jobs, SRH, GBV and legal service among themselves and from host community.**
 - The majority of job seekers continued to use informal networks to secure work however, there was a large increase in the proportion of women in the end line survey using formal job information services. The proportion of women using formal information services (newspaper, journals, NGO, internet based job postings) increased by 24% from 8% at baseline to 32% at end line. There was a corresponding reduction in the proportion of women using informal networks (family, friends and neighbours), decreasing by 29% from 99% at baseline to 70% at end line.
- 2. Indicator 4.1.1: 30% of IG reported their participation in any support groups, associations or other community networks from pilot area**
 - Women in the end-line survey were less likely to participate in social groups compared to baseline participants, falling by 34% from 87% to 52%.
- 3. Indicator 4.1.2: Increased organisational capacity and functionality of target group**
 - The Project established 3 migrant support groups with 59 members (56 women and 3 men)
 - The groups were supported to meet and share experiences and refresh knowledge
 - Greater networking and coordination of community-based organisations with non-government and government systems was evident during qualitative interviews. This bringing women and women's perspectives to these forums has been driving change but these changes were not measured through the project's monitoring and evaluation systems, making it difficult to assess the changes or the project's contribution to them.
- 4. Indicator 4.2.1: % host community receptive to project messages**
 - Not measured in baseline or end line surveys, however, focus group discussions and key informant interviews with community members, beneficiaries and duty bearers describe a strong engagement and commitment to The Project messages, particularly related to gender based violence. See, *Changes identified in the qualitative study for Objectives 2 and 3 above & Objective 4 below.*

Observations from the comparison of base line and end line surveys

- **More migrants relying on family for housing after migrating:** More women in the end-line survey reported living with relatives immediately after their migration (rising by 21% from 27% to 48%) and less reported that they stayed in housing provided by an employer (falling by 12% from 16% to 4%) or rental accommodation (falling by 13% from 17% to 4%). Note the lower number of end line participants in factory work, where employer provided accommodation is common.
- **Increasing access to formal information:** The majority of job seekers continued to use informal networks to secure work however, there was a large increase in the proportion of women in the end line survey using formal job information services. The proportion of women using formal information services (newspaper, journals, NGO, internet based job postings) increased by 24% from 8% at baseline to 32% at end line. There was a corresponding reduction in the proportion of women using informal networks (family, friends and neighbours), decreasing by 29% from 99% at baseline to 70% at end line.
- **More were challenged to find money for food and shelter:** Finding accommodation, a job and information were the most challenging aspects for women at both baseline and end line. However, more women at end line reported that their most common challenge during migration was finding enough money for food and shelter compared to baseline (rising by 19% from 6% to 24%)

- **Decreased participation in community groups:** Women in the end-line survey were less likely to participate in social groups compared to baseline participants (falling by 34% from 87% to 52%).

Changes identified in the qualitative study

Participants were asked to describe the most important changes that had occurred in their lives and their communities over the past three or four years. For the changes that seemed related to The Project's purpose, participants were asked to describe not only the change itself but also how they believed The Project had contributed to it.

Influencing family behaviours – reducing domestic violence: Many women spoke about sharing the ideas and information they had learned from The Project with their families, in particular with male family members. Their motivations were both to protect their children from being harmed, prevent them from harming others and more generally, to bring about a happier home life. A motivating factor for women in intervening in their sons' behaviours was to minimise the risk of legal consequences, for their son's and the family as a whole that might result from their son's behaviours.

Previously it was common for parents to beat the children badly but after the training, they beat their children less. FDG20-30-H-MSG (support group)

...shared what I learned with my younger brothers - about GBV - and taught them what-to-do, and what-not-to-do. Sometimes the brothers are trying to propose to girls just for fun (teasing) and I taught them that it causes harm, so they have stopped.... FDG2-19-CARE-H-SRH

I have three sons and one daughter. I shared what I learned with my three sons and told them not to tease girls. I learned that if the boys tease girls the girls can sue them and I didn't want that for my sons - didn't want them to be in trouble. I noticed that my sons listen to me and controlled their bad behaviour, to some extent. I also shared with my sons friends....Previously her sons teased the girls but she has notices they don't do that any more. FDG7-21-M-SRH

The family shared the information with their neighbours...mother also tries to mediate with couples fighting - to explain the women's rights and the consequences for the man. FDG18-23-M-GBV

I got knowledge re SRH and shared with her children and people around her and knows it is important to behave politely – my husband cares about the family now and more happy and my husband and children behave politely so I'm happy too. (less confrontation in her life) The way her children speak and dress and her husband is polite so it is important and teaches her children not to bully and to respect . FDG2-19-CARE-H-SRH

Influencing male behaviours – reducing intimate partner violence: Support group members pointed out the importance of changing male behaviours – by intervening directly in violent relationships to support the rights of women and to point out the possible consequences for abusive men in the community.

Main driver of this change is intervening in violent relationships, where violence is occurring, educating men about the consequences and raising awareness of women's rights. FDG17-23-M-GBV (CSO)

Very recently, in the evening, I was riding my motorcycle and noticed a couple fighting - he was beating her and shouting at her. Many people were passing by but only I stopped. I invited them to my house and educated the couple about the legal rights of the woman and the

consequences for man. If she complains to them in the future, they will sue him and they said they would never do that again. I follows up as I live nearby and the wife knows to come to me. **FDG17-23-M-GBV (CSO)**

Many felt that, while some men changed their behaviours due to a new awareness of the rights of women and the harm they were causing, the main motivation for behaviour change was the realisation and fear of possible consequence.

*They think there are two reasons men changed their behaviour – some realise their behaviour is inappropriate and some are scared of being caught...mostly they think it is fear of being caught that is driving their behaviour change. **FDG10-21-M-Legal (support group)***

*They witness that there are less domestic violence cases than previously. In the past they could see these things on the street the husband was not scared of consequences. Previously they would get drunk and shout or beat their wives and now the women know they have somewhere to go and can take action against their husbands if they are abusive. **FDG10-21-M-Legal (support group)***

For migrant women, the combination of knowledge of their rights and the law combined with strategies to communicate with their male partners and other men in the community meant that they were able to begin to influence the behaviours of men.

*...also sometimes the husband and wife nearby, where wife is friend and they argue a lot, so she talks to her friend about anger management...they believe usually it is started by husband who comes home drunk and tries to create problems, so they learned if they control the situation they control the consequence **FDG2-19-CARE-H-SRH***

*They think that women are empowered by training provided by CARE and whenever CARE does training they invite both men and women, not just wife. **KII6-23-M-GBV (DB)***

*Previously before training she (speaking of a community member the group had helped) had no legal knowledge and was hit by her drunk husband -she did not know what to do, so bore it and with knowledge, she now tells him that she will inform on him to CARE or women's affairs...he has stopped hurting her... **FDG3-19-CARE-H-SRH (Golden Futures)***

*(The couple in the group...) before, we argued a lot but after the training, we don't feel like arguing anymore. We also learned about domestic violence and her rights...that's why we stopped arguing. **FDG18-23-M-GBV***

*... come to know more about a better relationship with my husband, so we don't fight. It is important that both my husband and my family are happy and doesn't fight... it is important for my life...because I want my parents and her husband and for herself to be happy...just to be happy. **FDG2-19-CARE-H-SRH***

Changed male behaviours: The small number of men who participated in the interviews and focus group discussions support the observations of the women and duty bearers, that change is actually taking place in male behaviours, at least for those involved in this stage of The Project.

So before I participated in the training the way I dressed and talked was at times a little rude and I sometimes just went out drinking and come home drunk but after training I learned that,

to get confidence, the way people think, dress and behave is important. E.g., people in the quarter where I live show more respect and call me “Ko”... (a signifier of respect).. ..I noticed recently people call me that FGD-20-M-GBV (Male community member)

So one change I noticed is that previously I used to tease and joke about friends eg. If a friend is dark, I called them charcoal and I learned that this causes trauma in other’s lives. So previously, friends would get angry and stop talking to me and now (after stopping this behaviour) their friendship is getting better FGD5-20-M-GBV(M)

...in the past I teased girls and in CARE training, I learned that it was verbal harassment and stopped doing that. Not just at work but everywhere FGD5-20-M-GBV(M)

...the way I think and behave to my wife is changed... Resulting in less confrontation. Before I sometimes used rude words and shouted and now I control myself, even if I am really angry FDG4-19-H-Legal

I haven’t noticed any changed since the training – after the training I got married and I’m not supposed to tease women. Before I was married, I teased women – e.g. by saying they are pretty and sexy, so I’m not sure if it is being married or attending training but I stopped FGD-520-M-GBV(M)

Changed women’s behaviours: Beyond learning the skills to negotiate potentially violent situations with male partners and male community members, The Project’s core messages within Myanmar’s current post conflict context have also begun to bring about a change in women’s behaviours as well.

The way I think and the way I speak has become more polite and my critical thinking skills are better. Previously I was very hot blooded and got into arguments easily and now, since CARE, can control myself better (volunteer) FDG2-19-CARE-H-SRH

For example, (speaking of the mother and her two daughters in the group) – previously they were very abusive, angry, and ready to fight but since CARE, they have started to change their behaviour and speak politely... it’s a huge change for them. (The three women are in the group and agreed, saying they think it is just the knowledge and they started to think differently. That people treat them differently now too, the community used to be scared of them but since then, people now started talking to them and hanging out with them and show respect to them). KII6-23-M-GBV (DB)

My attitude and mindset is change to some extent - previously easy to angry (woman with IUD and four children). CARE started the anger management training and we requested more afterwards as it was an important issue...”very, very easy to get angry and fight”...now less conflict in her life FDG2-19-CARE-H-SRH

Previously I was very easy to get angry and shout but after CARE training I learned that it is different forms of violence and has started to control myself because I am aware of the anger’s impact on others. FDG18-23-M-GBV

Before the training, I didn’t care what my words might mean or do - now I can think twice before speaking and about how to speak... .. e.g. before training I had a lot of financial problems and had to buy rice on credit and shop keeper would ask for money and I would shout back to the shop keeper and be confrontational. Having less confrontations in my life has resulted in

Effectiveness

Although the majority of women still rely on informal sources, there was an increase in the proportion of women accessing more formal and presumably safer sources of job information prior to migration. After arriving, migrant women were less likely to have participated in groups within their host communities, more reliant on relatives and friends for housing and more likely to identify securing enough money for food and accommodation as their greatest migration challenge. This may reflect the difference between baseline, where migrant workers were more likely to working in factories and living in dormitories, compared to end line, where there was an increase in women seeking short term labouring jobs.

The qualitative interviews indicate that The Project was contributing to greater awareness of rights and confidence among women. There also appeared to be a greater awareness of the impact of violence on the community and on each other, a corresponding change in behaviours among both men and women and a flow on in reductions in violence within communities and families.

Women gave examples of this, describing the acquisition of new knowledge about the impact of gender-based violence on themselves, their families and the community, learning new skills to respond to it and of sharing these with their families and neighbours.

Many used their knowledge and skills to influence the behaviours of individual men, by educating them about the harm their violence causes, by pointing out the rights of women and emphasising the possible legal consequences they face if they abuse. This highlighting for men of the consequences of their abusive behaviour seems to have been a key driver for changing men's behaviours – one used by women to change the behaviours of their intimate partners and sons but also that of men in the community.

It is not clear from the studies whether a more fundamental change is occurring in men's attitudes toward women. Perhaps better understanding the motivators for change may allow The Project to have a greater impact – that is, if the main driver for male behaviour change within communities is heightened awareness of consequences rather than an appreciation of gender equality, The Project may be able develop corresponding activities to entrench this as a new social norm that can be sustained (when resources for responses have waned and likely consequences has subsided).

For many women, one of the greatest benefits of this component of The Project was learning skills and gaining the confidence that enables them to respond to a range of situations that have the potential for conflict. These included skills in dealing with drunk and potentially violent men in the community in a way that reduced the risk of confrontation and the risk of violence against them or others. However, the same skills were being exercised in a range of different contexts, such as when dealing with local authorities, local businesses and debt collectors. The women described these as providing them with immediate benefits in terms of reducing conflict in their lives and gaining greater access to and control over resources – rather than being confrontational, they were now able to negotiate access to or extend credit as needed or to hold local administrators to account by being confident enough to question the fairness of local fees and charges and their benefit to the community.

Sustainability

A key driver for change within the community is the awareness that men can be held to account for abuses of women's rights. It may be that, when The Project closes and individual cases of abuse or violence are no longer

being pursued as vigorously by the legal advocates, the motivators may wane and male behaviours may return to the status quo. However, The Project has catalysed a strong response from communities and community based groups who have become active in prevention and response of violence. These groups have evolved over time, established under other donor funded projects focused on trafficking and child labour. Despite the closure of the donor-funded projects that supported them in the past, the groups continue their work in child protection and trafficking. It is reasonable to assume that the same groups will continue to build on their work in gender based violence prevention and response as well, after The Project closes.

Conclusions and recommendations

There appears to have been real and potentially lasting change in the community's awareness of the harms of gender based violence and a strong community response to it – one that has engaged women as agents of change to catalyse increased action from duty bearers and changes in behaviours of both men and women in the community.

The approach to community mobilisation is a highlight for The Project - engaging, reorienting and supporting existing community groups and networking these with each other and with local government services. The sustainability of the groups may have been strengthened by including a focus on organisational capacity (particularly donor engagement and resource mobilisation) to compliment the technical capacity and networking.

Strengthen monitoring and evaluation systems to understand and build on the changes that are occurring within the communities, within families, and among men and boys and women and girls – e.g. to better understand and capitalise on the motivators for change.

Include a focus on male behaviour change in monitoring and evaluation in order to understand the motivations for change and changes among men. There were no assessments of male attitudes or behaviours in the quantitative base line or end line study - given one of the behaviour change tools women were using was to increase men's awareness of rights and consequences it would be helpful to better understand and build on this.

Develop a more comprehensive approach to civil society strengthening to support the strong work already underway in The Project – that is, an approach to organisational capacity assessment and strengthening that focuses on the whole organisation rather than only the technical components of the current project.