

**PROMOTING RURAL OPPORTUNITIES, GENERATING RESOURCES AND  
ENCOURAGING SOCIAL SOLIDARITY IN KAYAH STATE (PROGRESS KAYAH)  
PROJECT**

**MID TERM REVIEW**

**June - July 2007**

## Project Summary Sheet

Country	Myanmar
Project Title	Promoting Rural Opportunities, Generating Resources and Encouraging Social Solidarity In Kayah (PROGRESS Kayah)
Thematic Area	Food Security, Health Security, Social Network Security, Nutritional Security, Economic Security, Sustainable Agriculture, Water and Sanitation, Health Services and Social Mobilization
Total Project Budget in EUR	EUR 1,080,947-.
EC Contribution	EUR 864,757.60- (80%)
Other Co-donors	Government of Austria, EUR 58,593.05,- (5,42%) MOFA Norway EUR 103,549,- (9,59%) CARE Österreich EUR 54,047.35,- (5%)
Locality of Project	Loikaw, Demosoe Townships, Kayah State, Myanmar.
Target Population	4138 households (poor and marginalized internally displaced people HHs; priority is given to female-headed HHs)
Starting date	1 <sup>st</sup> July 2005.
Estimated project duration	Three years
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## ACRONYMS AND ABBREVIATIONS

ACF	Action Contre La Faim
ARLPC	Assistant Rural Livelihoods Program Coordinator
CF	Community Facilitator
CKL	Catholic Karuna Loikaw
DPDC	District Peace and Development Council
EC	Commission of the European Communities
ECCD	Early Childhood Care and Development
ER	Expected Result
ICDP	Integrated Community Development Project
IDP	Internally Displaced People
IEC	Information, Education, Communication
KBA	Kayah Baptist Association
KHB	Kay Htoe Boh
KMSS	Karuna Myanmar Social Services
KNPLF	Karenni Nationalities' Peoples Liberation Front
KPBA	Kayah Phu Baptist Association
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MSF	Medecins Sans Frontieres
MTR	Mid Term Review
NGO	Non Government Organisation
ORS	Oral Rehydration Salts
PM	Project Manager
PO	Project Officer
PRA	Participatory Rural Appraisal
RLC	Rural Livelihoods Coordinator
SPDC	State Peace and Development Council
SPO	Senior Project Officer
TMC	Technical Management Committee
UNDP	United Nations Development Program
UNOPS	United Nations Office of Project Services
VDO	Village Development Organisation
VHT	Village Health Team
VHV	Village Health Volunteer
VPDC	Village Peace and Development Council

## EXECUTIVE SUMMARY

### 1. *Purpose and Conduct*

In July 2005 the three-year *Promoting Rural Opportunities, Generating Resources and Encouraging Social Solidarity (PROGRESS)* Project commenced in Loikaw and Demosoe Townships, Kayah State, Myanmar. The project, funded by the European Commission and implemented by CARE, scheduled a Mid Term Review (MTR) in May/June 2007. The purpose of the MTR is to provide project accountability and to support continuous improvement. Specific objectives of the review include assessing progress and achievements, generating lessons learned from implementation and making any recommendations for change or modification to project design or scope for the remaining project period. The MTR held discussions with CARE and stakeholders in Yangon and visited a sample of project villages in Kayah to consult with project beneficiaries and stakeholders and to observe implementation in the field<sup>1</sup>.

### 2. *Project Context*

Kayah State is one of the poorest and least accessible areas of Myanmar. Most of the population has been displaced at some time over the last two decades due to ongoing conflict, land degradation or drought. The project targets over 4,200 households in 51 villages. It contains activities for capacity building of local project associates and village development organisations, improvements in agriculture, water supply and health, and the development of a support network. The project works to promote cohesive communities and provide a means to help reconcile different interests and support the reintegration of affected people.

### 3. *Progress and Achievements*

*Overall Objective: To improve the livelihood security of poor and marginalised Internally Displaced People (IDP) households from different ethnic and religious groups in Kayah State, Myanmar*

The project targets villages with a high proportion of displaced people, although it does not make a distinction when implementing activities, and offers participation and benefits to all village members. The selected villages include those with all major ethnic and religious groups in the state, and components of the project support efforts in peace building and conflict resolution. Progress to date suggests that the project will make an important contribution to achieving the overall objective.

*Specific Objective: At least 4,138 households are empowered to collaboratively model, implement and replicate agriculture, water and health interventions that also encourage a secure enabling environment*

Due to the security situation over the last two decades, most villages in Kayah have had limited exposure to new agricultural techniques, reliable water supplies and access to health programs. Government services do not reach most communities. The project aims to overcome some of these disadvantages. The 51 villages in the project include 4,285 households and over 22,700 people. Adoption rates and sustainability at the household level for new agriculture, livestock, water and health activities are high. The project is helping develop an extension support network,

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<sup>1</sup> Terms of Reference for the MTR are at Annex A. A full description of the MTR methodology used, itinerary and details of participation is included as Annex B.

however post-project replication depends on the capacity and resources of village organisations and project associates.

*ER1: Strengthened management capacity and governance of local partner organisations to effectively support communities in the development, implementation and replication of project activities*

The three project associates (CKL, KBA/KPBA and KHB) have differing development experience, capacities and access to resources. Participation in the project has benefited all three, and exposed them to new development ideas and methods of implementation. The project's response in Year 3 should examine opportunities for further developing organisational, management and operational capacities, including with village organisations. A project management manual should be developed.

*ER2: Democratic Village Development Organisations (VDOs) established and strengthened to effectively facilitate and manage the implementation of technical activities*

Project mobilisation at the village level has, in general, been effective. Organisations represent all members of the community and participation in activities is very high. Women have been specifically included. Volunteer members of the TMCs and VHTs have been responsible for the success of many activities in ER 3-5. There have been some difficulties in village volunteers replicating technical training, which can be addressed in Year 3 through refresher training, improved information materials and the increased use of dissemination strategies such as cross visits, model farms, field days and similar activities. Reference and training manuals for village level implementation are recommended.

*ER3: Portfolio of replicable and locally appropriate models for sustainable agriculture developed, implemented and promoted*

Agricultural demonstrations and trials on 12 crops have been undertaken. Trials have included improved growing techniques, soil conservation and correct use of pesticides and fertilisers. Also successful have been activities in compost making and livestock raising and vaccination. It is recommended that the project identifies the most successful interventions (and the reasons why they are successful) before integrating the results into a set of manuals for future use by village organisations and project associates. Effective replication relies on farmer-to-farmer extension, supported by the project's program of cross visits, field days and model farms. These should be continued and strengthened in Year 3, with greater participation and involvement by project associates and relevant government agencies.

*ER4: Replicable models for safe and reliable domestic water & sanitation systems collaboratively developed and implemented by VDO with support of partner organisations*

The project has supported a variety of different water supply solutions for villages – gravity flow, pond renovation, pumping systems, and rainwater tanks. Reliable water supplies have generated benefits to villagers in terms of livelihoods and health/hygiene, as well as productivity through less time spent in collection. The issues remaining are related to management and maintenance systems, rather than technical matters. The Year 3 Work Plan should include additional training; facilitation and support for water TMCs.

*ER5: Health status of targeted vulnerable communities improved*

Early results suggest that health education and hygiene activities have been very successful. Villages report a reduction in malaria and diarrhea incidence (using leading indicators such as use of ORS) since the introduction of mosquito nets and hand washing. Provision of latrines and environmental sanitation education have also had an impact.

*ER6: Flexible networks to foster active collaboration and learning between Village Development Organisations, partner organisations and other key stakeholders established and supported*

In Year 3, the project should expand and strengthen the networks established. This can be done through the process of implementing existing project activities, especially the dissemination programs. Coupled with this should be the capacity building process for project associates (see ER 1) and a handover approach for management of village activities (helping achieve ER 2).

#### *Relevance*

The design and implementation of the project remain relevant – the focus on agriculture, health and water supply reflect the most important needs of vulnerable rural communities. Project activities (such as providing extension advice to farmers) are consistent with national and district development plans. The health department is using village experiences under the project as part of their own extension and education models. Activities selected are based on decision making by group members and villagers' own priorities.

#### *Efficiency*

The project is managed efficiently and cost-effectively. Volunteers/beneficiaries manage and implement many project activities, through the project associates and the village organisations. Government technical and extension staff are used as trainers and resource people, and private sector/market linkages have been developed. Many village sites were already familiar with project processes from the CARE nutrition project, and this has made implementation more rapid and easier.

#### *Effectiveness*

The MTR notes some limitations in the use of volunteers as trainers at the village level, and recommends that this be addressed as part of strengthened capacity building in Year 3. Agriculture activities show high rates of adoption, and these will be further improved following the end of the second growing season in 2007, when the demonstration effect will be more obvious and more cross visits are undertaken. Health interventions have resulted in significant reductions in malaria and diarrhea, and household behaviour change. Water supply activities are highly visible and in many locations underpin other activities in agriculture, livestock and health/hygiene.

#### *Impact*

The project has introduced new practices to villages that have previously been isolated and/or remote. Many villagers have noted increases in agricultural productivity, sometimes two or three-fold when using the project techniques. This should result in greater food security and income for households. Better health will add to household productivity due to fewer days lost through illness and reduced costs of medicines. The time spent fetching water has been significantly reduced for women and children and this will also increase both household productivity and

income. The project has fostered connections outside the village in relation to improved access to services and greater market opportunities, as well as reducing conflict within and between communities.

### *Sustainability*

The short project time frame, and subsequent difficulty in consolidating or extending many project benefits is the major challenge to sustainability. The capacity of project associates and their ability to effectively work with village organisations (given their lack of resources) will also be a factor to be addressed during Year 3.

#### *4. Changes to Design and Budget*

The main changes to the design relate to improving the indicators, in order to reflect actual project implementation and achievements. A revised logframe is included at Annex C. Recommendations should have a minimal impact on the budget, although new activities and the strengthening of capacity building and the cascade model of training will be incorporated in the Annual Work Plan for Year 3.

#### *5. Overall Performance*

The MTR found that the project is progressing well, and has already recorded some significant achievements in agriculture, health and water supply (ER 3-5) since commencing in July 2005. There is also considerable progress towards developing social networks (ER 6). The project is ambitiously designed, and the three-year timeframe will be the major constraint to effective and sustainable capacity building of project associates and village organisations (ER 1-2). Project associates lack resources, while there are limits to what can be realistically achieved through volunteer village organisations.

Therefore the challenge for the remaining 12 months is to:

- Consolidate the technical elements of the project
- Strengthen the 'cascade model' of training
- Strengthen the network of project associates, and progressively hand over responsibility for managing and monitoring activities

It is recommended that the project have a non-cost extension of 6 months. This is primarily due to the initial delays (caused by EC derogation and the security situation in Kayah), the need to measure the impact of project activities in 2007-08, and subsequent incorporation of these in the project handover. Six months will also provide a period of time in which to further build capacity of project associates and village organizations, adding to sustainability.

### **List of Recommendations**

#### *Project Duration*

1. The MTR recommends that a non-cost extension of 6 months be approved

#### *Project Handover*

2. The project's response in Year 3 should examine opportunities for further developing organisational, management and operational capacities of project associates, and develop a Handover Strategy



3. It is recommended that the Handover Strategy include the development of a project management manual, bringing together PROGRESS training programs, technical materials and other relevant information
4. The MTR recommends that the technical materials, knowledge and experience of the project at the village level should be brought together in a Village Development Manual

#### *Training*

5. Improved evaluation of training will provide the project with information for developing the manuals and further improving training
6. The project will need to strengthen the cascade model of training in the remaining period

#### *Gender*

7. Participation by women at the village level has been significant, and this should be further encouraged by the project

#### *Technical Issues*

8. It is recommended that the project identifies the most successful interventions in agriculture (and the reasons why they are successful) and then integrate these results into project manuals
9. In Year 3, the project should include models of effective dissemination and adoption in the development of project manuals
10. The project should examine how the construction-oriented water TMCs might evolve into more representative water user groups
11. Water and sanitation construction and management lessons learned, together with successful models, should be collected, analysed and included in project manuals
12. It is recommended that the most successful interventions in health education and prevention be assessed and then integrated into project manuals

#### *Networks*

13. In Year 3, the project should expand and strengthen the social networks established. This can be done through the process of existing project activities and innovations aimed at bringing a broader range of groups together, especially through field days, cross-learning and dissemination programs

#### *Future Activities*

14. Future projects implemented in Kayah may benefit from examining and considering alternative models of group formation

15. The MTR recommends that any future long-term assistance build on the success of both PROGRESS and the emergency nutrition projects

*Other*

16. The MTR recommends that CARE, perhaps in conjunction with other agencies, develop a glossary of development terms in the Myanmar language for use in project training

## MAIN REPORT

### 1. Purpose and Conduct of the Review

The Promoting Rural Opportunities, Generating Resources and Encouraging Social Solidarity (PROGRESS) project forms part of the European Commission (EC) Aid to Uprooted People Program for Burma/Myanmar established in 2004. The project is co-financed by the EC, the Government of Austria, CARE Österreich and CARE Norge. The project commenced in July 2005 with the overall objective of improving livelihood security of poor and marginalised internally displaced people (IDPs) in Kayah State, Myanmar.

Kayah State is one of the poorest and least accessible areas of Myanmar. Most of the population has been displaced at some time over the last two decades due to ongoing conflict, land degradation or drought. It is estimated that 70-80,000 IDPs currently live in host villages in Kayah State. In these locations there is considerable vulnerability and livelihood insecurity.

The project targets over 4,200 households in 51 villages in Loikaw and Demosoe Townships. It contains activities for capacity building of local project associates and village development organisations, improvements in agriculture, water supply and health, and the development of a support network. The project does not distinguish between the types of IDPs, and works to promote cohesive communities and provide a means to help reconcile different interests and support the reintegration of affected people. While the project commenced in July 2005, the start of field operations was delayed until October. The project is due for completion in June 2008.

#### *Review Objectives*

The overall objective of the MTR is to provide the European Commission (EC) with sufficient information to make an informed judgment about the performance of the project, and decisions about any required changes to project scope in the remaining 12 months. An additional purpose of the review is to facilitate a process that will increase the capacity of key stakeholders to engage in all steps of a learning cycle, from observation (assessment of project progress) to reflection (generation of lessons learned) and planning (development of recommendations). This will lead to greater ownership of the review outcomes and recommendations.

The purpose of the MTR is twofold: to provide project accountability and to support continuous improvement. Specific objectives include:

- To assess the efficiency and effectiveness of the project in making progress towards achieving areas of impact; assessing the likely achievement of expected results and specific objectives (as specified in the logical framework) by the project's end;
- To generate lessons learned from implementation and how to apply these in the remaining project period, with recommendations on how these can be integrated into project management and implementation; and
- To develop recommendations for any required change or modification to project design or scope in order to support effective and timely implementation in the remaining project period<sup>2</sup>.

#### *Conduct of the Review*

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<sup>2</sup> The full Terms of Reference for the MTR are contained in Annex A.

A participatory approach and methodology for the MTR was prepared with CARE management and project staff in Yangon and Loikaw prior to field visits. Background material, project reports and other relevant documents were analysed. Survey and assessment tools for the MTR were also developed and tested. The review team<sup>3</sup> then visited a sample of project sites in Loikaw and Demosoe Townships from 22 June to 2 July 2007. Presentations on preliminary findings were held with project field staff and project associates in Loikaw on July 2 and CARE country office staff in Yangon on July 5.

Village site visits included consultations with a range of community members, from representatives of technical management committees, village volunteers, village development organisations, and women's groups. Stakeholder consultations were held with project associates, representatives of government agencies, and staff of other projects in Kayah<sup>4</sup>.

The consultant greatly appreciates the courtesy and kindness extended by CARE Myanmar staff, village communities and others that gave generously of their time and facilitated arrangements for the visit. This report was prepared by the consultant and therefore does not necessarily represent the views of CARE Myanmar or the European Commission.

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<sup>3</sup>. The MTR was conducted by CARE Myanmar staff with assistance from a consultant, Mr. Bill Pennington. The approach, methodology and itinerary are detailed in Annex B, along with the toolkit used for field visits and the consultant's workplan.

<sup>4</sup> Annex E contains reports from site visits and meetings/consultations undertaken by the MTR. A full list of persons met and organisations consulted is included.

## **2. Situation Analysis**

### *Project Context*

Kayah State is located in the east of Myanmar and shares an international border with Thailand (refer map in Annex D). The population is made up of various ethnic groups - including Kayah, Kayen, Kayaw and Padaung groups. There are three main religious affiliations – Buddhist (44 per cent), Catholic (37%) and Baptist (19%). About 1 in 10 of the nominally Buddhist population adhere to traditional animist beliefs. Village communities are relatively homogeneous in terms of ethnicity and religion, however there is still significant mistrust, tension and conflict within and between villages.

The total population of Kayah State is approximately 300,000. Access and movement within the state is restricted. Conflict between rebel groups and the government has existed since Myanmar gained independence from Britain in 1948. The rebel groups are highly factionalised. The conflict reached a peak of intensity between 1991 and 1996. Following this period, ceasefire agreements were achieved with three rebel groups from 1994, however the largest group continues to reject a negotiated settlement. As a result, the situation in many areas of the state remains insecure and unstable. So-called 'cease-fire groups' are relatively important actors in parts of Kayah State, and have some influence in aspects of governance and village development.

Over the last few decades, displacement of people has occurred, particularly during the period 1995-96. Observers categorise IDPs in four ways: (a) those returned to their original villages, (b), those relocated to new villages, (c) those living with relatives, and (d) those remaining in relocation camps. The economic circumstances and living conditions of IDPs and other villagers residing in the same locations are often indistinguishable. While the project targets villages with a high proportion of displaced people, it does not make a distinction when implementing activities, and offers participation and benefits to all village members including creating an environment for the reduction of conflict.

### *Project Location*

The original project design covered poor and marginalised people from 5,000 households living in 51 villages in three townships - Loikaw, Demosoe and Phrusoe, with the possibility of extension into Shardaw in Year 2 or 3. As a result of access restrictions and security issues in Phrusoe and Shardaw, the project was then redesigned to operate in 51 villages only in Loikaw and Demosoe, with the total household coverage slightly reduced.

Areas with greater stability, such as Loikaw and Demosoe Townships, are located on the western side of the Thanlwin River. Medecins Sans Frontieres (MSF) reports that the villages remaining on the eastern side are difficult to access, located far apart and retain only small populations. Voluntary migration from remote areas and the eastern side to Loikaw and Demosoe occurred from 1991 to 1996 in response to both armed conflict and severe land degradation. Even so, villages in Loikaw and Demosoe are characterised by physical remoteness, complex and fractious ethnic composition, low levels of utilisation of agricultural-production technology and inadequate institutional arrangements for delivery of goods and services.

The project's target communities are living in areas characterised by frequent armed conflict and a highly sensitive political situation. They are politically, socially and economically insecure.

### *Problem Analysis and Response*

The immediate problems faced by villages in the project areas are concerned with agriculture/livestock, health and water supply. Within and outside the village, there are problems caused by community divisions, the potential for armed conflict and proximity to the international border. Whereas some of the underlying causes of insecure household livelihoods can be addressed directly (e.g. improved food security, access to water and health services), the promotion of a secure enabling environment will require a different form of response – through promoting community collaboration and local partnerships, and implementing conflict mitigation and reduction measures.

In Loikaw and Demosoe, shifting cultivation is still practised, and coupled with population growth this results in over-utilisation of natural resources, which threatens food security and the continuing livelihood of farming households. Related problems such as poor soil management practices, insufficient water, poor seed varieties and livestock breeds, lack and/or limited extension services, limited access to land and markets and poor material inputs have also impacted upon productivity. A severe drought affected the area in the late 1990s, while more recently food shortages were reported from August 2005 through to April 2006, with the worst shortages reported during the rainy season.

Health problems, such as malaria and diarrhea, are common in these areas due to isolation, lack of prevention measures, poor sanitation and limited access to health services. The lack of reliable and safe water supplies adds to the problems and the spread of communicable disease. Even when water supplies are adequate, the quality is often poor, particularly in the rainy season.

As a result of displacement, the social fabric of communities has been disrupted. Communities need to rebuild village structures and create 'normal' relationships at the township and state level. There is a need for developing advocacy and other relationships with service providers, local NGOs or linkages with the private sector. The situation in cross border areas is volatile and includes a range of social, political and economic factors, such as trade, trafficking, displacement and the presence of minefields.

CARE conducted two participatory needs assessments in January 2003 and August 2004 in Kayah. The existing emergency nutrition project<sup>5</sup> provided a set of lessons learned for operating in the area, and an understanding of the village level context. The design process identified influencing factors and underlying causes of insecure livelihoods. The project design contains a set of specific Expected Results (ERs) linked to the three 'technical' components of agriculture/livestock, health and water supply. Surrounding these are components that deal with building capacity of project associates, village organisations and developing a support network. The premise of the design is that implementing the technical elements provides the opportunities for capacity building and network development. The original design<sup>6</sup> included a phased approach, however with the decision to work only in Loikaw and Demosoe, and given

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<sup>5</sup> 'Emergency Food Support for Internally Displaced and Vulnerable Populations in Kayah State'

<sup>6</sup> Aid to Uprooted People Program - Burma/Myanmar, Grant Application Form, Budget Line 19 10 03 Publication Reference: EuropeAid/119964/C/G/MM

the limited time frame of three years, most activities commenced immediately in 44 villages. Another 7 villages were added in Year 2.

### *Implementation Issues*

CARE initiated provision of emergency nutrition support to children below five years of age in Loikaw, Demosoe and Phrusoe Townships in 2003. At this time, no international NGOs were working in Kayah State. The nutrition project, funded by the Swiss Development Cooperation, has been extended each year on a 12-month basis, currently operates in villages in Phrusoe and Shardaw Townships. The focus is on emergency food support and nutrition education for mothers. More recently it has introduced elements such as home garden development, water and sanitation and livelihood security in Phrusoe and Shardaw townships. In 2005-06, the project 'handed over' 44 villages in Loikaw and Demosoe to PROGRESS. As a result, PROGRESS was able to mobilise village organisations quickly and build on the success of the nutrition project in working with local partners such as Catholic Karuna Loikaw (CKL).

At project commencement, delays in government approval prevented field operations from starting immediately. Further delays in EC derogation approval also affected project mobilisation. Given the importance of agriculture in the project, it would be useful if the results of the 2008 growing season (i.e. September - October) could be included in the final project reports. As discussed in this report, further capacity building of project associates and village organisations will be a priority. This will make many project elements more sustainable in the long-term. CARE has indicated that the sufficient funding remains; therefore **the MTR recommends that a non-cost extension of 6 months be approved**. This would then make the project end date 31 December 2008.

A small number of other development agencies have started operations in Kayah since CARE first mobilised the nutrition project in 2003. In 2005, UNDP commenced funding the Integrated Community Development Project (ICDP) in Loikaw, while World Vision has started an Area Development Program in two village tracts, also in Loikaw. MSF have operated emergency assistance in different townships in Kayah since 2003, and have worked closely and shared information with the nutrition project. PROGRESS remains the only long-term development program operating outside the main centre of Loikaw.

### *Continuing Validity of Assumptions*

- (a) Sufficient social and political environment for implementation of project activities

The limitation of operations to Loikaw and Demosoe has been a wise decision. Since approval was obtained, the project has not suffered any undue delays or constraints due to the social and political environment in Kayah. Positive advocacy methods with the government have ensured the project can continue to operate successfully. The Swiss Development Cooperation funded nutrition project continues to cover emergency needs in Phrusoe township.

- (b) Sufficient access to target beneficiaries

Access to the project villages remains adequate, and the delivery approach is flexible to take into account the necessary government approvals. Other agencies continue

to find difficulties operating outside Loikaw due to travel restrictions, which makes the inclusion of Demosoe in PROGRESS an important achievement. The logistics of managing and delivering activities in more remote areas such as Shardaw and Phrusoe is probably not cost effective with the current project structure and budget.

(c) No major escalation of conflict

While the conflict continues at a low level, there have been some sporadic incidents near to project villages. This has not had a severe impact on project delivery, although it has affected travel of field staff from time to time. There have been no major threats to project staff or materials arising from the conflict.

(d) No major health epidemic outbreaks

No major disease outbreaks have occurred. The project (through the nutrition project) keeps in touch with agencies like MSF. Part of the nutrition project includes village level surveillance of selected diseases.

(e) No major climatic impacts (droughts) arising during the implementation period

While droughts and floods have not materialised in the first two years, there remains an element of risk to some project activities. Natural resource degradation will affect the results of agricultural inputs and some water supply activities, however the project does take these factors into account during implementation. Many activities are designed to address some of these risks and increase household resilience.

(f) Project associates and communities are willing to collaborate with the project, and commit resources (human and financial) to managing and implementing activities

This assumption remains valid. Participation by staff of project associates is considerable and they take an active role in fieldwork. Village communities are effectively mobilised and in most cases enthusiastic, however they (like the associates) have limited capacities and resources.

(g) Beneficiaries will remain in their current location and there is no major new displacement among targeted villages

No major displacement has occurred during the project period due to conflict. Low level migration of people continues as households resettle, and the project has adjusted targets accordingly.

(h) The enabling environment for social networks is maintained with a low likelihood of serious misunderstandings or conflicts between partners

The project has been a catalyst for improving relations and understanding between the project associates, and for encouraging their greater involvement in village development.



### **3. Project Progress and Achievements**

#### 3.1 Overall Progress

The review found that the project is progressing well, and by the end of the project will have made an important contribution to improving the livelihoods of displaced people in Kayah. All components of the project are being implemented successfully, local project associates are active in implementation and village organisations are working effectively. To date, the project has already recorded some significant achievements in agriculture, health and water supply (ER 3-5). Instigating behaviour change in areas such as agriculture (adoption of new techniques and crops), health prevention (malaria, diarrhea) and improving hygiene is effective and has been supported by other elements of the project. There is also considerable progress towards establishing and developing social networks (ER 6).

The project is ambitiously designed, and the three-year timeframe will be the major constraint to effective and sustainable capacity building of project associates and village organisations (ER 1-2). Project associates lack resources, while there are limits to what can be realistically achieved using village-based volunteers. The review makes a number of recommendations for addressing these issues in the remaining project period.

Therefore the challenge for the remaining 12 months is to:

- Consolidate the technical elements of the project
- Strengthen the 'cascade model' of training
- Strengthen the network of project associates, and progressively hand over responsibility for managing and monitoring activities

The project has been effective in terms of advocacy. Relations with the state level of government are excellent, and this has meant fewer problems in obtaining travel approvals. The project has also developed links with line agencies such as agriculture, livestock and health, and uses staff of these organisations in various activities. The project is being implemented with due recognition for neutrality, and works in communities with different ethnic and religious affiliations. In fact, many villagers mentioned to the review teams that the project has assisted in bringing different groups together.

#### *Relevance*

The design and implementation of the project remain relevant – the focus on agriculture, health and water supply reflect the most important needs of vulnerable rural communities. Project activities (such as providing extension advice to farmers) are consistent with national and district development plans. The health department is using results from the project as part of their own extension and education models. Activities selected are based on decision making by group members and villagers' own priorities.

#### *Efficiency*

The project is managed efficiently and cost-effectively. Volunteers/beneficiaries manage and implement many project activities, through the project associates and the village organisations. Government technical and extension staff are used as trainers and resource people, and private sector/market linkages have been developed. The cascade training model used by PROGRESS has been successful, such that the original training targets have been exceeded. Many village sites were

already familiar with project processes from the CARE emergency nutrition project, and this has made implementation easier and more rapid.

### *Effectiveness*

The review notes some limitations in the use of volunteers as trainers at the village level, and recommends that this be addressed as part of strengthened capacity building in Year 3. Agriculture activities show high rates of adoption, and these will be further improved following the end of the second growing season in 2007, when the demonstration effect will be more obvious and more cross visits are undertaken. Health interventions have resulted in significant reductions in malaria and diarrhea, and household behaviour change. Water supply activities are highly visible and in many locations underpin other activities in agriculture, livestock and health/hygiene.

### *Impact*

The project has introduced new practices to villages that have previously been isolated and/or remote. Many villagers have noted increases in agricultural productivity, sometimes two or three-fold when using the project techniques. This should result in greater food security and income for households. Better health will add to household productivity due to fewer days lost through illness and reduced costs of medicines. The time spent fetching water has been significantly reduced for women and children and this will also increase both household productivity and income. The project has fostered connections outside the village in relation to improved access to services and greater market opportunities, as well as reducing conflict within and between communities.

### *Sustainability*

The short project time frame, and subsequent difficulty in consolidating or extending many project benefits is the major challenge to sustainability. The capacity of project associates and their ability to effectively work with village organisations (given their lack of resources) will also be an issue to be addressed during Year 3.

## 3.2 Objectives

### *Overall Objective*

The overall objective of PROGRESS is to improve the livelihood security of poor and marginalised Internally Displaced People (IDP) households from different ethnic and religious groups in Kayah State, Myanmar. The project targets villages with a high proportion of displaced people, although it does not make a distinction when implementing activities, and offers participation and benefits to all village members. The selected villages include those with all major ethnic and religious groups in the state, and components of the project support efforts in peace building and conflict resolution.

Two years into the three-year timeframe, it is apparent that the project will have considerable impact on rural households. Technical interventions in agriculture, water and health are proving effective. The analysis used by the MTR assesses progress against the overall objective, specific objectives and Expected Results using the indicators in the project's existing logical framework (logframe). Many of these indicators are considered no longer appropriate, while new ones are required to describe other benefits resulting from the project, and to reflect implementation (refer to Section 5.1 and also to Annex C for an amended logframe).

The indicators used in all tables are those expected by the end of the project period. The final evaluation will contain a comprehensive survey to collect household data for measuring changes and impact. Of course, many impacts will need to be measured through an ex-post evaluation of by information from other sources once the project is complete. The MTR assessment uses the best available data with information obtained from field visits – as such it represents an assessment of the contribution made by PROGRESS so far in achieving these objectives.

Indicator	Progress	Comments/Assessment
75% of farming IDP households increased food production by up to 20%	On target	Adoption rates of new technologies, farming methods and crop varieties are high. Household food production, from both shifting cultivation and home gardens, has been increased.
60% of targeted IDP households increased access to a greater diversity of nutritious food	On target	Introduction of new varieties of vegetables, winter crops and cash crops has been successful.
At least 80% of households (esp. with children) targeted with water & sanitation activities have reduced episodes of diarrhea by 50%	Will be exceeded	Diarrhea prevention activities, strategies and education are working very effectively. Behaviour change in villages is significant.
35% of children under 5 from IDP households increase food intake (balance in 3 food groups) by up to 20%	On target	See above.
30% reduction in working days lost due to illness in targeted IDP households	On target	Malaria prevention activities have reduced illness and time lost.
50% of VDO representatives have access to organisations and networks beyond village level	Will be exceeded	Project associates are developing relationships with village organisations, while VDOs are becoming more effective at linking with government services and the private sector.
At least 40% of farming HH with surplus have access to marketing information for agricultural produce and livestock	Will be exceeded	Cross-visits, private sector linkages and market surveys are creating demand for this kind of information and services.

### *Specific Objective*

At least 5,000 households are empowered to collaboratively model, implement and replicate agriculture, water and health interventions that also encourage a secure enabling environment.

Following the redesign of the project and the resulting concentration on Loikaw and Demosoe townships, the project's coverage, while remaining at 51 villages, meant a reduction in total households to 4,285. This represents around 22,700 potential beneficiaries in the target villages<sup>7</sup>.

Adoption rates and sustainability at the household level for new agriculture, livestock, water and health activities are high. The project is helping develop an extension support network, however post-project replication depends on the capacity and resources of village organisations and project associates. These are assessed in more detail under the relevant Expected Results below.

<sup>7</sup> Refer to the 'Aid to Uprooted People Programme, Burma/Myanmar, Grant Application Form, Budget line 19 10 03: EuropeAid/119964/C/G/MM' – i.e. the Design Document and subsequent communications between CARE and EU

Indicator	Progress	Comments/Assessment
75% of farming IDP households adopt at least two new sustainable agricultural practices on their farms	On target	Widespread adoption of new techniques, farming practices and crop varieties.
50% of women from IDP households targeted with home gardening and/or livestock breeding have increased diversity and quantity of food	On target	Women are active participants in activities related to livestock raising and home gardening.
35% women prepare daily food with proper nutrition balance among three food groups	On target	Greater variety of vegetables and other crops are available from home gardens.
50% of farming IDP HH with surplus have increased awareness of marketing agricultural produce and livestock	Will be exceeded	Cross-visits, private sector linkages and market surveys are creating demand for this kind of information and services.
At least 50% of target households with improved access to sufficient and reliable water for drinking and household use	Will be exceeded	Water supply activities have substantial positive impact and assist in the achievement of targets in other sectors.
At least 70% of IDP households seek improved health services for illnesses	On target	Health awareness, education and disease prevention activities are effective.
60% of members of community development organisations (VDOs) perceive to influence committee decisions	On target	Mobilisation has been effective; village organisations are operating with participation by all community groups.
At least 40% HH participating in community development activities perceive positive impact on community divisions	Will be exceeded	The project has provided an opportunity for community-wide and joint group activities. Villagers report improved relations and reduction in conflict.
50% of HH are aware of and have access to information about border effects	On target	Border issues included in project training and awareness sessions.
At least 9 models descriptions for community development linked to a secure enabling environment available to local stakeholders	Will be exceeded	Manuals to be developed include a wide range of model activities and interventions in health, agriculture and water supply.
At least new 2 models replicated in new areas by 2 different partner organisations	On target	Capacity building of partners will be a priority in Year 3. Limited replication by staff of project associates is already taking place.

### 3.3 Expected Results

#### ER 1: Partner Strengthening

*Strengthened management capacity and governance of local partner organisations to effectively support communities in the development, implementation and replication of project activities*

PROGRESS uses three project associates in Kayah. These are Catholic Karuna Loikaw (CKL), Kayah Baptist Association<sup>8</sup> (KBA) and Kay Htoe Boh (KHB). The organisations represent, respectively the three major faiths of people in Kayah. CARE has previously used the organisations to assist with elements of the emergency nutrition project, while MSF continues to use CKL's village based network to assist their operations.

CKL are the local representatives of the Catholic Church in Myanmar's welfare organisation - Karuna. They have a well-developed management structure and implement a range of projects on behalf of the church and donors. CKL also

<sup>8</sup> All references to KBA also include the Kayah Phu Baptist Association (KPBA), an affiliated body.

administer micro finance activities. CARE at program level has a written agreement on cooperation with CKL. KBA is an organisation of the Baptist Church in Kayah State. They implement a smaller number of projects than CKL and also run a micro finance program. CARE has a written agreement on cooperation with KBA. KHB are a Buddhist/Animist religious and welfare organisation that has only recently entered into development activities. Across Kayah and Shan States, they operate in upwards of 140 villages. They do not have a written agreement with CARE.

The three project associates will continue to have differing development experience, capacities and access to resources. Participation in the project has benefited all three, and exposed them to new development ideas and methods of implementation. The project has assisted KHB with setting up their development committee and mandate. Regular monthly planning and coordination meetings between associates and the project are held.

Field staff from the associates have been involved in the project's training programs with Project Officers (POs) and Community Facilitators (CFs), as well as representatives of village organisations. This training has been well received, and very successful for individual participants, but has not necessarily addressed the management capacity of each project associate. The box below lists the capacity building needs identified by each organisation during the MTR discussions and workshops. All organisations are interested in further partnerships with agencies like CARE, developing a greater capacity to seek donor funds, as well as to design, monitor and implement projects. They have also identified areas where they are able to use existing expertise and capacity to assist project implementation and training of other associates.

#### **Capacity of Project Associates**

The project has begun a process of identifying the needs of project associates to strengthen them as development organisations. They can also offer each other support as part of a development network in Kayah.

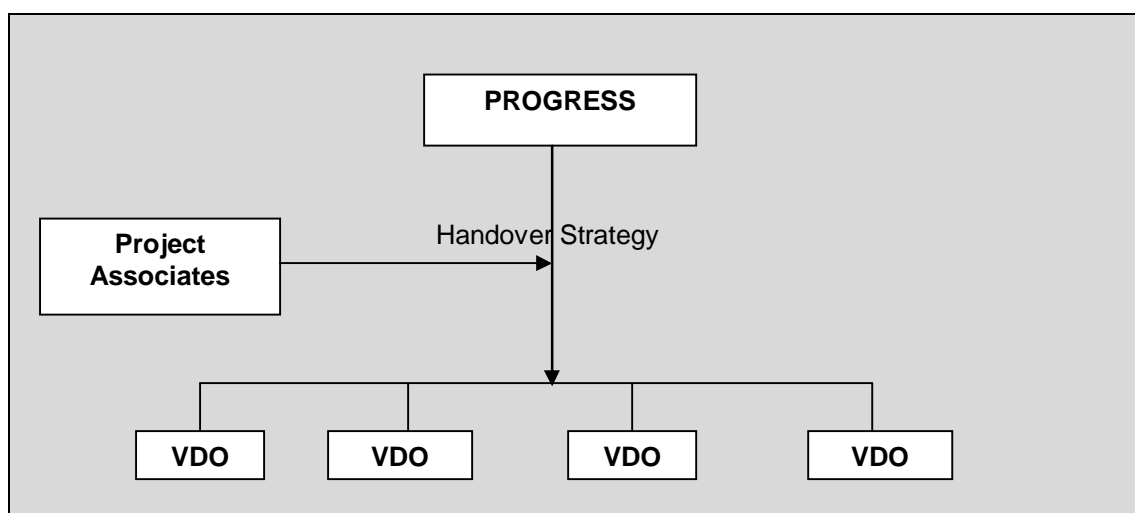
**CKL** – Needs assessment, proposal writing, management, design, monitoring and evaluation, strategic planning, technical training (water, agriculture, health), gender

**KBA** - Needs assessment, planning for long-term projects, management and leadership, design, monitoring and evaluation, accessing funding sources, technical training (water, agriculture, health), gender

**KHB** – Base line surveys, team building, financial management, design, monitoring and evaluation, market surveys, technical training (water, agriculture, health), gender, social mobilization, communication, facilitation and leadership, PRA, ECCD

Responsibility for project village sites (i.e. mobilisation, implementation and monitoring of activities) is primarily undertaken by project Community Facilitators (CFs), with help from volunteer field staff of associates. In general, villages have been 'assigned' to each project associate based on the predominant religious affiliation of the target villages. However, this is not always possible with heterogeneous clusters, and the project has also made use of CKL staff's experience in water supply in villages nominally assigned to other associates. Villagers report no problems with this approach as they perceive the associate's staff as being 'part of the project', and thus concerned with village development.

The project design envisages that project associates will progressively take over project activities. In order for this to occur and be as sustainable as possible, **the project's response in Year 3 should examine opportunities for further developing organisational, management and operational capacities of project associates, and develop a Handover Strategy.** This process requires a further management capacity analysis of the associates (already under way) and a tailored program of organisational strengthening and training. Ideally, this will also involve practical activities scheduled for Year 3, such as arranging cross-visits, field days and supervising field monitoring. For example, all three associates could be tasked with jointly managing field days for village clusters such as Okay in Demosoe Township.



As part of the Handover Strategy, project management and field staff should plan and implement a transfer of responsibilities to the project associates at each village site. While technical capacities have improved in each organisation, these will still require some external support in the remaining project period. The preparation of a village development manual (see ER 2) can be one means of engaging both project associates and village organisations in this process, and developing good working relations as activities are handed over. Almost all CFs have been recruited from the project associates and will likely return to these organisations following the completion of the project, further improving their capacity and experience. Worth noting is staff of associates are already replicating project activities in non-project villages. This demonstrates that the project has considerable potential for long-term sustainability through the strategy of using project associates and VDOs.

Strengthening the capacity of project associates is an important objective of the project. The time frame of three years makes achieving this quite difficult. Prior to PROGRESS, the associates have had limited training and experience in development work, and almost none in field implementation. **It is recommended that the Handover Strategy include the development of a project management manual, bringing together PROGRESS training programs, technical materials and other relevant information.** This manual will be a reference guide and form the basis of any replication of activities that associates might implement following the end of the project.

By the end of the project, it is not expected that project associates will be able to run a project the size and scope of PROGRESS. However, they should have increased capacity to manage and implement specific activities. Further, associates working

and learning together will assist the achievement of social network outcomes (see ER 6). The building of local project associates' capacity will also have benefits for future development activities and project in Kayah. The organisations will represent a pool of expertise and experience available to a range of agencies and donors.

Indicator	Progress	Comments/Assessment
20 local partner staff trained in group formation, management and technical knowledge, conflict resolution and networking skills by end of Y2	Exceeded	Target of 30 staff trained achieved by end of Year 2. The project has also trained CFs (12) and POs (4), most of whom will return to one of the project associates.
20 local partner staff received training in understanding of rights and responsibilities of a civil society organisation by end of Y2	Achieved	By end of Year 2.
51 needs assessment at village level facilitated by partner organisation by end of Y2	Achieved	The inclusion of 7 additional villages in Year 2 has meant this target is achieved on schedule.
5 conflict resolution trainings facilitated by the partners staff by EOP	On target	Three training sessions already delivered. The remainder are planned for Year 3.
100 of community development activities facilitated by partner organisations by EOP	On target	Forty-three have been completed by the end of Year 2. The Handover Strategy will include the remainder as part of capacity building and strengthening of associates in Year 3.

## ER 2: Village Development Organisations

*Democratic Village Development Organisations (VDOs) established and strengthened to effectively facilitate and manage the implementation of technical activities*

Project mobilisation at the village level has, in general, been effective. There are 43 Village Development Organisations (VDOs) formed in the 51 target villages - some VDOs cover more than one hamlet or village in the same tract. The VDOs were established through community meetings and consultations, and were either elected or appointed by consensus. To date, 84 community members have been trained by the project in leadership, communication and facilitation skills, while overall more than 300 village members have been trained in community development interventions.

The project has also formed Technical Management Committees (TMCs) for implementation of agriculture/livestock and water supply systems, and Village Health Teams (VHTs) for health activities, which operate under the supervision of the VDO. Membership of all village organisations is voluntary. The operations of TMCs and VHTs in agriculture, water and health are discussed in relation to the relevant Expected Result below. Volunteer members of the TMCs and VHTs have been responsible for the success of many activities in ERs 3-5.

The project has exceeded the original training targets, demonstrating that the process has been effective in delivering training to participating villages. The project uses a 'cascade' or 'train the trainer' approach and TMC/VHT members are expected to conduct replication sessions for other village members. Training itself has been appreciated by participants, and is highly valued by them as individuals. However the MTR found that project training and replication has a number of weaknesses.

These relate mainly to (a) the delivery of training and (b) the ability and capacity of village volunteers to undertake replication effectively.

Training courses for TMC and VHT participants are generally held in the main centres of Loikaw and Demosoe, or on occasions in villages. Participants were concerned that they could not fully understand the terminology used, particularly English terminology. Partly this is due to the limited Burmese language skills of participants from more remote and disadvantaged villages, however brings out the more general problem of using development terms that have no equivalent or are hard to define. **The MTR recommends that CARE, perhaps in conjunction with other agencies, develop a glossary of development terms in the Myanmar language for use in project training.** This would be useful for future projects and in other locations.

Members of TMCs and VHTs have attended a range of different training courses from the project. Forty-three community development activities have been documented and implemented. Twenty-eight different village interventions in agriculture, livestock, and health have been identified and included in training programs and activities. There are 7 replicable agriculture practices successfully trialled with TMC members. Details of these are also discussed in the Expected Results 3-5 below.

There will be a need in Year 3 of the project to consolidate the materials used in training, along with the lessons learned from delivery. The development of a set of manuals is already included in the design. Villagers requested that any materials be made simpler, use more graphics and pictures, and be usable as a reference. **The MTR recommends that the technical materials, knowledge and experience of the project at the village level should be brought together in a Village Development Manual.** This manual will provide VDOs and TMC/VHTs with a reference and source for providing technical advice and replicating training. Project associates will also find such a manual useful in their own work with villages following the end of the project. The process of developing the manual should involve the project management team, project associates and selected members from village organisations. While training in PROGRESS has been very successful, **improved evaluation of training will provide the project with information for developing the manual and further improving training.** Currently the focus in evaluation is on knowledge gained by participants, rather than the methods of delivery or impact of training in relation to replication.

Villagers have requested that the project deliver training directly to the whole village. TMC and VHT members found it difficult to organise meetings and training sessions, felt they lacked credibility with village members and often did not have the technical knowledge to answer questions. Clearly, the project does not have the resources to deliver the range of training directly to 51 villages. The use of the 'cascade model' is more cost-effective and is also a means of building capacity in village organisations. Therefore **the project will need to strengthen the cascade model of training in the remaining period.**

Strengthening the cascade model will mean that TMC and VHT members (the replicators) require additional support, and in some cases greater recognition of their role. This could take the form of refresher training, and even the issuing of training certificates and distribution of t-shirts. The Village Development Manual will also provide a degree of support to the replication process. TMC and VHT members also pointed out the effectiveness of 'practical training', such as cross-visits, demonstration training and field days. The project should also consider using these



as capacity building exercises for both project associates and village organisations (see ER 1 above). An alternative method of village mobilisation that may avoid some of these pitfalls is discussed in Section 4.

Many villages report that the project has fostered greater understanding between different elements of the community, especially religious and/or ethnic divisions. Where joint activities have taken place (e.g. construction and management of shared water supplies), this has extended to better relations with other villages. Prior to the project, there have not been any effective village level organisations. The majority of VDOs have at least one woman member, while this is higher in other villages. Female membership of TMCs and VHTs is much higher (with the exception of water TMCs), however **the review believes that the project could be more active in encouraging greater participation by women**, especially in locations where traditional values remain strong. Women noted that participation in the project has allowed them access to information and training, have been more involved in decision-making and are more confident at ‘speaking up’ in village meetings.

Indicator	Progress	Comments/Assessment
153 community members trained to take active roles and responsibilities in modelling community development interventions by Y2	Exceeded	313 community members trained to take active roles in modeling community development
153 committee members received training in leadership, communication and facilitation skills by Y2	On target	84 committee members trained in leadership, facilitation and communication
10 different village interventions (e.g. agricultural trials, health campaigns) identified and successfully implemented by EOP	Exceeded	28 different village level interventions (agriculture, livestock, health) identified and implemented
100 households, VDOs and partner staffs trained to apply simple monitoring tools such as SWOT analysis by EOP	Exceeded	131 households, VDOs and project associate staff trained in monitoring
255 community members trained in technical knowledge and skills (agriculture, water and health) by EOP	Exceeded	1,127 community members trained in technical areas (agriculture, water and health)

### The Common or Garden Mango

Pan Pet in Demosoe Township consists of 8 villages and hamlets. The villages have formed two VDOs under the project. Residents of Pan Pet are all Kayen Padaung, but there are three different religious affiliations – Catholic, Baptist and Kay Htoe Boh (Buddhist). The VDOs have decided to use common land belonging to the villages as a model mango plantation, partly inspired by participation in project cross-visits. The project has supported this initiative through supplying 100 grafted seedlings coupled with training in their cultivation. While the seedlings are becoming established, the same farm is being used for a trial of potatoes, using techniques for seed selection, planting and spacing introduced by the project, and tried successfully elsewhere. The VDO members said that profits from the potato and mango crops would be used for health needs and school fees for poor families, as well as for families in emergencies.

### ER 3: Sustainable Agriculture

#### *Portfolio of replicable and locally appropriate models for sustainable agriculture developed, implemented and promoted*

Agricultural demonstrations and trials on 12 crops have been undertaken. Trials have included improved crop varieties, growing techniques, soil conservation and correct use of pesticides and fertilisers. Major success has been achieved in improved corn (maize), garlic, ground nuts (see box), green gram<sup>9</sup>, potatoes and other home garden vegetables. Training in new techniques (seed selection, double cropping, proper spacing and sowing) has resulted in improved productivity and year round household food production, with a greater variety of vegetables available for home consumption and the market. The project has provided training in the correct application of fertilisers and pesticides, which will have both cost and environmental benefits. This will add to food security of households and increase income. The success of these trials is probably the single most important factor in effective dissemination and adoption rates.

The introduction of hybrid corn variety CP 888 has been very successful. Corn is the staple of most villages in Kayah, and prior to the project the area had little familiarity with high yielding improved varieties of many crop species. In Loikaw, where the improved variety is now available for the second growing season, villages report that yields have doubled or trebled compared with traditional varieties of corn (from 40-50 baskets<sup>10</sup> to 120 baskets in one example). The methods used for dissemination by the project (training, demonstration plots, common farms) are based on farmer-to-farmer extension at the village level, and adoption rates are high. Most importantly, the project has put farmers in contact with the private sector seed supplier from Shan State, and the network of growers is expanding such that this will be sustainable beyond the end of the project. The seed supplier uses a 'barter' system with repayments being a share of the harvest, so that farmers do not get into debt. In Demosoe, expanded trials of CP 888 have begun this season, and similar results are expected.

#### **Going Nuts**

In Okay village cluster, Demosoe Township, ground nuts had previously been planted in mid winter. The project introduced techniques for August sowing, which has resulted in yield increases from 20 baskets to 30-40 baskets per area under cultivation. The project supported one woman farmer, whose experience has now meant replication by a large number of farmers in all four villages. Ground nuts are grown for household consumption and sold for extra income. As it has high nutritional value, the women of Okay have decided that some of the additional produce be used to feed children at the village nursery school.

Also very successful have been activities in compost making. Compost techniques not only add to agricultural productivity, but can also lead to a significant reduction in fertiliser costs for farmers. One farmer from Demosoe Township reported that applying compost to paddy increased his yield from 70 baskets to 120 baskets from the same 1-hectare plot, at the same time reducing his costs of fertiliser from Ky 300,000 to Ky 100,000. Garlic has also seen productivity improve through proper

<sup>9</sup> Mung beans

<sup>10</sup> Local Myanmar agricultural measurements include 1 vis = 1.5 kg, 1 basket = 15 kg and 1 bag = 45 kg

seed and bed preparation and application of compost – in one example yields increased from 50-60 vis to 90-100 vis. In Dau Ta Shar village (Loikaw) women have initiated a seed bank program for garlic production and monies raised are used for village welfare. Seed selection, spacing and bed preparation have increased potato yields from 5-6 bags per bucket of seeds to over 10 bags in one example.

Livestock techniques such as stall raising of pigs provide benefits in productivity, household income and environmental sanitation. One female farmer noted that she had purchased a pig for Ky 55,000, then using more efficient stall raising was able to sell it after 7 months for Ky 180,000, thus funding the purchase of more animals for the household. The livestock vaccination program introduced by the project has provided vaccines for common diseases and educated villagers in disease awareness and vaccination techniques. For many farmers, significant capital is invested in cattle and pigs. Many villages report significant declines in animal mortality, and reduction in diseases since the project started. This evidence is backed up by the livestock department, who see many benefits from the program, especially in terms of reducing outbreaks of foot and mouth disease, prevention education and service delivery in remote villages. The aim of the vaccination program is to demonstrate to farmers the benefits of regular vaccination, so that after the project they may be willing to seek out services from the livestock department and continue to use vaccines. The project includes a process of linking villages to extension staff of the livestock department. Naturally, the cost of the vaccines following the project will have to be borne by individual farmers.

#### **Productivity Begins At Home**

In Kayan Tharyar village, one farmer is unable to work on shifting cultivation due to a heart condition. Instead, proximity to a tap stand provided by the project's new water system has given him an opportunity to develop a productive home garden. The farmer has planted betel leaf trees (which require regular watering) and has plans to move into perennial crops like coffee and fruit trees, based on knowledge acquired from project training and extension. His income from betel leaf currently averages Ky 4-5,000 per week and will increase as recently planted trees mature.

The example of this farmer demonstrates that income can be generated from home gardens and does not require large tracts of land or use of shifting cultivation. More productive use of home gardens (e.g. garlic, pig raising) is increasing income available to women.

The project aims to link farmers more effectively with markets. Because of the conflict, farmers in Kayah have not had the opportunity to engage with the commercial economy. There is an active market garden industry in neighbouring Shan State, and cross-visits and market surveys have been undertaken to these areas. The involvement of the private sector in improving corn production has already been mentioned, and there are further opportunities for the project to explore in Year 3 by continuing these activities and increasing the capacity and expertise of project associates in marketing knowledge.

Many villages report that improved water supply systems have been very important in improving home gardens and specific crops like vegetables. Women have benefited from crops like garlic and ground nuts, as well as stall raising of pigs, which are their household responsibility. The project plans for up to 10 operational manuals for the respective agricultural models developed and trialled. Year 3 should see a

consolidation of the models and techniques, as the results from the second main growing season are obtained. **It is recommended that the project identifies the most successful interventions in agriculture (and the reasons why they are successful) and then integrate these results into project manuals or separately as information sheets for future use by village organisations and project associates.**

Effective replication relies on farmer-to-farmer extension, supported by the project's program of cross visits, field days and model farms. The right dissemination approach is often the key to high adoption rates. Villagers mention that model farms are not just effective as trials, but can be used communally to achieve village wide benefits – such as the mango farm in Pan Pet and garlic growing in Dau Ta Shar. The MTR observed a number of these in operation, and considerable interest in developing others. They have the additional benefit of increasing village cooperation and unity. **In Year 3, the project should include models of effective dissemination and adoption in the development of project manuals.** In particular, familiarity and application of dissemination approaches should form part of capacity building for project associates.

Indicator	Progress	Comments/Assessment
10 of good indigenous practices identified in the farming system analysis by end of Y2	Achieved	Ten practices identified in the analysis
5 of potential agriculture produce and livestock species identified through agricultural market research by EOP	Achieved	Five crop and livestock species identified (corn, garlic, green gram, ground nut, ginger)  Linkages to private sector developed
255 of IDP farmers graduated in development, implement and replicating the agricultural models by EOP	Exceeded	Total number of farmers trained is 313
75% of farming IDP households engaged in trialling and implementing sustainable agriculture practices by EOP	Exceeded	Project has identified 97% of households are participating in trials and/or implementing new practices
10 of different replicable practices (e.g. different crop varieties, soil management) for sustainable agriculture developed by EOP	Exceeded	Twelve new crops and demonstrations (paddy, corn, intercropping, ground nut, green gram, black gram, chick pea, potato, garlic, onion, mango, tomato). Seven replicable practices developed (spacing, sowing time, fertiliser use, pesticide use, composting, foliar fertiliser, double cropping)
10 of operational manuals for the respective agricultural models documented by EOP	On target	Recommendation to include as sections in Village development manual, coupled with training and dissemination materials and procedures

#### ER 4: Water and Sanitation

*Replicable models for safe and reliable domestic water & sanitation systems collaboratively developed and implemented by VDO with support of partner organisations*

The project has supported a variety of different water supply solutions for villages – gravity flow, pond renovation, pumping systems, and rainwater tanks. Reliable water supplies have generated benefits to villagers in terms of livelihoods and health/hygiene, as well as productivity through less time spent in collection. Overall,

46 water system management plans have been developed. Sanitation has been equally important in the project – fly proof latrines have been successfully installed and adopted and have contributed to improvements in hygiene and the local environment. Women and children have been important beneficiaries from these activities. Behaviour change has been significant, and has been encouraged through education coupled with provision of low cost inputs such as soap and soap containers. The MTR observed that households are fully aware of the link between latrine improvement and other project activities.

A reliable water supply makes a significant contribution to agriculture, especially the development of home gardens, as well as forming the basis for introducing hygiene programs. One farmer reported that without water, the other elements of the project would not be as effective. The biggest impact from water, however, has been on reducing the time spent by households in collection. This has meant improvements in household productivity and income (see box), particularly for women, while also improving village safety and environment. One village (Kayan Tharyar in Loikaw) reported that before the project children used to walk up to 3 kilometres to the water source, and a number of children had drowned. The project has now provided a gravity flow system and reticulation to shared tap stands, eliminating both the need for collection and parents' concerns over safety.

In some locations, the introduction of a water system has improved the environment, through reducing the direct impact on water sources from individual collection. Catchment protection training has been undertaken where relevant. Water systems have, in general, been effectively managed by communities through the water and sanitation TMC. Construction has relied on labour contributions from villagers, with inputs provided by the project. Villages operate maintenance funds, with contributions collected from households. At the household level, women are the main users of water systems. As systems are constructed, the issues become more concerned with managing users and operational maintenance. This requires a slightly different approach, and in Year 3 **the project should examine how the construction-oriented TMCs might evolve into more representative water user groups**, with greater participation from all households and in particular women. The MTR witnessed a good example of this issue at Okay and Dau Ta Say villages, where the 'problems' raised do not require technical solutions, but relate to improving the process of management via the village organisations. Lessons learned from the different approaches, and recommended models, should be incorporated in the water sections of the project manuals.

#### The Value Of Water

Two village clusters in Demosoe reported that the availability of water in the village has meant that households can now spend more time on productive activities. In Pan Pet, women had to rise at 3 am each day for a 3-hour return trip to the water source. The installation of rainwater tanks has meant more time for household duties, childcare and agriculture. In Okay, villagers said that since the water supply (pumping system) had been completed, 60 out of 100 households could now offer their labour for hire. The opportunity cost of collecting water can therefore be estimated, using the average casual labour rate of Ky 1,000 per day. In both locations, villagers said that the presence of a water supply means up to Ky 30,000 extra per household per month, based on one person being available.

Latrine construction has proceeded successfully, and is popular with villagers. In both townships, over 1,760 fly proof latrines have been constructed and are in use. Priority for receiving latrines is determined by the TMC with reference to the project's criteria for assisting the poorest households. The project supplies pipes and pans, with the household contributing labour and other materials. The activities have been effectively linked with the hygiene elements of ER 5 (see below), especially hand washing education. In Dau Ta Shay, before the project the West village had only 7 good latrines, however this has now increased to 56, while the East village has increased from 7 to 71, which means the majority of households are now covered. The villages report an improvement in environmental sanitation, and there are now less flies and the general appearance of the villages is cleaner. In some locations, the project has had to overcome resistance to new practices from more conservative village members. In Pan Pet, one of the TMC members had difficulty persuading his parents to change behaviour from not using latrines at all to adopting the new model. Through his own demonstration and use, he has now convinced them to use a project latrine, and this has improved both their health and the immediate environment of the household.

**Water and sanitation construction and management lessons learned, together with successful models, should be collected, analysed and included in project manuals.**

Indicator	Progress	Comments/Assessment
10 examples of positive indigenous practices identified in technical survey by end of Y2	Partly achieved	Indicator needs revising. Technical survey identified only 2 indigenous practices
5 replicable Water & Sanitation practices identified in the course of model development by EOP	Partly achieved.	Indicator needs revising. Technical survey identified only 2 indigenous practices
25 water system management plans prepared by EOP	Exceeded	Project has supported 46 plans in 51 village locations
50% of households engaged in implementing improved water and sanitation systems by EOP	Exceeded	Project data reports 100 per cent participation in activities by village households
5 small scale water catchments of village ponds rehabilitated by EOP	Partly achieved	Indicator needs revising. One pond has been rehabilitated, with indirect improvements to several more
75 persons graduated in operation and maintenance training by EOP	On target	Fifty-six village TMC members trained by end of Year 2
5 operation and maintenance manuals documented by EOP	On target	To be included in village development manuals

## ER 5: Health Services

### *Health status of targeted vulnerable communities improved*

Results suggest that health education and hygiene activities have been very successful. Villages report a reduction in malaria and diarrhea incidence since the project's introduction of mosquito nets and hand washing. Provision of latrines and environmental sanitation education (see ER 4) has also made a contribution.

Health education and awareness has been delivered to villages using 300 Village Health Volunteers (VHVs) formed into the equivalent of a TMC – known as the Village Health team (VHT). More than half of the VHVs (167) are female. Replication training involves all households in target villages. Like agriculture and water, the village organisations develop plans for prioritising, delivering and scheduling activities. Education has focused on prevention, although some project

activities have included treatment through training VHVs and midwives in first aid and safe delivery (with the supply of simple kits). The project also provides a mobile clinic service.

One VHV said that there were some misconceptions that the project would focus on disease treatment, but this had now been resolved, and confirmed that prevention strategies were causing major attitudinal changes – especially hand washing using soap. While one VHT noted that contributions for latrines and mosquito nets were hard to get, once the benefits were apparent, this became less of a problem. Other villages noted that the first aid kits are difficult to maintain when villagers cannot provide contributions. Availability of water has allowed more frequent washing – including one woman who said that she could now bathe her children every day. This has reduced the incidence of other diseases such as skin infections.

Distribution of treated mosquito nets involves the VHT assessing needs, and nets are then provided to the poorest households. Demand for more nets has been created, and in many villages, health funds are used to purchase additional supplies. For example in Kyun Taw, the project has supplied 89 nets, and the villagers have purchased 8 more. In Thar Yat, the project supplied 49 nets, and the villagers then purchased 4 more. The impact of mosquito nets has been significant. All villages have reported a reduction in malaria incidence since the project commenced. Education aimed at behaviour change has assisted the adoption of mosquito nets, and many households take the nets with them when staying at their shifting cultivation fields. Without a complete survey (which is planned prior to the final evaluation), it is difficult to quantify the actual benefits at this stage, however the malaria prevention elements of the project will mean increases in household productivity, income and reduce costs of treatment for households.

#### **The Buzz About Malaria**

One VHV reported that prior to the project, one family of 5 members had at least 4 suffering from malaria. This family has not experienced a case since they started using nets. Community facilitators confirmed that they observe less illness from malaria and a resulting increase in household productivity – during the clearing and planting season it was not uncommon to see many household members sick and remaining in the village. This is now much less common. In one village, use of mosquito nets has also reduced malaria incidence by a reported 80 per cent.

A valuable lesson learned from Pan Pet is the importance of health education in conjunction with the supply of items such as mosquito nets. A few years previously villagers had received bed nets from UNICEF, however these were used for fishing, as there was limited understanding that malaria was caused by mosquitoes. The impregnated nets were particularly effective for killing fish.

Diarrhea was also identified as a major health problem in Kayah. Project activities have concentrated on behaviour change education in hand washing, especially after using the toilet. VHVs and women report that diarrhea incidence has reduced significantly, and use the example of the demand for ORS from first aid kits. In the initial stages, these were frequently replaced, however after most households adopted hand washing, the need for ORS has decreased substantially. One village stated that cases of diarrhea requiring hospitalisation have not occurred since the project, whereas once they were common. Another village said that the education and provision of ORS had saved at last one child's life, and other villages said that

while diarrhea may still occur from time to time, the threat of death has been eliminated due to education of parents and availability of ORS.

The project has also facilitated other health education and prevention activities, notably facilitating immunisation days with the health department. The mobile clinic has visited all 51 villages and serviced 5,583 patients (1,878 males and 3,705 females, children under 5 -1,199). In addition, eight patients have been referred for tuberculosis and 21 for malaria. The clinic is obviously not sustainable beyond the end of the project, however has been a powerful mechanism in gaining support for the project's health education and awareness programs. Health education is also about ensuring that villagers are aware of when they should attend hospitals. The project has assisted in raising awareness of disease prevention and made sure that simple first aid treatments are available, but referrals for diseases like tuberculosis and treatment for malaria are still important.

### Kayah's Next Top Model

Just outside Loikaw, the village of Htay Tha Ma has been assisted by the project in developing a model potato farm, and a communal corn farm. Results from the potato farm will be available in a few months at harvest time. The increases in productivity from the new variety of corn last year (on 2 acres) convinced the village to plant up to 10 acres this year. The VDO have developed an effective system for working the common land, and funds raised will be used for building a youth centre and supporting related activities.

Every village household has benefited from health activities under the project, and uses a fly proof latrine, and the health department has notified Htay Tha Ma that they will be using it as a 'health model village', as apart from latrines, environmental sanitation is excellent and good hygiene practices are in place. The location of the village near the State capital makes it an ideal location for demonstration and cross-visits.

The project builds on the success of the emergency nutrition project, and nutrition follow up activities have included education and cooking competitions in 44 villages in Year 2. Three cross learning visits involving VHVs and looking at primary health care have been conducted. As in agriculture, **it is recommended that the most successful interventions in health education and prevention be assessed and then integrated into project manuals.**

Indicator	Progress	Comments/Assessment
300 VHVs trained for health education activities by EOP	Achieved	Health replication training underway. Education for behaviour change has been very effective – particularly in hygiene. 1,288 safe delivery kits and 97 first aid kits distributed.
3,750 HH trained in preventive health by VHVs by EOP	Exceeded	All households in project (4,285) have received training and education from VHVs
1,000 impregnated mosquito nets distributed and in use by EOP	Exceeded	2,057 nets and 6,071 impregnation tablets distributed and used. Preliminary indications show significant reduction in malaria incidence.
1,000 fly proof latrines constructed and in use by EOP	Exceeded	1,760 latrines constructed and in use. Diarrhea incidence significantly reduced. 3,397 soap and containers distributed.
51 micro-plans for health	Partly	Forty-three plans developed. Indicator needs revision to that



activities formulated by VHT by EOP	achieved	reflect 51 villages have 43 VDOs and hence 43 micro plans
90% of HH encouraged to immunise their children encouraged by EOP	On target	Immunisation program progressing. Figures will be available in Year 3

## ER 6: Social Networks

*Flexible networks to foster active collaboration and learning between Village Development Organisations, partner organisations and other key stakeholders established and supported*

The social networks being developed as part of PROGRESS emerge from a combination of activities in the other five Expected Results, as well as specific activities designed to foster greater cooperation between stakeholders. Prior to the project, the lack of these support networks was identified as a major constraint to development in Kayah. Villages have mentioned that the project has reduced the potential for conflict in communities, between ethnic groups and adherents of different religions. The project is developing lessons learned and case studies, which should be included in the relevant sections of the project manuals.

The advocacy elements of the project are very successful. The project has managed to operate in both Loikaw and Demosoe without major disruption to activities. Relations with the government at state level are good, and this has facilitated operational approvals. Government is also very much aware of the rationale for the project and its development focus – they are more used to humanitarian emergency programs and have been complimentary regarding the way CARE has implemented PROGRESS in Kayah. The project has also advocated for greater cooperation between the project associates, and this will be strengthened as part of Year 3. The non-denominational approach ensures the focus is on development, and has done much to break down mistrust and the potential for misunderstandings.

The empowerment of women has increased through participation in activities. Villages report the opportunity to be involved in TMCs and VHTs has increased the ability of women to be 'heard' in village meetings, and given individuals greater confidence. The MTR believes that in some cases, the project could be more active in encouraging participation of women in management committees, although this always has to take into account local values and traditional beliefs. Alternative approaches, such as the water user groups, may be more successful in the remaining project period. Women make up a high proportion of project associate field staff and project field staff (POs and CFs), which gives visibility to the project's gender principles.

### Show Me

Currently, activities such as field days and cross-visits to demonstration plots are on a small scale. The MTR suggests that in the townships of Loikaw and Demosoe the project might want to arrange a 'village show', bringing together different villages in the same cluster, with competitions for agriculture, nutrition and health, practical demonstrations, displays and information sessions. The shows could be jointly managed and arranged by the project associates, with funding provided by the project. A suitable time (probably post-harvest) and location would have to be arranged to encourage maximum participation.

As noted in ERs 3-5, the use of cross-visits and demonstrations has been a successful form of dissemination for agriculture, water and sanitation and health. Additional benefits of cross-visits are that they often involve joint activities between villages, and include staff of the project associates. Villages have obtained important benefits from these activities, notably in learning about perennial crops, seeing marketing opportunities and agricultural methods.

**In Year 3, the project should expand and strengthen the social networks established. This can be done through the process of existing project activities and innovations aimed at bringing a broader range of groups together, especially through field days, cross-learning and dissemination programs.** Coupled with this should be the capacity building process for project associates (see ER 1) and a handover approach for management of village activities (helping achieve ER 2).

Indicator	Progress	Comments/Assessment
53 of cross learning visits organised at village level and at township level by EOP	On target	Twenty seven visits completed, with an increase planned for Year 3
5 informal learning mechanisms promoted among local groups (incl. partners) and VDOs by EOP	Achieved	Will be strengthened in Year 3 through capacity building of both VDOs and associates
3 advocacy initiatives conducted by partner organisations by EOP	Will be achieved	Project advocacy strategies progressively transferred to associates as part of Handover Strategy in Year 3
12 documented lessons learned disseminated among partners and VDOs by EOP (one per year for each of the three technical intervention)	Exceeded	Thirteen lessons learned documented and will be included in project manuals
9 development models including approaches, strategies, and methodologies promoted through social networks by EOP	Exceeded	Ten development models to be included in project manuals and handed over to associates in Year 3

### 3.4 Project Management

The MTR found that project management is efficient and effective. Currently all project team positions are filled, with the exception of the SPO Water and Sanitation. CARE has temporarily assigned another staff member with appropriate expertise to cover this vacancy. The senior management team are all well qualified and experienced. The location of the main project office in Loikaw<sup>11</sup> has been a good decision – it is a more secure site, has access to the field areas within a reasonable driving time and is close to government offices and headquarters of the project associates. The distance between the townships means that there has been no need to establish a second office in Demosoe.

In addition, PROGRESS is co-located with the emergency nutrition team, and share accommodation and other resources. There are considerable opportunities for cross-learning and information exchanges between the two projects as well. Field staff are all recruited locally, and have a well organised and regular schedule of field work and reporting to the senior team in Loikaw. Senior staff also spend a large proportion of their time in the field.

<sup>11</sup> In fact two offices, one with an attached staff residence.

The use of project associates is covered in ER 1, however is being effectively managed by the project. There are positive relations between the project and associates, and a good understanding of project aims and objectives by senior management of CKL, KBA and KHB. This will make the handover process easier.

There are other international NGOs and agencies operating in Kayah – notably MSF, World Vision and UNDP/ICDP<sup>12</sup>. With the exception of MSF, the other agencies commenced after PROGRESS. There are no overlap issues with the other projects, who have limited their activities to Loikaw Township in any case. Good communication with the other projects has allowed PROGRESS to discuss lessons learned and operational difficulties. Mostly, the other agencies learn from the experience of PROGRESS. Action Contre La Faim (ACF) are currently undertaking a feasibility study for a water supply project, and are using information and experience from PROGRESS and the emergency nutrition project. MSF have a close working relationship with the emergency nutrition project, as they operate mainly in areas outside Loikaw.

CARE has established good working relationships between the country office in Yangon and the project office. There are benefits for project staff in access to training (for example gender, monitoring/evaluation), advice and management/financial support. This adds efficiencies to project delivery and improves quality. There have also been exchanges of staff (as in the SPO Water and Sanitation), technical information and experiences with other CARE activities in Myanmar.

CARE's Program Quality Unit have reviewed the project's monitoring and evaluation framework. The framework describes responsibilities for M&E at all levels of the project, and associated training in the new system has already improved the quality of reporting from field level. The MTR found that the project has an excellent data collection system, village site information is readily available and reports are of a good standard.

In ER 2, strengthening village organisations and the cascade model of training are priorities for Year 3. This will require a review of existing training programs. The existing evaluation of training takes into account knowledge gained, and does not fully assess delivery and effectiveness. Project team members are aware of these concerns and will be incorporating findings from the MTR and the review to develop improved delivery mechanisms and materials for use in Year 3, and subsequent inclusion in the project manuals.

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<sup>12</sup> For details, see the relevant meeting report in Annex E.

## 4. Issues Arising

### 4.1 Mobilisation and the Cascade Model

Village level mobilisation has been successful in PROGRESS, and results from activities owe a great deal to the hard work of village organisations and volunteer members of TMCs and VHTs. The few problems that have emerged, noted in ER 2 above, relate to the use of the cascade model, and the limitations of using these volunteers to replicate training. The main issues appear to be:

- (a) Understanding technical information in project training
- (b) Improving training materials and greater use of practical training
- (c) Support from the project in the field, and
- (d) The difficulties of organising village meetings and getting regular attendance for replication

The MTR believes that (a), (b) and (c) will be addressed during Year 3 implementation, with specific activities including the development of a glossary and project manuals, more refresher training for TMCs and VHTs, recognition of the role of volunteers and an increasing use of activities such as cross-visits, field days and the like. The involvement of project associates will also continue beyond the end of the project, and therefore support for TMCs and VHTs is expected to be sustainable. Recommendations for strengthening these elements are included in the discussion under ERs 1 and 2.

The problems associated with (d) are more complex and could be related to the process of mobilisation. All households and village members were involved in the early stages of the project – i.e. mass meetings helped form the VDOs, TMCs and VHTs, including identification and selection of volunteers/members. This is a fairly typical process with community development projects.

Committee members have attended project training, and been involved in practical activities like cross-visits. Part of training received included facilitation, communication and training skills. However after their initial selection, TMCs and VHTs have generally operated in relative isolation from the rest of the village. This has probably contributed to the difficulties reported in mobilising other villagers. The MTR believes, however, that other villagers' lack of time and competing household priorities are still the major contributing factors.

An observation of the MTR is that in the project ordinary village members perhaps do not always perceive they have a 'stake' in the operations of the TMCs and VHTs. In other words, TMCs and VHTs are not as 'accountable' as they could be to the other members of the village. This is a problem related to the management structure and initial formation of the groups. Also, greater capacity development (addressed in the next phase of the project) and recognition will increase the confidence of technical committee members.

In contrast, in a project such as IFLS in southern Chin State, Farmer Interest Groups representing all households direct the equivalents of TMC and VHT members (in this case Farmer Extension Workers, Key Farmers and Peer Health Educators). The responsibility for organising replication training sessions and meetings then falls on a broader stakeholder group, and all members feel they are participating in the process of crop trials, health education and project training. Of course, IFLS has had a similar experience to PROGRESS with replication of training by volunteers. This is by no means a conclusive assessment, however more active participation does

appear to encourage greater ownership of project activities and results. Therefore, **future projects implemented in Kayah may benefit from examining and considering alternative models of group formation.**

#### 4.2 Areas of Operation

Kayah State is a difficult environment in which to work. The security situation is unpredictable and has made project field operations difficult. This affects field staff (CFs and POs) in particular, and requires the project to submit all travel plans for approval in advance. The MTR supports the decision to limit the operations of PROGRESS to the current townships. This makes the project more efficient and also allows for a more stable environment in which to develop the capacities of local associates and village organisations, and build sustainable networks. This would be severely constrained in areas where movement is more restricted and activities would be frequently disrupted.

Because of the difficulties in operation, other development NGOs (such as World Vision) and agencies like UNDP have restricted their operations to Loikaw Township. Positive advocacy by CARE with government agencies, and experience from the emergency nutrition project, has allowed PROGRESS to cover 51 villages in both Loikaw and Demosoe Townships. This is a singular success for a development-oriented project, and is a tribute to how effectively CARE has worked in Kayah over the last four years.

MSF report that in the more remote townships, remaining populations are scattered and quite small, making their operations less cost-effective and logistically difficult. The emergency nutrition project successfully operates in Shardaw and Phrusoe, with the latter township presenting fewer operational difficulties. Any expansion of a long-term development activity such as PROGRESS would still need to consider stability and security.

#### 4.3 Sustainability and Future Support

As mentioned above, the priorities in the remaining 12 months are to strengthen project associates and village organisations in order to make benefits more sustainable. The MTR believes that many activities are already sustainable in the 51 target villages. The non-cost extension of the project by an additional 6 months will allow for consolidation of capacity building and allow the project to include results from 2008 growing season activities.

CARE is currently considering a follow up rural livelihoods project for Kayah. **The MTR recommends that any future long-term assistance build on the success of both PROGRESS and the emergency nutrition projects,** through:

- Recognising the importance of security and stability in selecting potential villages for inclusion
- Continuing to work with the network of project associates, further building their capacity and ability to undertake development work
- Continuing positive advocacy work with government
- Including successful activities and lessons learned from PROGRESS (as will be specified in the project manuals)
- Reviewing the effectiveness of mobilisation approaches
- Including steps to increase the participation of women in village organisations

## **5. Summary of Revised Project**

### 5.1 Design/Indicators

The project logframe does not require any major modification to the objectives or the expected results. The recommendations of the MTR do not have a major impact on planned activities or the total budget (see Sections 5.3 and 5.4), but identify priorities and the consolidation of existing elements (such as capacity building of associates and project manual development). The overall design is proving effective, is easy to understand and components are mutually reinforcing.

The performance indicators need amending to represent additional outcomes from project activities and to reflect revised targets. A number of the indicators do not, or no longer, represent outcomes from project activities. Many quantitative indicators need updating or clarifying. There is too great an emphasis on summative evaluation and not enough on formative evaluation. Many project benefits emerge from the process of implementation (e.g. capacity building) and these are not given sufficient attention in the current logframe.

The danger of using artificial 'targets' as performance indicators is the tendency to manage towards the achievement of indicators at the expense of project performance. It is important, therefore, to have a mixture of qualitative, quantitative, formative and summative indicators in the right proportions. The MTR observed that project management was aware of this, and achieving targets was not given priority over quality of implementation. Indicators used should be linked closely with the achievement of objectives and expected results. The MTR has made recommendations to update these (and consequently the new M&E framework) to reflect better the range of project achievements and benefits, and to provide a better guide for project management and reporting. These are listed in the revised logframe at Annex C. A change frame is also included, describing the amendments and providing a summary of justifications.

### 5.2 Implementation Approach

The MTR considers that the the current implementation approach is sound and does not require modification. The diffusion strategy is working effectively; adoption rates are high for agriculture, livestock, health and water supply. Year 3 will see a strengthening of the cascade model and further capacity building for associates and village organisations. The highlights of the PROGRESS implementation approach are:

- Enthusiasm at village level for new technologies and practices, and significant behaviour change resulting from the 'demonstration' effect
- Use of project field staff and project associates with local experience, language abilities and cultural knowledge
- Cooperative ventures (cross-visits, common farms, demonstration plots) resulting from greater intra and inter-village activities facilitated by the project
- Increasing positive gender outcomes through specific activities for women (water supply, home gardens, livestock, cash crops, income generation) and greater participation in decision making
- Continuing to increase farmers' understanding of markets and linkages to the private sector.

### 5.3 Changes to Annual Work Plan and Budget – Year 3

The project management team is currently preparing the Annual Work Plan for Year 3, due in August. The MTR recommendations, if accepted, will form part of this Plan. Most recommendations, as mentioned, do not require major changes to existing activities or the budget. The important additions are listed below:

#### (a) Handover Strategy

The Handover Strategy brings together activities under all ERs, and in particular identifies the capacity building needs of project associates (ER 1) and village organisations (ER 2). This should be developed within the first 3 months of Year 3, even while handover activities are being design and implemented. While capacity building of project associates was always part of the project design, the assessment of needs will identify additional training courses and activities to be implemented in Year 3.

#### (b) Project Manuals

These relate to a Project Management Manual for use by project associates (ER 1) and a Village Development Manual for use by village organisations (ER 2). Given the potential usefulness of such a document, CARE might want to consider developing the glossary of development terms outside PROGRESS, however it remains a priority for the project in Year 3. The manuals are a consolidation of existing materials and information, and the process of development is an additional capacity building activity in the respective ERs. Results, lessons learned and training materials from the technical elements (ERs 3-5) will also be included in the manuals.

#### (c) Strengthening the Cascade Model

Added to existing activities are items like improving training materials across all ERs, recognition of TMC and VHT members (certificates, t-shirts, refresher training), a greater emphasis on practical training (cross visits in particular), more field days and/or cooperative activities with the project associates at a village cluster/township level. Some of these costs can be covered from the 'non education' budget line of the project.

#### (d) Non Cost Extension

This will be a decision for CARE and the donor, however it is understood by the MTR that a non-cost extension of 6 months should not have a significant impact on the total project budget.