

**EVALUATION OF
WOMEN AT WORK PROJECT**

IMPLEMENTED BY WAW PROJECT (CARE- MYANMAR)

CONSULTANT

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EXECUTIVE SUMMARY

CARE Myanmar's Women at Work (WAW) project was established in June 2005, with one year's funding from AusAID. The project's overall goal was to contribute substantially to a reduction in morbidity and mortality among working women of reproductive age (and their partners) in the urban areas of Yangon and Mandalay

WAW's primary focus was on formal and non-formal work settings which have a largely female workforce. The leisure and entertainment industries and factory-based industries are known to attract large numbers of economic migrants, and migration has been closely linked to increased vulnerability to sexual and reproductive health risk.

The project adopted an informal approach, accessing working women in their free time and attempting to build genuine partnerships based on interest and volunteerism.

Behavior Change Intervention, which is the core of the WAW project, including intervention through conducting spiral sessions of PAR spiral sessions of PAR with working women both in cycle 1 and cycle 2 to increase their critical thinking skill via the ways of reflective learning method to build their capacity of being able to make informed choice regarding their sexual and reproductive health and development of mentoring and peer-to-peer learning networks among working women;

Sexual and reproductive health care provided through referral to the PSI SUN clinics network

Women's spaces were developed within the project offices in both Yangon and Mandalay, staffed by Women's Health Support workers. Women Spaces are enabling environments of working women provide them the place for conducting PAR, the services to facilitate ownership of favorable environment to build SHG for sustainability; offering access to Women's Health Support Workers; Keeping instruments for entertaining working women which attracts them to use WS which is also beneficial for their S & RH.

This report presents the findings of evaluation of the CARE Myanmar's Women at Work (WAW) project (Sept 2005 to January 2006)

Desk review of the data collected by Outreach Workers, and monthly report of JPO and Project Manager were compiled and analyzed the important indicators mentioned in Monitoring and Evaluation plan whether they achieved the target or not.

The following summarises the findings and recommendations resulting from the evaluation.

Active involvement of women

Number of women actively involved in discussing issues related to sexual and reproductive health was the data needed to verify the indicator for active involvement of women. Number of women actively involved should meet the target of 312 at the end of the project. **813** women was actively involved according to the data from JPO report which was compiled from PAR report of the outreach workers exceed the target.

Partners' accept women's right to improved sexual health knowledge

Number of women who reported their partner acceptance of women's right to SRH knowledge and services was 3 times higher than cycle 1. Bringing their partners frequently to

the women space could support the indicator for the partner acceptance. The involvement of male partner with WAW project was higher in cycle 2 than cycle 1 and it was higher in Yangon than Mandalay..

Percentage of women and men who know how to use condom correctly

The number of women and men who know how to use condom was reliable data obtained from PAR sessions. The participants who already knew were encouraged to demonstrate with the penis model and the women who did not know how to use condom correctly before also had chance to practice with the model. According to the data obtained in PAR sessions which was recorded by Outreach Workers it was found to be 322 out of total new participants and their male partner. Concerning this indicator the percentage of women (and their partners) who know how to use condom correctly was 54.67% which exceeds the expected percentage (43.83%) which was 50% increase of cycle 1 data 29.22%. According to the calculated result this indicator achieved the target and the increase was **87%**.

Percentage of women who accept the condom as dual protection

The number of women who reported that they accept the condom as dual protection was recorded. All these women accept or only knew the condom as dual protection was not sure. Although they knew they would not choose to use condom for contraception. The data was to rely on the women who told. To measure this indicator definition of accept should be defined to record. According to the PAR reports, the number of women who reported the acceptance of condom as dual protection was 304 out of total new women. The percentage of this indicator was 51.61% which also exceeds the expected percentage of 38.07% which was 25% increase of cycle 1 data 30.45%. The indicator achieved the target and the increase was **69.4%**.

Peer-to-peer learning network

Number of working women who participate in peer to peer learning network on SRH was increased. **1725** instances of peer-to-peer learning networks were recorded and it also exceeds the target of 1500.

Health seeking behavior of working women

Total number of working women accessible to SUN clinic for SRH problems was not increased during the project cycle 2. The target of 20% increase in number of working women using the SUN clinic was not achieved. WAW project had meeting with PSI to tackle this problem already. However the percentage of working women seeking for health services other than SUN clinic for their SRH problems was increasing from 11.11% to 18.51%. The expected target was 13.33% (20% increase of 11.11%) it exceeds the target and the increase was 66.55%. The request of referral to other acknowledged service delivery points (mostly VCCT) was also strikingly increased about 15 times.

Recommendation

- Definition for 'actively involved' and 'acceptance of condom as dual protection' should be defined and use uniformly in both sites.
- Skill for correct condom use and acceptance of condom as dual protection should be recorded at first time they involved with the project
- Care should be taken not to record repeatedly in subsequent visit to the project about the data on who already knew how to use condom correctly and the data on who reported the acceptance of condom as dual protection before PAR sessions.
- Number of new women should be included in monthly reporting format of JPO.

- All the recorded data should be computerized and the data should be kept in separate folder to retrieve easily.
- Data entry format should be developed in accordance with the project needs.
- If possible, individual record for each women involved with the project should be kept in the computer especially data related to important indicators.

EVALUATION OF WOMEN AT WORK PROJECT

INTRODUCTION

Background Information

Women in Myanmar now represent more than 40% of the active labor force and head 24% of urban households shouldering the responsibility for earning income to support parents, grandparents and siblings. But despite the country's heavy reliance on its female population, women experience unequivocal constraints in all areas of life. In terms of sexual and reproductive health, these constraints are enhanced by socio-cultural constructs related to sexuality.

There is still a major shortage of appropriate and affordable information and clinical services which are accessible by all sections of the population (married and unmarried). In those services which do exist, there is often a strong bio-medical focus on provision of technical information which takes limited account of the realities faced in terms of attitudes, values and beliefs related to sexual behavior.

Many women are ill equipped to make informed choices in relation to broad sexual and reproductive health is plentiful. Indicators include high levels of maternal mortality; incidence of illegal and unsafe abortion; limited use of effective contraceptives; and anecdotal evidence of high levels of coerced and forced sex. Rising HIV infection is a further graphic illustration of limited sexual health skills and knowledge in Myanmar.

In order to fill the gap, CARE Myanmar had been seeking funding to improve sexual and reproductive health practices for working women in Yangon and Mandalay.

This report presents the findings of evaluation of the CARE Myanmar's Women at Work (WAW) project.

Description of the Project

CARE Myanmar's Women at Work (WAW) project was established in June 2005, with one year's funding from AusAID. The project's overall goal was to contribute substantially to a reduction in morbidity and mortality among working women of reproductive age (and their partners) in the urban areas of Yangon and Mandalay.

Major Development objectives of WAW project

To improve sexual and reproductive health practices through promotion of critical thinking and reflective learning and to increase the use of sexual and reproductive health services among working women in project sites.

Expected Output

1. 500 Working women (and their partners) in the project will have increased awareness of sexual and reproductive health and the appropriate skills and knowledge to make informed S&RH choices.

2. 500 Working women (and their partners) in the project will be better equipped to protect themselves against sexually transmitted infections and unwanted pregnancy.
3. 500 Working women will be able to identify, question and challenge gender constructs which inhibit their sexual health choices (including constructs held by their partners)
4. 500 Working women (and their partners) will exhibit appropriate health seeking behavior in relation to their sexual and reproductive health needs.
5. CARE will have a quality Behavioural Change Intervention (BCI) strategy with field tested BCI intervention (1).
6. 1 Lessons learned documentation
7. 1500 Peer-to-peer learning networks are developed among working women

Targeted Beneficiaries

The targeted beneficiaries of WAW project is the working women of reproductive age (and their male partners) within Yangon and Mandalay. These beneficiaries are both women who have participated directly in the participatory action research cycles, and the women with whom they will go on to share peer-to-peer learning and the partners of these women

- Yangon: women from a variety of workplaces including karaoke bars, golf clubs, factories and markets.
- Mandalay: entertainment workers from karaoke & restaurant

Project's approach

WAW's primary focus was on formal and non-formal work settings which have a largely female workforce. The leisure and entertainment industries and factory-based industries are known to attract large numbers of economic migrants, and migration has been closely linked to increased vulnerability to sexual and reproductive health risk.

The project adopted an informal approach, accessing working women in their free time and attempting to build genuine partnerships based on interest and volunteerism.

- BCI intervention through conducting spiral sessions of PAR, an innovative approach which builds on best practice in relation to participatory, informal education and learning through promotion of critical thinking skill and reflective learning themselves.
- Service: Linking the groups of working women organized by PAR with service provision for their sexual & Reproductive Health (counseling, STI and contraception)
- Enabling environment: Establishing the women spaces which can empower the working women to be able to inform their choice in their Sexual & Reproductive Health including curing STI and avoiding unwanted pregnancy.

Main Activities of the WAW project

- Participatory behavior change intervention including spiral sessions of PAR with working women both in cycle 1 and cycle 2 to increase their critical thinking skill via the ways of reflective learning method to build their capacity of being able to make informed choice regarding their sexual and reproductive health and development of mentoring and peer-to-peer learning networks among working women;
- There were no "formal education sessions" in spite of PAR: very informal and get huge participation of working women and all of the base line processes for getting data at the beginning of the project conducted via those PAR sessions in stead of doing formal survey (quantitative)

- Establish and set up of women spaces in Yangon and Mandalay which are enabling environments of working women provide them the place for conducting PAR, the services to facilitate ownership of favorable environment to build SHG for sustainability; offering access to Women's Health Support Workers; Keeping instruments for entertaining working women which attracts them to use WS which is also beneficial for their S & RH
- sexual and reproductive health service provision; Networks with Sun Quality Clinic of PSI according to establishment of MOU between CARE & PSI; Develop proper referral system to Sun Clinic; Women Health Workers and OW facilitate working women to make informed choice regarding their Sexual & Reproductive Health; STI & contraceptive counseling provided by WHW from women space
- Cross-learning was also encouraged to other CARE Myanmar project sites which have strong volunteer networks.
- Review and documentation at the end of PAR cycle 1
- Lesson learn workshop at the end of PAR cycle 2

Objective of the Evaluation

- To help project in analyzing on how much project programmatically implementation met the set objective; impact and outcome
- To help project in analyzing outputs achieved to prepare for the "Final evaluation of the project" and then will give input to "Final Report for Donor"
- To help project in developing lesson learnt documentation

Methodology of Evaluation

- **Desk review** of existing documents, project reports and data collected by the project on paper as well as in computer was done.
- Compilation and analysis of data on important indicator of Yangon and Mandalay separately and Yangon and Mandalay together as a whole WAW project
- Comparing the indicators between baseline(up to end Dec) and Now (up to end Jan) whether the target are achieved or not

Activities conducted

- Review of Documents given by Project Manager
Document review:
 - Project proposal document of Women At Work (WAW) project
 - Monitoring and evaluation Plan, Women At Work (WAW) project
 - Project Interim Report, Women At Work (WAW) project
 - Report on "quarterly Review Workshop" of WAW project
 - Monthly Project Progress Report of WAW project by Project Manager-Jan
 - Monthly Project Progress Report of WAW project by Project Manager-Feb
 - Monthly Project Progress Report of WAW project by Project Manager-Mar
 - Monthly Project Progress Report of WAW project by Project Manager-Apr
- Visit to field sites Hlaing Thayar and Mandalay and meet JPO to inquire and compile the required data
Review of computerized data:
 - PAR record for the month of September 05, Yangon
 - PAR record for the month of October 05, Yangon

- PAR record for the month of November 05, Yangon
 - PAR record for the month of December 05, Yangon
 - PAR record for the month of January 06, Yangon
 - PAR record for the month of February 06, Yangon
 - PAR record from September to the month of December 05, Mandalay
 - Participant record for the women space and PAR session (Oct), Yangon
 - Participant record for the women space and PAR session (Nov), Yangon
 - Participant record for the women space and PAR session (Dec), Yangon
 - Monthly JPO Report, Jan 06, Yangon
 - Monthly JPO Report, Feb 06, Yangon
 - Monthly JPO Report, Mar 06, Yangon
 - Monthly JPO Report, Apr 06, Yangon
 - Monthly JPO Report, Dec 05, Mandalay
 - Monthly JPO Report, Jan 06, Mandalay
 - Monthly JPO Report, Feb 06, Mandalay
 - Monthly JPO Report, Mar 06, Mandalay
 - Monthly JPO Report, Apr 06, Mandalay
 - Monthly Quantitative Summary, Dec 05, Mandalay
 - Monthly Quantitative Summary, Jan 06, Mandalay
 - Monthly Quantitative Summary, Feb 06, Mandalay
 - Monthly Quantitative Summary, Mar 06, Mandalay
 - Monthly Quantitative Summary, Apr 06, Mandalay
 - Monthly Quantitative Summary, Feb 06, Yangon
 - Monthly Quantitative Summary, Mar 06, Yangon
 - Monthly Quantitative Summary, Apr 06, Yangon
- Extract the necessary data and analyze on achievement of target mentioned in the Monitoring and Evaluation Plan
 - Presentation of analyzed outputs in WAW project final Evaluation workshop

FINDING AND DISCUSSION

Participatory action research (PAR) activities have been conducted since September in both Yangon and Mandalay. During the project cycle 1, Date of PAR sessions, who involved, on what topic, total participants and total time spent in minutes were recorded. Participants were individually recorded how many times they were involved in the PAR sessions in every month. In first three months data related to indicators were not included in reporting such as actively involved participants, peer to peer learning, reported partner acceptance to SRH knowledge and services, correct condom usage skill, acceptance of condom as dual protection and health seeking behavior. Therefore, to obtain data relating to indicators, some were extracted from detailed PAR records and some were estimated. Up to end December (at the end of Cycle 1), the following data was agreed as baseline.

PAR participants and important indicators	Yangon	Mandalay	Yangon & Mandalay
Total women involved in the project	141	102	243
Total participants of PAR	235	209	444
Actively involved	134	102	236
Peer to peer learning	302	285	587
correct condom usage skill	36	35	71
Accept condom as dual protection	35	39	74
Partner acceptance	42	26	68
Health seeking behavior (not SUN)	7	20	27
Referral to other acknowledge SDP to SUN clinic for SRH problem	17	6	23

The quantitative analysis was done starting from baseline (up to the end of December) to now (End April).

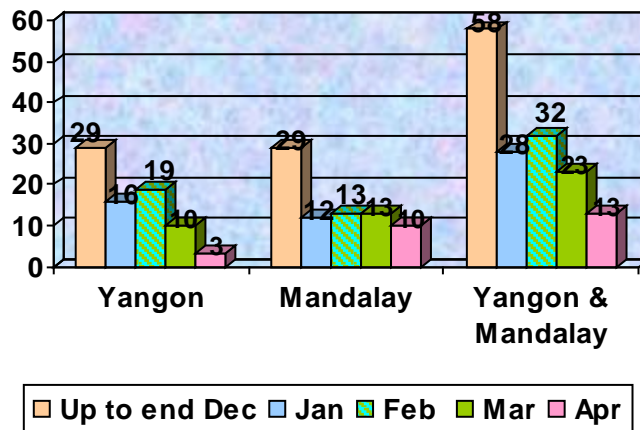
Total Number of PAR sessions

The PAR sessions done during the project cycle 1 (September to December) and Project cycle 2 (January to April) was found as follows:

Reporting period	No. of PAR sessions		
	Yangon	Mandalay	Yangon & Mandalay
Sep 05	6	6	12
Oct 05	8	8	16
Nov 05	6	7	13
Dec 05	9	8	17
Jan 06	16	12	28
Feb 06	19	13	32
Mar 06	10	13	23
Apr 06	3	10	13
Total	77	77	154

It was found that in Yangon PAR sessions conducted were increased in January and even more in February and were decreased in March even more decreased in April. The decrease PAR sessions were due to the following reasons. In March, Anther 2K was moved to other place. Participants from one KTV were arrested. There was also ASEAN festival in Panhlaing and the participants had no holiday. Some changes in work shift of Panhlaing Golf caddies made no free time for PAR. The project had other activities such as IWD day, meeting with PSI, MSC workshop and New Step activities. In April and May there were a lot of other project activities such as team building, learning network guideline workshop, PMCT training, Sharing experience with Sunday empowerment group of AFXB, Avian Flu training etc. The participants were also going back to their native villages during Thingyan holidays. In Mandalay PAR sessions conducted was found to be consistent and a decline was found in April. April had Thingyan festival and long holiday. Project also had other project activities.

Number of PAR sessions conducted during the project period (Yangon & Mandalay)



During the project cycle 1, Yangon team had conducted **29** PAR sessions and Mandalay team also conducted **29** sessions. In project cycle 2, each team had conducted **48** PAR sessions. Therefore, each team had conducted **77** PAR sessions since September up to now and Yangon and Mandalay teams had conducted a total of **154** PAR sessions.

During PAR sessions there were a lot of topics covered such as pre-marital sex, relationship between loving couples, having sex is pleasurable or not, gender, value of virginity, about female entertainment workers, should PLWHA take pregnancy or not, how to control their male partner, problem solving, body mapping of sex organ, pleasure mapping, safer sex techniques, attitude on masturbation, condom, contraceptive pills and single women, emergency pills, pregnancy test, services of women space, SUN clinic referral, menstrual problem, gynaecological problem, demand of information outlet, view upon women space, negative vision and how to improve it, STI & condom, 3 month

injection contraceptive-Depo, refusal to male condom, HIV positive women & contraceptive, white discharge, Self Help Group, thinking criteria of male partner, consequence of abortion and contraception, view on condom keeping, body mapping of pleasure points, condom negotiation, premature sex and pregnancy, dual protection of condom, partner acceptance, correct condom use demonstration, health seeking, referral, HIV, VCCT, self esteem etc.

New reporting format have been developed through staff consensus and the required data could be retrieved from the monthly report starting from January. The quantitative analysis was done starting from baseline (up to the end of December) to now (End April).

Total number of participants attending PAR

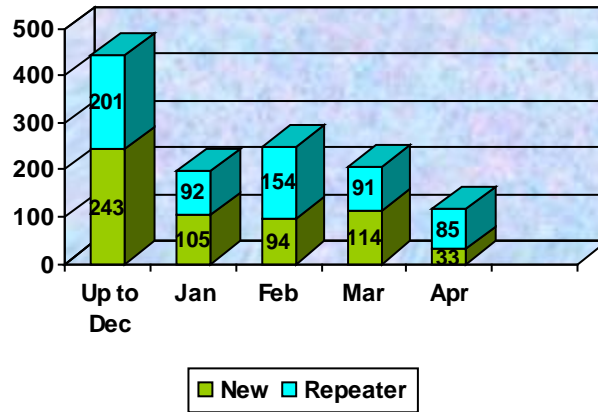
A total of **589** women and their partners have taken part in PAR sessions at WAW's Yangon and Mandalay and some of them on a repeated basis. Total number of participants who have been attended for discussions on issues related to SRH since the project began full implementation was shown as new participants and repeaters in the following table.

Reporting month	Yangon			Mandalay			Yangon & Mandalay		
	PAR participants			PAR participants			PAR participants		
	New	Repeater	Total	New	Repeater	Total	New	Repeater	Total
Up to Dec	141	94	235	102	107	209	243	201	444
Jan 06	72	48	120	33	44	77	105	92	197
Feb 06	68	120	188	26	34	60	94	154	248
Mar 06	66	32	98	48	59	107	114	91	205
Apr 06	11	16	27	22	69	91	33	85	118
Total	358	310	668	231	313	544	589	623	1212

It was found that new participants were more than repeaters in Yangon in all the reporting period except in February and April where as repeaters were more than new participants in Mandalay.

The following composite bar chart showed the new and repeaters of PAR participants who have been present for discussions on issues related to SRH in cycle 1 and respective month of cycle 2.

**New & repeaters of PAR participants
(Yangon & Mandalay)**

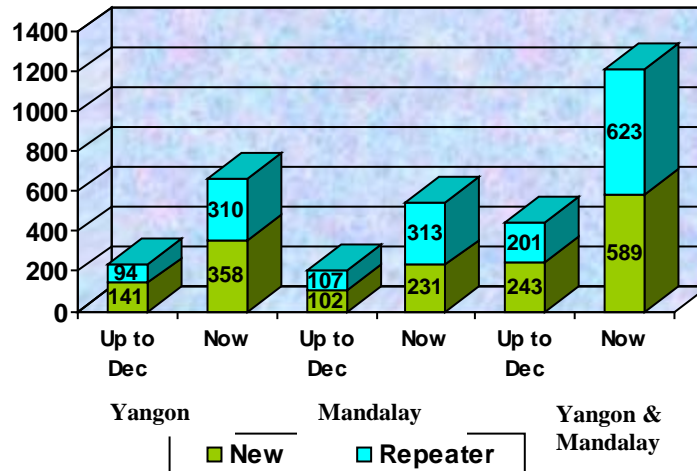


The total participants attended in PAR sessions for discussions on issues related to SRH in cycle 1 and cycle 2 could be seen in the following table.

Reporting period	Yangon			Mandalay			Yangon & Mandalay		
	PAR participants			PAR participants			PAR participants		
	New	Repeater	Total	New	Repeater	Total	New	Repeater	Total
Cycle 1	141	94	235	102	107	209	243	201	444
Cycle 2	217	216	433	129	206	335	346	422	768
Total	358	310	668	231	313	544	589	623	1212

The new and repeaters of PAR participants in baseline and now was displayed in Yangon, Mandalay and Yangon and Mandalay together in the following composite bar chart.

**New & repeaters of PAR participants
(Yangon & Mandalay)**



Active involvement of PAR participants

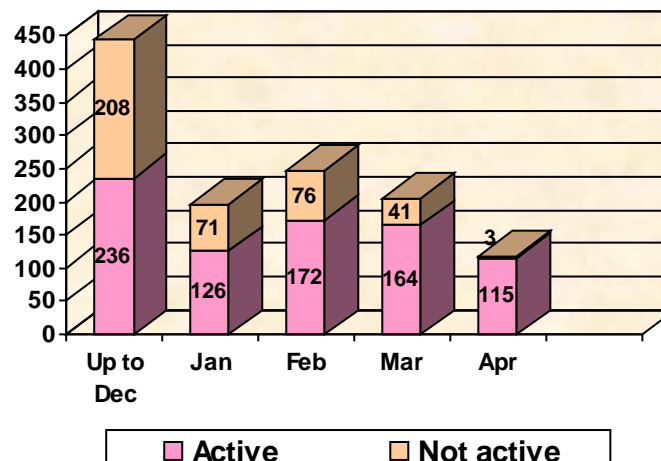
Project staff defined ‘actively involved’ as women who participate in discussions with interest, asking or answering questions and/or bringing other peers or partners to take part in the project. In Yangon, to qualify as ‘active’ women are also expected to stay and participate in the whole of a PAR activity. In Mandalay, most of the women are karaoke workers who can be fined 5000 Kyats by their manger for leaving the Karaoke workplace. If the regular customer arrives and asks for them they have to leave PAR sessions. Therefore in Mandalay, women can be considered ‘active without staying for the whole activity if their manger calls them away.

Total number of participants who were actively involved in PAR sessions in discussion issues related to SRH in cycle 1 and respective month in cycle 2 was as follows.

Reporting month	Yangon			Mandalay			Yangon & Mandalay		
	PAR participants			PAR participants			PAR participants		
	Active	Not active	Total	Active	Not active	Total	Active	Not active	Total
Up to Dec	134	101	235	102	107	209	236	208	444
Jan 06	70	50	120	56	21	77	126	71	197
Feb 06	112	76	188	60	0	60	172	76	248
Mar 06	57	41	98	107	0	107	164	41	205
Apr 06	24	3	27	91	0	91	115	3	118
Total	397	271	668	416	128	544	813	399	1212

Actively and not actively involved participants of PAR for discussions on issues related to SRH in cycle 1 and respective month of cycle 2 was depicted in the following composite bar chart.

Active out of total participants in PAR sessions (Yangon & Mandalay)



In PAR sessions up to end of December, 53.2% of participants (236 out of 444) were found to be actively involved. It could be seen that actively involved proportion was increasing from month to month since January 2006. In January, actively involved proportion was running at 64%, February figure was 69.4%, March was 80% and April 97.5%.

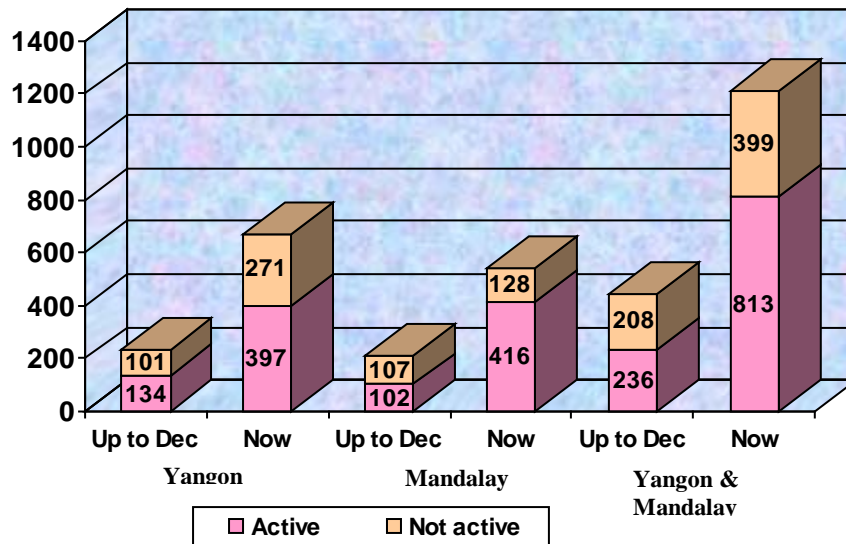
Percentage of active participant out of total participant in cycle 1 and cycle 2 could be seen in the following table.

Reporting period	Yangon			Mandalay			Yangon & Mandalay		
	PAR participants			PAR participants			PAR participants		
	Active	Total	% of new	Active	Total	% of new	Active	Total	% of new
Cycle 1	134	235	57.0%	102	209	48.8%	236	444	53.2%
Cycle 2	263	433	60.7%	314	335	93.7%	577	768	75.1%
Total	397	668	59.4%	416	544	76.5%	813	1212	67.1%

Actively involved percentage in Mandalay was higher in Mandalay than Yangon. The reason for that is the project staff had used the different definition for ‘actively involved’ as described above.

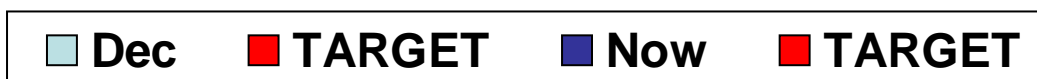
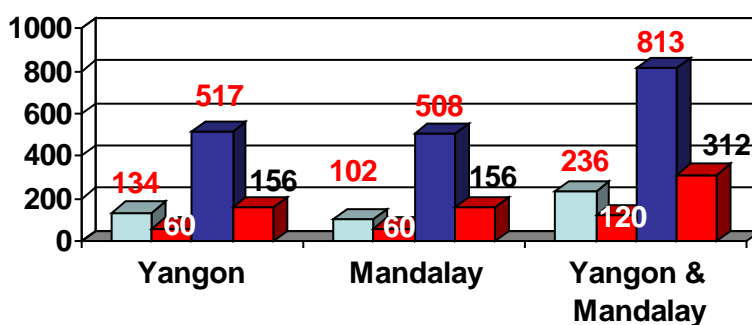
The actively and not actively involved PAR participants in baseline and now were displayed in Yangon, Mandalay and Yangon and Mandalay together in the following composite bar chart.

Actively involved & not actively involved PAR participants (Yangon & Mandalay)



In cycle 1 the target for Yangon and Mandalay was 60 each and for both sites the target is 120. The project has achieved its target in cycle 1. The target for the cycle2 was 96 for Yangon and 96 for Mandalay which is 192 for both. For the whole project cycle the target will be 156 for Yangon and 156 for Mandalay which is 132 for Yangon and Mandalay. The number of actively involved women was 813 which exceeds above the target. Therefore, project has achieved the target.

Number of women actively involved in discussing issues related to SRH



Average time spent during PAR activities

Average time spent in hour by each participant in PAR activities was displayed in the following table. Before new reporting format, time spent was not included in reporting and the data was not available. The average amount of time spent by each participant in PAR activities is about 3.5 hour.

Reporting month	Yangon		Mandalay		Yangon & Mandalay	
	Time spent (in hr)	Average Time spent (in Hr)	Time spent (in hr)	Average Time spent (in Hr)	Time spent (in hr)	Average Time spent (in Hr)
Dec 05	234.17	3.35	97.67	3.62	331.84	3.42
Jan 06	406.25	3.39	185.83	2.41	592.08	3.01
Feb 06	761.33	4.05	181.77	3.03	943.10	3.80
Mar 06	424.42	4.33	312.88	2.92	737.30	3.60
Apr 06	146.75	5.44	631.75	6.94	778.50	6.60

Average time spent in hour per participant in April was strikingly higher than other months in both Yangon and Mandalay. This finding was occurred due to Thingyan festival activities of the project and the participants spent time longer than other time they came for.

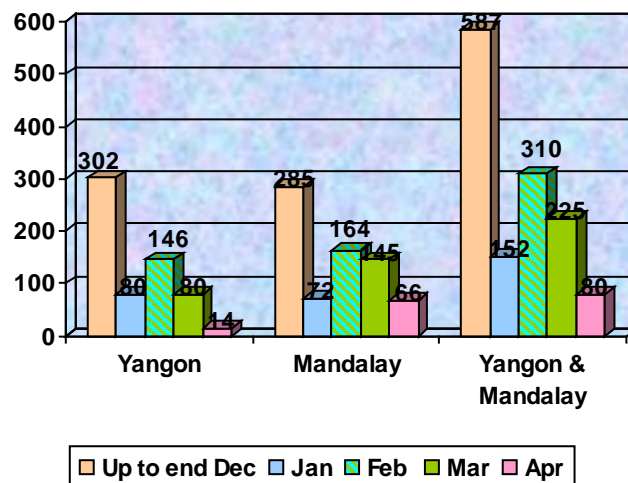
Peer-to-peer learning

In early days of the project, there was some confusion regarding identification of peer to peer learning. Project staff believed that peer to peer learning could only occur after formal peer education trainings were provided, whereas the project design is such that peer to peer learning has been occurring since beginning. Therefore reports of shared learning from the first 3 months of activities are not accurately recorded. Thus the figure in cycle 1 was based on a conservative estimated average of each women identified as active speaking to 3 peers on issues related to sexual and reproductive Health. In cycle 2 the reports were based on fully recorded instances of reported peer to peer learning.

Total number of women who receive skill & knowledge of SRH through peer to peer learning during the project period was presented in the following table and graph.

Reporting period	No. of women who receive SRH knowledge & skill through peer to peer learning		
	Yangon	Mandalay	Yangon & Mandalay
Dec 05	302	285	587
Jan 06	80	72	152
Feb 06	146	164	310
Mar 06	80	145	225
Apr 06	14	66	80
Total	622	732	1354

Total number of women who receive skill & knowledge of SRH through peer to peer learning (Yangon & Mandalay)



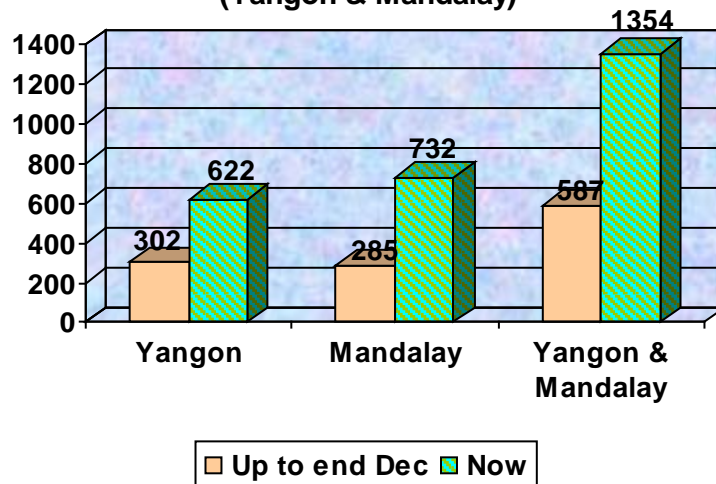
Total number of women who receive skill & knowledge of SRH through peer to peer learning was decreased from March to April in both Yangon and Mandalay. This was happened because Learning network activities done during March and April was not included in this figure.

However, the total number of women who receive skill & knowledge of SRH through peer to peer learning in project cycle 1 was more than project cycle 2 in both Yangon and Mandalay which could be seen in the following table.

Reporting period	No. of women who receive SRH knowledge & skill through peer to peer learning		
	Yangon	Mandalay	Yangon & Mandalay
Cycle 1	302	285	587
Cycle 2	320	447	767
Total	622	732	1354

Total number of women who received skill & knowledge of sexual reproductive health through peer to peer learning comparing up to end December and now was displayed as follows.

Total number of women who receive skill & knowledge of SRH through peer to peer learning (Yangon & Mandalay)



If learning net work activities done during March and April was added the figure will change as follows:

Reporting period	No. of women who receive SRH knowledge & skill through peer to peer learning		
	Yangon	Mandalay	Yangon & Mandalay
Cycle 1	302	285	587
Cycle 2	514	624	1138
Total	816	909	1725

1725 instances of peer-to-peer learning networks are developed. This activity was also achieved since the target was 1500.

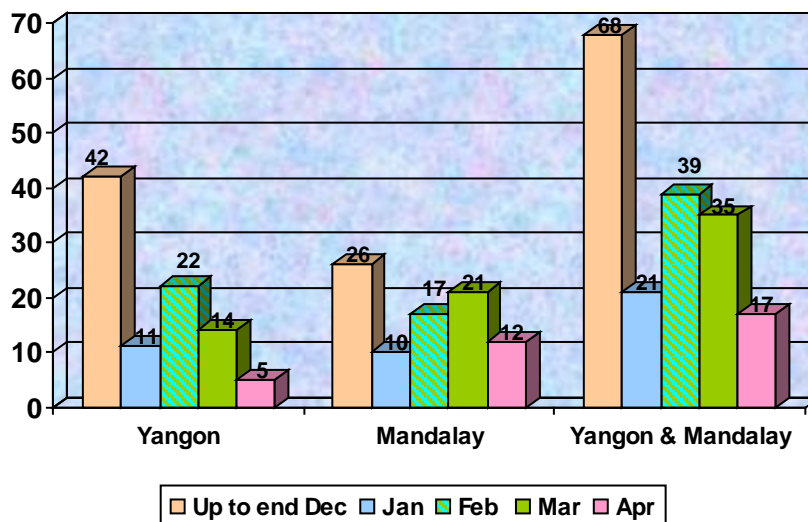
Partners' acceptance to SRH

The total number of women in the PAR sessions who had reported their partner acceptance to sexual and reproductive health knowledge and skill in project cycle 1 and respective months of project cycle 2 was presented in the following table and chart.

Reporting period	Yangon		Mandalay		Yangon & Mandalay	
	Partner acceptance	% partner acceptance out of total women	Partner acceptance	% partner acceptance out of total women	Partner acceptance	% partner acceptance out of total women
End Dec	42	29.79%	26	25.49%	68	27.98%
Jan 06	11	15.28%	10	30.30%	21	20.00%
Feb 06	22	32.35%	17	65.38%	39	41.49%
Mar 06	14	21.21%	21	43.75%	35	30.70%
Apr 06	5	45.45%	12	54.55%	17	51.52%

Total number of women who reported partner acceptance for SRH knowledge and services was in a decreasing trend starting from March in Yangon and in Mandalay a decline was found in April. These might be related to PAR sessions conducted and the number of PAR participants since this information was obtained from the women who participate in PAR. If the data was seen as percentage of total women who reported partner acceptance it was not in a decreasing trend and even higher than other month.

Total number of women who reported partner acceptance of SRH knowledge & skill (Yangon & Mandalay)

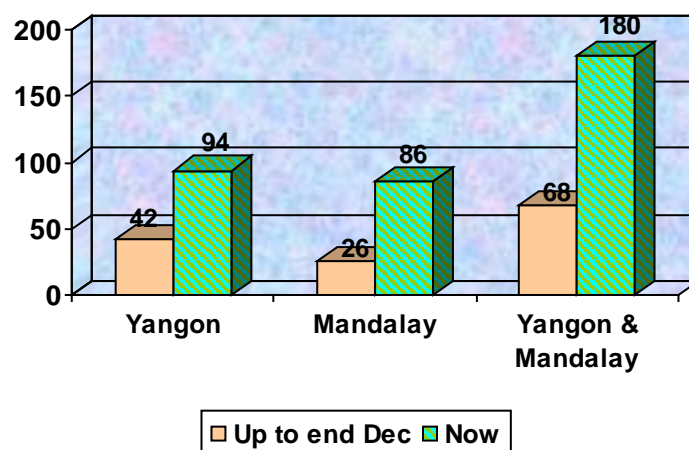


The number of women who reported partner acceptance for SRH knowledge and services was increased in cycle 2 than cycle1 which could be seen in the following table.

Reporting period	Yangon		Mandalay		Yangon & Mandalay	
	Partner acceptance	% partner acceptance out of total women	Partner acceptance	% partner acceptance out of total women	Partner acceptance	% partner acceptance out of total women
Cycle 1	42	29.79%	26	25.49%	68	27.98%
Cycle 2	52	23.96%	60	46.51%	112	32.37%
Total	94	26.26%	86	37.23%	180	30.56%

The number of women who reported partner acceptance for SRH knowledge and services comparing between baseline (up to end Dec) and now was demonstrated in the following chart.

Total number of women who reported partner acceptance of SRH knowledge & skill (Yangon & Mandalay)



Skill of correct condom use

The women who learnt skill on correct condom use through involvement with the project was recorded. It was found that some women involved in the project could correctly put on a penis model without needing any demonstration or training. The following table showed the skill of correct condom use recorded.

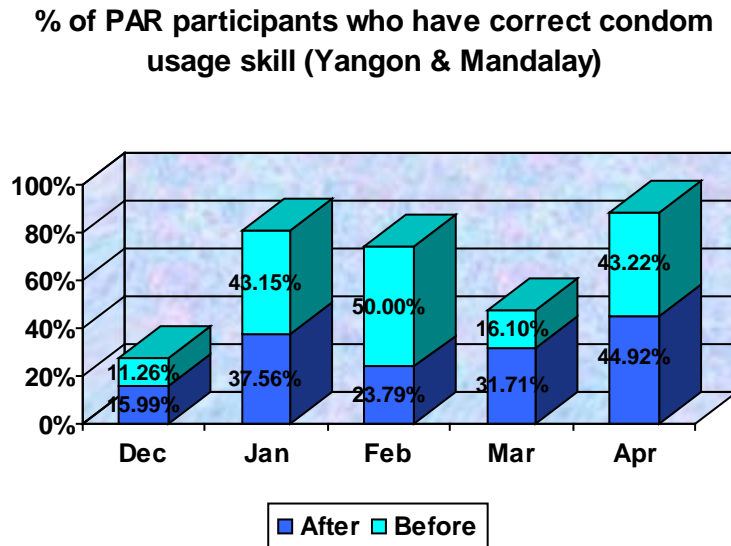
Reporting period	Skill of correct condom use								
	Yangon			Mandalay			Yangon & Mandalay		
	Before	After	Total	Before	After	Total	Before	After	Total
Up to end Dec	50	36	86		35	35	50	71	121
Jan 06	52	55	107	33	19	52	85	74	159
Feb 06	107	34	141	17	25	42	124	59	183
Mar 06	4	27	31	29	38	67	33	65	98
Apr 06	2	11	13	49	42	91	51	53	104
Total	215	163	378	128	159	287	343	322	665

However, some participants were not asked whether they have learnt skill on correct condom use when they came for the first time. Some of the participants were asked for the first time during their subsequent visits. Therefore if they were not already learnt that skill before and after that PAR sessions they came to have skill on correct condom use. In that PAR session, number of participants who know how to use a condom correctly was more than new participants. That will result with more than 100% of new participant. Another issue was that when the participants of repeated visit were asked to demonstrated how to use the condom correctly if they said they already knew. Although they knew

before that particular session, the skill they learn could not say it was not due to WAW activities. Because they could learn from previous visits or they could learn before they involved with WAW project.

The participants who already knew how to use a condom correctly were encouraged to explain and demonstrate for those who did not know.

The percentage of PAR participants who received skill of correct condom use after PAR sessions was displayed with the percentage of PAR participants who already had skill of correct condom use before the PAR sessions in the following composite bar chart.



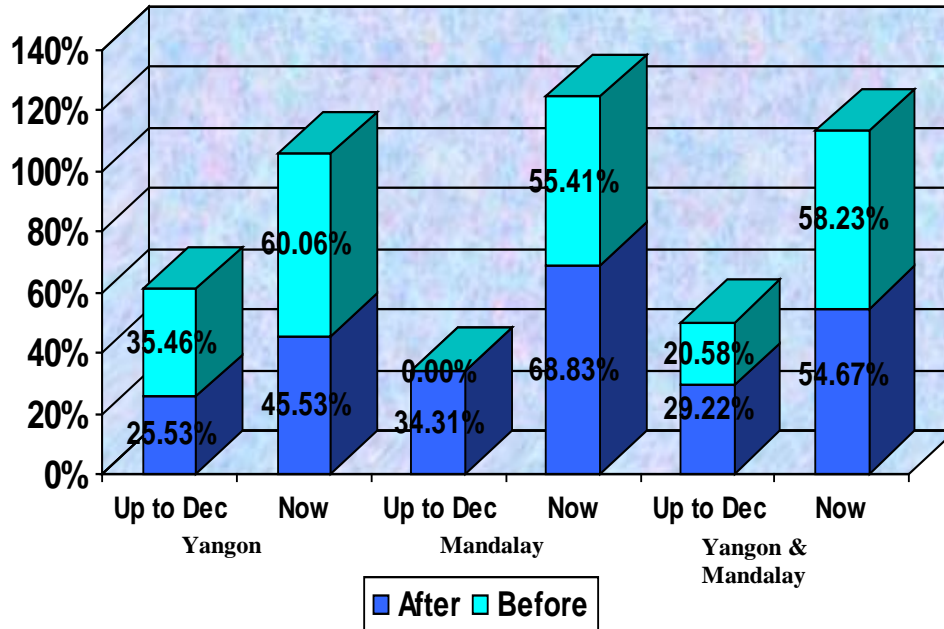
The percentage of total women who had learnt skill of correct condom use after PAR session could be definitely the effort of WAW project. The percentage of total women who received skill of correct condom use after the PAR sessions in project cycle 1 and cycle 2 was found as follows.

Reporting period	correct condom usage skill								
	Yangon			Mandalay			Yangon & Mandalay		
	after PAR	Total Women	% of total women	after PAR	Total Women	% of total women	after PAR	Total Women	% of total women
Cycle1	36	141	25.53%	35	102	34.31%	71	243	29.22%
Cycle 2	127	217	58.53%	124	129	96.12%	251	346	72.54%
Total	163	358	45.53%	159	231	68.83%	322	589	54.67%

The % of total women who know how to use a condom correctly in baseline and now was depicted in Yangon, Mandalay and Yangon and Mandalay together as follows. The percentage of total women and men who have skill of correct condom use was increase from 29.22 % in end December of 2005 to 54.67% now. The expected percentage was

43.83% (i.e.50% increase of 29.22%). Therefore, the project has achieved the target and the increase was 87%.

**% of total women who have correct condom usage skill
(Yangon & Mandalay)**



Accept condom as dual protection

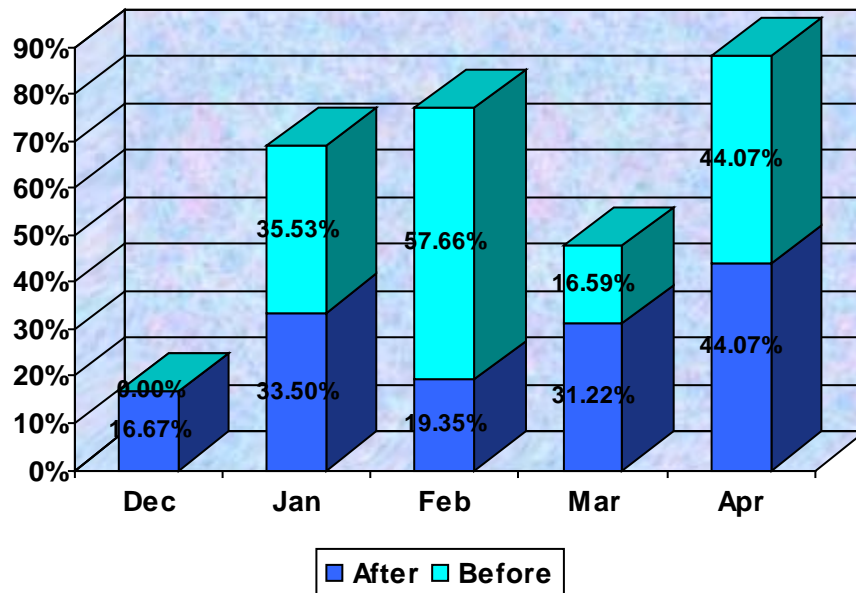
It was found that some women involved in the project knew already that condoms can be used for contraception as well as for prevention of STI. But they chose other methods of contraception instead of condoms. There were also wide gaps between knowledge of STI and RH of women and their actual behavior.

The following table showed the women who report acceptance of condom for dual protection through involvement with the project were recorded. Like skill for correct condom use, the issues for recording before and after were the same.

Reporting month	women who report acceptance of condom for Dual Protection								
	Yangon			Mandalay			Yangon & Mandalay		
	Before	After	Total	Before	After	Total	Before	After	Total
Dec 05		35	35		39	39	0	74	74
Jan 06	24	37	61	46	29	75	70	66	136
Feb 06	106	28	134	37	20	57	143	48	191
Mar 06	6	18	24	28	46	74	34	64	98
Apr 06	2	11	13	50	41	91	52	52	104
Total	138	129	267	161	175	336	299	304	603

The percentage of PAR participants who reported the acceptance of condom for dual protection after PAR sessions was displayed with the percentage of PAR participants who already accept condom for dual protection before the PAR sessions in the following composite bar chart.

% of PAR participants who accept condom as dual protection (Yangon & Mandalay)



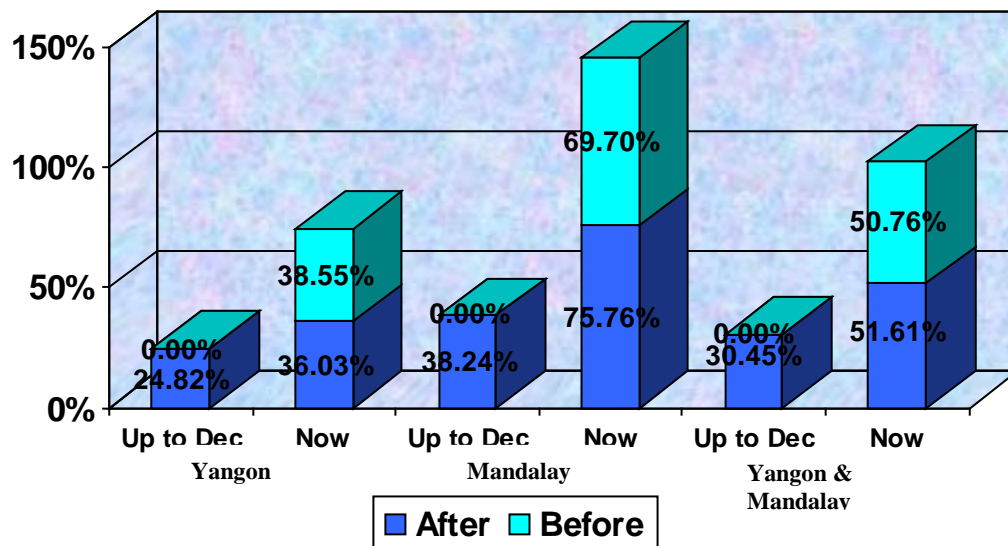
The percentage of total women who reported acceptance of condom as dual protection after PAR session was due to WAW project. The percentage of total women who reported acceptance of condom as dual protection after the PAR sessions in project cycle 1 and cycle 2 was found as follows.

Reporting period	Acceptance of condom for Dual Protection								
	Yangon			Mandalay			Yangon & Mandalay		
	After PAR	Total Women	% of total	After PAR	Total Women	% of total	After PAR	Total Women	% of total
Cycle 1	35	141	24.82%	39	102	38.24%	74	243	30.45%
Cycle 2	94	217	43.32%	136	129	105.43%	230	346	66.47%
Total	129	358	36.03%	175	231	75.76%	304	589	51.61%

The percentage of total women who reported the acceptance of condom for dual protection was increase from 30.45 % in end December of 2005 to 51.61% now. The expected target was 38.07% (i.e.25% increase of 30.45%). Therefore, the project has achieved the target and the increase was 69.49%.

The % of total women who reported the acceptance of condom for dual protection in baseline and now was depicted in Yangon, Mandalay and Yangon and Mandalay together as follows.

% of total women who accept condom as dual protection (Yangon & Mandalay)



Health seeking behavior of women

Appropriate health seeking behavior in relation to their sexual and reproductive health needs by working women and their partners was encouraged by the project by setting up networks with Sun Quality clinics of PSI according to establishment of MOU between CARE and PSI, development of proper referral to Sun clinic, facilitating by Women Health workers and Outreach Workers.

The following table showed the pattern of health seeking behavior of women.

Reporting period	Yangon			Mandalay			Yangon & Mandalay		
	Health seeking behavior								
	not SUN clinic	acknowledge SDP	Sun Clinic	not SUN clinic	acknowledge SDP	Sun Clinic	not SUN clinic	acknowledge SDP	Sun Clinic
Up to end Dec	7		17	20	5	6	27	5	23
Jan 06	7	4	3	6	10	1	13	14	4
Feb 06	12	6	3	16	23	0	28	29	3
Mar 06	3	9	0	29	12	0	32	21	0
Apr 06	0	6	0	9	4	1	9	10	1
Total	29	25	23	80	54	8	109	79	31

Over the project life there was a decrease in the number of women using SUN clinic. The women reported the reason for not using Sun clinic for several reasons, including location of clinics, lack of confidentiality among clinic reception staff, uncertainty of price, gender of the doctors etc. But it can be seen from the above table that women seeking to the health services other than SUN clinic for their sexual and reproductive health problems were increasing. At the same time women have been increasingly requesting referral to other acknowledge service delivery point such as VCCT and ART etc.

The following table showed the Percentage of women using SUN clinic for their SRH problems.

Reporting Period	Yangon			Mandalay			Total		
	Sun Clinic	Total women	%	Sun Clinic	Total women	%	Sun Clinic	Total women	%
Cycle 1	17	141	12.06%	6	102	5.88%	23	243	9.47%
Cycle 2	6	217	2.76%	2	129	1.55%	8	346	2.31%
Total	23	358	6.42%	8	231	3.46%	31	589	5.26%

The percentage of women using SUN clinic was decreased from 9.47 % to 5.26%. The expected target was 11.3% (i.e.20% increase of 9.47%). Therefore, the project has not achieved the target and the decrease was 44.39%. Therefore, WAW had meeting with

responsible person from PSI and discussing the issues. WAW had provided the list of GPs who were frequently used by women and requested SUN clinic training for those GPs which the women are using who are not part of SUN net work.

The percentage of women seeking health services for sexual and reproductive health problems was presented in the following table.

Reporting Period	Health seeking behavior								
	Yangon			Mandalay			Yangon & Mandalay		
	Not SUN	Total women	%	Not SUN	Total women	%	Not SUN	Total women	%
Cycle 1	7	141	4.96%	20	102	19.61%	27	243	11.11%
Cycle 2	22	217	10.14%	60	129	46.51%	82	346	23.70%
Total	29	358	8.10%	80	231	34.63%	109	589	18.51%

The percentage of women who were using sexual and reproductive health services other than SUN was raised from 11.11% to 18.51%. The expected target was 13.33% (i.e.20% increase of 11.11%). Therefore, the project has achieved the target and the increase was 66.55%.

Reporting Period	Referral to other acknowledge SDP								
	Yangon			Mandalay			Total		
	other SDP	Total women	%	other SDP	Total women	%	other SDP	Total women	%
Cycle 1		141	0.00%	5	102	4.90%	5	243	2.06%
Cycle 2	25	217	11.52%	49	129	37.98%	74	346	21.39%
Total	25	358	6.98%	54	231	23.38%	79	589	13.41%

The percentage of women who requesting referrals to a wider range of services including VCCT and ART could be seen in the following table.

Reporting Period	Referral to other acknowledge SDP								
	Yangon			Mandalay			Total		
	other SDP	Total women	%	other SDP	Total women	%	other SDP	Total women	%
Cycle 1		141	0.00%	5	102	4.90%	5	243	2.06%
Cycle 2	25	217	11.52%	49	129	37.98%	74	346	21.39%
Total	25	358	6.98%	54	231	23.38%	79	589	13.41%

It could be seen from the above table that very few women during cycle 1 had access to other acknowledge SDP and striking increase during cycle 2. Most of them are for VCCT. It was calculated that the increase was 500%.

Lesson learnt

Although the definition for ‘actively involved’ was set, Mandalay project staff had decided all the participants involved were active.

The data needed was number of partners who accept women’s right to SRH knowledge and services. The data obtained was total number of women who reported their partners accept women’s right to SRH knowledge and services.

All the participants were not asked to demonstrate whether they know how to use the condom correctly for the first time they involve with the project. Some were asked in their subsequent involvement with the project and they were recorded as number of women (and their partner) who knew the correct condom use skill after the PAR activity. In calculating the percentage in respective month out of total new participants, the percentage was more than 100% since the numerator was bigger than the denominator.

Some of the repeated PAR participants were recorded as they already knew before that particular PAR session. One could not definitely sure that they knew before the involvement with WAW project.

There might be some duplication in recording some of the participants who were recorded as they already knew before. When adding who knew before and after it had exceed the total number of women (and their partners). The total number of women (and their partners) who knew after PAR activity was 322 and who already knew before PAR activity was 343 and the total of before and after was 665 which exceed the total number of women (and their partners) of 589 and in calculating the percentage of before and after it exceeds more than 100%.

The issue of not recording at the first time of involvement with the project for the acceptance of condom as dual protection was the same as for correct condom use skill.

There were also over recording of number of women (and their partners) who reported the acceptance of condom as dual protection in repeated PAR participants. The number of women (and their partners) who reported condom as dual protection after PAR sessions was 304 and who reported acceptance of condom as dual protection before was 299 and the total of before and after were 603 which also exceed 589. The percentage of before and after exceeds more than 100%.

The definition for ‘the acceptance of condom as dual protection’ was not existed. Total number of women who knew condom could be recorded as who accepted condom as dual protection.

The data relating to health seeking behavior of women was not kept in the computer.

Proper record keeping in computer was found to be rather weak in Yangon due to the absence of JPO.

RECOMMENDATION

The definition of 'actively involved' should be used uniformly for both Yangon and Mandalay.

The data needed should be number of women who reported their partners who accept women's right to SRH knowledge and services instead of number of partners who accept women's right to SRH knowledge and services.

The skill for correct condom use should be recorded at the first time they involve with the project.

To reduce the over reporting of skill for correct condom use who already knew before should not be recorded in the subsequent involvement with the project.

Acceptance of condom as dual protection should also be recorded at the first time they involve with the project.

The participant who already accept condom as dual protection before also should not be recorded in the subsequent involvement with the project.

The partner's acceptance should not be recorded again in repeated participants.

'The acceptance of condom as dual protection' should be defined with certain criteria to differentiate from KNOW to ACCEPT.

Referral for health seeking recorded by WHW should be computerized.

The recorded data in the computer should be kept with separate folder so that anyone could retrieve without difficulty in need of data.

The women who visit women space should be recorded with the services they utilize on that visit.

In the JPO report format number of new women for each reporting month should be included since this data was the denominator to be used for calculating the indicators.

If possible, individual record for each women involved with the project should be kept in the computer especially data related to important indicators.

Data entry format should be developed in accordance with project needs.

CONCLUSION

During the project cycle, series of PAR sessions were conducted for a total of 154 sessions on different variety of topics related to sexual and reproductive health. The total number of women (and their partners) attending the PAR sessions was **589** and due to the repeated involvement in PAR sessions the total PAR participants become 1212. Number of women actively involved in discussing issues related to sexual and reproductive health at the end of the project was **813** women which exceed the target of 312. The number of women (and their partners) who knew how to use condom correctly after PAR sessions was 322 and if the number of women (and their partners) who already knew before how to use condom correctly, it will exceed more than 500. Therefore, more than 500 working women (and their partners) in the project had increased awareness of sexual and reproductive health and the appropriate skills and knowledge to make informed S & RH choices. The number of women (and their partners) who reported the acceptance of condom as dual protection after PAR sessions was 304 and if the number of women (and their partners) who reported the acceptance of condom as dual protection before PAR sessions, it will exceed more than 500. Therefore, more than 500 working women (and their partners) in the project was better equipped to protect themselves against sexually transmitted infections and unwanted pregnancy. There were 1725 instances of peer-to-peer learning networks were developed among working women which exceed the target of 1500 instances. Although health seeking to SUN clinic was in a decreasing trend the health seeking to other GPs for their sexual and reproductive health needs was in an increasing trend. With the appointment of Women Health Workers (WHW) the women who were referred to the appropriate health services was increased. Referral to other acknowledged service delivery points (such as VCCT, PMCT, HBC and ART) was also increasing strikingly. According to the achievement of these expected outputs it could be said that project had improved sexual and reproductive health practices through promotion of critical thinking and reflective learning and the use of sexual and reproductive health services among women in project sites was also increased.