Evaluation of the Project ‘Seven Things This Year Initiative’: Final Report (Volume I)

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This evaluation of the project ‘Seven Things This Year Initiative’ was prepared by Ernst & Young LLP (hereafter referred as EY). The evaluation was managed by the Evaluation Specialist and the Communication for Development Specialist in Young Child Survival and Development (YCSD), within UNICEF Myanmar, with guidance provided by the Chief YCSD. It was supported by a reference group, which included representatives from the Ministry of Health (MOHS), the Myanmar Maternal and Child Welfare Association (MMCWA), Ratana Metta Organisation (RMO) and UNICEF. The Regional Evaluation Adviser within UNICEF Regional Office for East Asia and the Pacific (EAPRO), provided guidance and oversight.

The purpose of this evaluation was to determine the relevance, effectiveness, efficiency, impact, sustainability and connectedness of UNICEF Myanmar’s ‘Seven Things This Year Initiative’: the relevance; effectiveness and impact in relation to its objectives; the efficiency with which its project outputs and activities have been delivered and their connectedness to those produced by other actors; and the project sustainability.

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Country: Myanmar

Evaluators: Aastha Arora, Gaurav Bhargava, Piyush Bhutani (E&Y)

Name of the organization commissioning the evaluation: UNICEF Myanmar

1 The evaluation was to be carried out for a timeframe of six months. However, due to unavoidable delays (i.e., elections in the country, seeking permission for data collection), the evaluation timeline had to be extended.
Acknowledgements

We would like to appreciate UNICEF Myanmar for providing the opportunity to E&Y to conduct this evaluation. The support received from UNICEF during the course of the evaluation was indispensible. This evaluation would not have been possible without the guidance of Ms. Erica Mattellone, Evaluation Specialist, and Ms. Aye Aye Than, Communication for Development Specialist, from UNICEF Myanmar. Their constant involvement throughout the evaluation lifecycle, along with the support provided in terms of coordinating with different stakeholders, helped in effectively capturing in-depth insights. We would also like to acknowledge the support of Ms. Alessia Radice, Ms. Hnin Su Mon and Ms. Sigrid Breddy. Along with this, we would like to thank Ms. Win Mar Latt for providing logistical support during the evaluation.

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The involvement of Myanmar Maternal and Child Welfare Association (MMCWA) was indispensible for the evaluation. Their keen interest to support the evaluation and to facilitate interaction with the volunteers at various intervention townships is well appreciated.

Most importantly, we would like to thank the mothers and caretakers who took out the time to speak to us and share their experiences, without which this evaluation would not have been possible.
Executive Summary

UNICEF’s project, ‘Seven Things This Year Initiative’, was initiated in 2012 as one of the few projects in Myanmar with the vision of focusing exclusively on the thematic areas of maternal and child health. It aimed at engaging women, mothers and caregivers to enhance their role in and contribution to child health and development by promoting seven key family health practices. The process of empowering women worked simultaneously with efforts towards enhancing favourable health outcomes across targeted communities. The project implementation strategy utilized a cascade model that started with the setting up of a core group of seven volunteers in every village. These volunteers, who were women from the same village, were then trained on the seven behaviours that the project wanted the community to adopt and the communication skills required to execute the same. Further, each of the volunteers reached out to seven families in the village covering a total of 49 households.

Purpose, Objectives and Indented Audience

In 2015, UNICEF contracted EY to assess the progress that the project has made in achieving its intended results, based on the project’s relevance, effectiveness, efficiency, impact, connectedness and sustainability over the implementation period 2012-2015. This process included generating evidence-based findings to determine the project’s success, identifying the influencing factors, commenting upon the scalability and replicability of the project, and capturing lessons learnt and good practices which can guide the project design in its second phase. The main objectives of the evaluation were to comment upon progress made towards behaviour change, attribution of the intervention to such change, measure the progress made by the implementing agency, the Myanmar Maternal and Child Welfare Association (MMCWA), in institutional capacity, assessing the appropriateness of design of the project and its sustainability and provide recommendations for bettering future phases. The primary users for this evaluation are the Ministry of Health and Sports (MOHS) and the Government of Myanmar, managers and staff in UNICEF Myanmar, in particular in the Young Child Survival and Development (YCSD) and Communication for Development (C4D) sections and MMCWA.

Evaluation Methodology

In order to produce validated and substantiated findings, the evaluation followed a quasi-experimental design approach which combined the use of qualitative and quantitative data (mixed methods). The evaluation team used surveys, data collection templates and semi-structured interviews which were tailor-made for specific stakeholders. Household questionnaires were used as a quantitative tool administered to those who were supported by the project, namely mothers and caregivers. The responses received from this survey formed the data points which were substantiated and analysed with the help of qualitative tools like semi-structured interviews with mothers and caregivers, family members, UNICEF, Government and MMCWA officials, which helped develop comprehensive insights. The evaluation administered questionnaires to a target sample of 1,200 in ‘case’ and 720 in ‘control’ townships to get statistically significant insights at a 95 per cent confidence level. Moreover, the sampling plan respected the diversity of respondents through its stratification along geographic and socio-economic dimensions.

Main Findings and Conclusions

1. Relevance of the project: The project was seen to be relevant in the Myanmar context with respect to its theme of maternal and child health and its responsiveness to the country context and needs. It was observed that the project methodology, with its use of social network theory of change and a cascade model was befitting to the needs of the context and its requirements. Literature review proved the importance of all the indicators selected
under the project, while the evaluation through its course revealed the appropriateness of the project methodology. **Exclusive breastfeeding of infants** from birth to six months was seen to be a relevant indicator under the project as evidence suggested that only 23.6 per cent of mothers followed the ideal behaviour in 2012 in Myanmar. **Nutrition of pregnant women and lactating mothers** has been established as an important factor affecting maternal mortality. Myanmar showed a high incidence of maternal mortality in 2012, 195 per 100,000 live births. **Complete immunization** for children is essential in reducing infant mortality. This gains relevance given the fact that Myanmar accounts for one of the highest infant mortality rate in the East Asia and the Pacific region. Ensuring that individuals sleep under **insecticide treated bed nets** is another behaviour meant to reduce infant mortality. It is the primary measure in Myanmar to prevent malaria, which is the fourth leading cause of death for infants, with 600,000 clinical cases of malaria reported in 2012. **Handwashing with soap**, especially after using the toilet and before handling food, plays a very important role in preventing morbidity and reducing mortality. Knowledge and measures to be taken about the **danger signs for a new-born child** are the most integral indicators in mitigating infant and under-five mortality rate. The understanding and practice of appropriate responses on how to **treat a sick child at home** function as extensions of the concept of danger signs. Therefore, both these inter-linked indicators were integral to the project in its ideation.

2. **Effectiveness of the project**: The effectiveness of the project was measured by the level of awareness generated amongst respondents about the indicators undertaken. At a confidence interval of 95 per cent, results were also analysed for their statistical significance. The evaluation displayed favourable results about the awareness of the behaviour of exclusive breastfeeding, with 95 per cent respondents in ‘case’ and 88 per cent in ‘control’ displaying knowledge of the concept. Sound understanding on the topic of nutritional requirements for pregnant women was noticed as the evaluation revealed that 97 per cent respondents in ‘case’ and 92 per cent in ‘control’ were aware of the fact that additional food needs to be consumed during pregnancy. The evaluation established that the project generated a high level of awareness about basic immunization factors like first time of immunization and importance of the concept. 92 per cent respondents in ‘case’ and 84 per cent in ‘control’ were aware of the correct time to start immunization, while 98 per cent respondents in ‘case’ and 95 per cent in ‘control’ knew the importance of the concept. However, lower levels of awareness were witnessed regarding more complex factors like the number of visits that have to be undertaken to complete immunization and the diseases that it protects from. The trend of levels of awareness about the theme of insecticide treated bed nets was similar to that in immunization, as high levels (roughly 90 per cent in ‘case’ and 85 per cent in ‘control’) were reported for basic factors, like the definition and the need to use the same, in contrast to lower levels (52 per cent in ‘case’ and 28 per cent in ‘control’) for more complex factors like the frequency at which they should be treated. Awareness levels about the steps of handwashing were at 96 per cent among respondents in ‘case’, 16 per cent points higher than those in ‘control’, clearly indicating that the project has been effective in completing the first step to cementing this practice. With respect to danger signs for a child and emergency responses to the same, roughly 90 per cent respondents were aware about symptoms of fever and the need to take children to the hospital in these conditions. However, when the same was analysed for other diseases it was observed that only six per cent and less than one per cent knew of at least three and all such diseases respectively. Another facet of the project was the **empowerment of women**, which was seen as an integral dimension of the recognised project approach and essential in the furtherance of the project’s objectives.
3. **Impact of the project:** The impact has been measured in terms of the practice of behaviour amongst pregnant women and mothers. Qualitative interactions seconded positive quantitative results amongst the target communities which revealed that the practice of exclusive breast feeding had become a norm, as about 94 per cent respondents in ‘case’ and 88 per cent in ‘control’ reported to practice the behaviour. With respect to nutritional habits of pregnant women, 96 per cent and 90 per cent respondents in ‘case’ and ‘control’ respectively consumed extra food during pregnancy. Positive conversion of awareness into practice was witnessed under the topic of immunization, as 94 per cent respondents in ‘case’ and 91 per cent in ‘control’ reported having immunized their infants as per age. Further, the evaluation showed low levels of practice with only 52 per cent respondents in ‘case’ and 46 per cent in ‘control’ responding positively to having used insecticide treated bed nets. Interactions with stakeholders aimed to analyse the reason behind the same revealed that while the project had positively affected the demand for bed nets, structural gaps and supply-side barriers like lack of availability and high cost of bed nets were the primary limitations in practising the behaviour. Further, even though the difference in levels of practice between ‘case’ and ‘control’ was negligible under the topic of handwashing, the evaluation showed that the project was successful in enabling 99 per cent respondents in ‘case’ to follow the behaviour.

4. **Efficiency of project processes, fund disbursement, fund utilisation and population distribution of funds:** The evaluation team noted that the project had a total budget of MMK 236,903,715 (approximately USD 215,367). A preliminary finding suggested that the project saw 100 per cent utilisation of the funds. However, further analysis indicated that the project had a weak financial management system, which might lead to ambiguity in rationale for fund allocation, budgeting and measuring performance against benchmarks. Gaps in scheduled and timely **reporting** hindered concurrent financial monitoring of the project, and **inconsistencies in formats of invoices** led to a lack of uniformity and appropriate recording. Moreover, the budget provided was in clusters of townships and restricted the extent of analysis for the evaluation team.

5. **Connectedness of the project with relevant stakeholders:** The project was implemented under the partnership of three key stakeholders namely, UNICEF, MOHS and MMCWA. The evaluation observed that while there existed convergence at the top level, there was limited coordination at the grass-root level. This is evident from the finding that the field level functionary, Basic Health Staff (BHS), was, in various instances, unaware of the project or not involved in any way. Moreover, additional analysis showed that there were multiple civil society organisations (CSOs) working in the townships targeted by the project on similar themes, either during the same time duration or afterwards. However, these CSOs worked independently from the project, with little or no coordination.

6. **Sustainability of the project:** The evaluation revealed that there was no defined exit strategy in the planning stage of the project, due to which various drawbacks surfaced in the transition phase of implementation. In many townships, the project was abruptly discontinued as soon as its designated time period ended. The evaluation also analysed the time-wise distribution of results across 2012, 2013 and 2014, which suggested that the practice of target behaviours improved in most cases over the years. While the sustainability of results cannot be completely attributed to the project due to concurrent work done by other organisations in the areas, the results under the purview of the evaluation reflect that one of the project’s biggest achievements has been to produce sustainable results.
In conclusion, ‘Seven Things This Year Initiative’, was a noteworthy social mobilisation project aimed at engaging women, mothers and caregivers in order to enhance their role and contribution towards betterment of maternal and child health. It was observed to be highly relevant when seen against the background in which it was expected to deliver, given the country’s modest health standard and practices with respect to maternal and child health. It was phased with the vision of spreading awareness and creating behavioural change by promoting seven key family health practices. The project was structured in a way to utilize the synergistic relationship between two social change models, namely, the social network theory and the peer educator theory, in order to adequately respond to contextual requirements at a regional and local level. Further, the project uniquely collaborated with Government nodal agencies like the MOHS and CSOs like the MMCWA in its pursuit to follow a consultative and participatory approach.

Lessons Learnt: The evaluation helped gain insights into existing practices and aided in identifying lessons for all such projects in the future. The primary lesson is the idea of proper planning and its impact on a project. It was seen that appropriate planning can provide a detailed structure to aid the implementation of the project. Further, it was observed that monitoring and reporting play an essential role in the success of a project as they not only set up feedback mechanisms for timely reporting but also monitor barriers and challenges faced in order to correct project course mid-tenure. With respect to the project’s successes, the evaluation noticed that employing contextually feasible intervention methods like the cascade model greatly improved its effectiveness. Moreover, the practice of forging relevant partnerships with Government ministries and CSOs was seen to be critical to attaining the desired project results.

Main Recommendations: The evaluation recommendations were developed with the vision of strengthening key areas in cognizance of the lessons learnt from the project. The following main recommendations are, in order of priority, as follows:

- **Developing sound Results Based Monitoring Framework (RBMF):** The evaluation recommends that UNICEF should develop a RBMF detailed with definitive outcomes and outputs for the project, along with activities and objectively verifiable indicators. The appropriate development and utilisation of the same would not only provide a platform for proper monitoring and reporting systems to be used, but also greatly improve accountability of results. Further, this framework should be established in consultation with key stakeholders like Government ministries and CSOs. Such an approach would cultivate a sense of ownership towards the project and expedite the institutionalisation process.

- **Appropriate monitoring and evaluation of the project:** Post the development of a RBMF, it is critical to put in place a supervisory/monitoring framework to ensure effective implementation of the project. In order to facilitate concurrent documentation of information, reporting formats should be introduced that capture quantitative and qualitative data on the coverage and impact of activities. Further, supervision meetings with project managers and volunteers would allow them to share the challenges faced at the grass-root level and contribute to capacity building of facilitators.

- **Ensuring project sustainability:** In order to address the sustainability of the project as a whole, the evaluation suggests advocacy with Government authorities and donor agencies at a macro-level to help continue and institutionalize the project. Coupled with that, the project also must focus on developing an exit strategy to cement the progress made so far and imbibe a sense of ownership and responsibility amongst all stakeholders.

- **Introducing platforms for support-provision:** With respect to the immediate operational measures, the evaluation recommends the introduction of refresher trainings for project volunteers in order to reinforce the knowledge imparted to volunteers and rejuvenate their association with the project.
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BHS</td>
<td>Basic Health Staff</td>
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<tr>
<td>C4D</td>
<td>Communication for Development</td>
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<tr>
<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<tr>
<td>CSO</td>
<td>civil society organisation</td>
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<tr>
<td>DAC</td>
<td>Development Assistance Committee</td>
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<tr>
<td>EAPRO</td>
<td>Regional Office for East Asia and the Pacific</td>
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<tr>
<td>EY</td>
<td>Ernst &amp; Young</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GE</td>
<td>gender equality</td>
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<tr>
<td>HQ</td>
<td>headquarters</td>
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<tr>
<td>HR</td>
<td>human rights</td>
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<tr>
<td>HACT</td>
<td>Harmonized Approach to Cash Transfers</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitude and Practice</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>LFA</td>
<td>Logical Framework Analysis</td>
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<tr>
<td>MMCWA</td>
<td>Myanmar Maternal and Child Welfare Association</td>
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<td>MMR</td>
<td>Maternal Mortality Rate</td>
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<td>MOHS</td>
<td>Ministry of Health and Sports</td>
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<td>MMK</td>
<td>Myanmar Kyat</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<tr>
<td>NGO</td>
<td>non-governmental organisation</td>
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<tr>
<td>NPD</td>
<td>Naypyidaw</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<tr>
<td>ORS</td>
<td>Oral Rehydration Salt</td>
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<tr>
<td>RMO</td>
<td>Ratana Metta Organisation</td>
</tr>
<tr>
<td>RBMF</td>
<td>Results Based Management Framework</td>
</tr>
<tr>
<td>SMART</td>
<td>specific, measurable, attainable, realistic, time-bound</td>
</tr>
<tr>
<td>TOC</td>
<td>Theory of Change</td>
</tr>
<tr>
<td>TOR</td>
<td>terms of reference</td>
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<tr>
<td>U5MR</td>
<td>Under-Five Mortality Rate</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNEG</td>
<td>United Nations Evaluation Group</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>USD</td>
<td>United States Dollars</td>
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<tr>
<td>YCSD</td>
<td>Young Child Survival and Development</td>
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Evaluation of the Project ‘Seven Things This Year Initiative’

Country Map

Areas of intervention

Source: Created by EY LLP
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1. The Object of the Evaluation

1.1 The Project ‘Seven Things This Year Initiative’

Context of ‘Seven Things This Year Initiative’ within UNICEF Myanmar: UNICEF has been working in Myanmar since 1950. Despite constraining political and economic circumstances, UNICEF helped to successfully initiate projects to protect children against diseases. Over time, UNICEF expanded its projects to support the development of rural health services; basic education for children; and community water supply and sanitation systems. UNICEF also advocated for Myanmar’s accession to the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women, which the Government ratified in the 1990s. For more than 60 years, UNICEF has been working towards bringing about a positive change in the lives of Myanmar’s children. Through its strong working relationship with the Government of Myanmar over the decades and significant engagement with other stakeholders, UNICEF is positioning itself to continue and strengthen its efforts to improve children’s lives. UNICEF works on the ground for project implementation directly through the Government departments through a number of international and local non-governmental organizations (NGOs) and faith based organizations, and from its eight field offices and sub- offices positioned throughout the country. The Country Programme Action Plan (CPAP) for Myanmar 2011-2015, which has been extended to 2016-2017, clearly states the intent of partnering with communities, the mass media and NGOs to accelerate behavioural change and use a mix of communication strategies and approaches on child care practices and protection in selected townships. The same was translated into practise through the project ‘Seven Things This Year Initiative’.

Project Description: UNICEF’s project, ‘Seven Things This Year Initiative’, aimed to engage women and mothers to enhance their role and contribution to child health and development by promoting seven key family health practices for the better health of their children, within the context of their families and communities. In 2012, when the project was initiated, it emerged as one of the few projects in the country which focused exclusively on these thematic areas by raising awareness among the community and mobilizing for change. While in the recent years, many international organizations have been seen to be undertaking similar, but small, projects in limited geographies, this pilot project benefitted from the support provided by the Government and its extensive reach due to the widespread network of the Myanmar Maternal and Child Welfare Association (MMCWA) volunteers. The project was conceptualised with the idea of supporting the existing Government services by creating awareness and community dialogue, with special focus on seven specified issues. Apart from conceptualising the project, UNICEF supported ‘Seven Things This Year Initiative’ by providing financial and technical support throughout its implementation cycle. UNICEF staff worked closely with the implementing partner, namely MMCWA, to ensure that the project is implemented successfully in all the intervention townships. They were involved in conducting trainings, providing supportive supervision and establishing reporting mechanism for the project. UNICEF provided a total budget of USD 215,367 to the Ministry of Health and Sports (MOHS) for the successful implementation of the project.

The seven key family practices focused on are: (1) exclusive breastfeeding of infants from birth to six months; (2) nutrition of pregnant women and lactating mothers; (3) taking infants for complete and full course of immunization per schedules; (4) ensuring that children under five years of age and all people sleep under insecticide treated bed nets; (5) hand washing with soap.

2 This finding is based on the information collected from qualitative interaction with UNICEF stakeholders.
especially after using the toilet, before handling food, and before and after eating; (6) homecare of infants and sick children: Continue feeding children and increase fluid intake when they are sick; (7) recognize danger signs when a sick child needs care outside home, seek care and treatment.

Six of the seven issues under the project were identified by MOHS based on the National Action Plan, 2012. The seventh issue – nutrition for pregnant and lactating mothers – was identified and added based on MMCWA’s request, extending the scope of the project from six to seven issues. The initiative looked at mobilising the community to create behaviour change through reiteration and reinforcement of information on the key seven practices in selected villages in 12 townships across the country. The specific objectives of the project were:

- To involve caregivers, especially women and/or mothers, in dialogue and collective duties through a strategic replicable process;
- To empower women, mothers and/or caregivers in promoting family care practices, community engagement and motivational skills; and
- To make the community more aware of, and motivated to adopt, the recommended behaviours and practices as widely as possible through implementation of ‘Seven Things This Year Initiative’.

The Theory of Change (TOC) for the project (Annex I) was developed to allow proper implementation, and while it has been used for the evaluation, it appears as a loosely held framework and lacked certain critical elements of a TOC. It rests heavily on deploying local people to disseminate information and to promote desired behaviour.

In order to improve upon the maternal child healthcare status in the country, UNICEF along with MOHS worked towards developing a project to create awareness on seven selected issues. The project was conceptualised to reach out to the mothers and caregiver of the children. In order to do so, the existing network of MMCWA volunteers was leveraged across the townships. At each intervention village, each MMCWA member along with six other woman formed a core group. These core group members were then trained on the seven key issues and were given the responsibility of reaching out to the community. Each of the seven members were allocated the responsibility of reaching out to at least seven other women in the village, ultimately reaching out to at least 49 mothers in each village. The core group members conducted mobilisation activities such as monthly meetings, family days, 49 household bimonthly meetings, and community days with the mothers in order to improve knowledge and awareness to promote these behaviours among the community members.

The Role of Key Stakeholders: MOHS, MMCWA and UNICEF were the key stakeholders of the project. UNICEF provided the funding as well as the technical support for the project, whereas MMCWA was the implementing agency. The project was implemented using a cascade model. In every village, a core group of seven volunteers was formed. These volunteers, who were women from the same village, were trained on the seven behaviours and communication skills. Each of these volunteers further reached out to seven families in the village, thus covering a total of 49 households.
Figure 1: Implementation mechanism

Training provided by MMCWA representatives and doctors from head office in Naypyidaw to seven members of each township

Training of MMCWA volunteers at township level

Training of core group members at village level

Each volunteer reaches out to 6 mothers in their respective villages to form a core group

Each core group member targets six more mothers in their village in order to reach out to 49 households in all

Activities: Training and capacity development of MMCWA members from each township

Activities: Training and capacity development of MMCWA volunteers from each village along with provision of information education and communication material and umbrella

Activities: Mobilizing community through door to door counselling, group discussions, use of mass media (folk media, IEC material)

Source: Created by EY LLP

Figure 2: Community mobilization activities

7 members monthly meeting

Family day (monthly)

49 households 2 monthly meetings

Community day (quarterly)

Recognition

• Each group meets every month to review the progress of each member and agree on the next steps

• Preparing special meals, put water & soap outside latrines to wash hands, making their households more relevant to recommended behaviours

• All mothers/women reached by the group review and celebrate the progress on family care practices and discuss plans for the remaining period

• Distribution and display of material at public places, during festivals and special campaigns
  • Folk media

• At the end of the year, a completion certificate/recognition plate is presented to each household who are practicing recommended behaviours

Source: Created by EY LLP
In each township, MMCWA volunteers from 50 villages and one ward were trained on seven key family practices along with training on communication skills. The participants of the training were designated as core group leaders of their respective villages. In each village, a core group was formed with the leader and six mothers/caregivers. The multiplier trainings were conducted at the village wherein the other selected six members were given training. Subsequently, each member of the group would reach out to seven more families (with children under-five years of age) to create awareness on the seven topics and to encourage them to follow the seven key practices. The core group members along with their seven caregivers met every month to reinforce the key messages and to review the progress in adoption of behaviours. Along with the monthly meetings, discussions were conducted during designated community events in order to reach out to all the members of the families. In this way, the project sought to create an enabling environment in the village to facilitate behaviour change. Various community mobilisation activities were designed within the project to reach out to the target audience. The activity design was developed to encourage participation of the community, with special focus on caregivers and mothers of the child. While informal monthly meetings were conducted with special focus on the mothers and caregivers, community days were conducted to include men and other members of the family in the process. Apart from the community mobilisation activities, a special provision for recognition was built into the project. Various behaviour change models define recognition as a way to motivate and encourage communities to move towards behaviour change. As per the project, a certificate was given to those households who practiced all the seven behaviours.

**Implementation Status:** During the project period from May 2012 to September 2015, the project was implemented in 12 townships. In 2012, the project was piloted in 100 villages and wards in Myingyan and Kyaukpadaung townships. Later, it was expanded to 10 townships in 2013, 2014 and 2015. The project duration period for each township was approximately nine months. After completing its implementation in all the intervention township, the project came to a conclusion in 2015.

### 1.2 Country Context and Healthcare in Myanmar

Myanmar is a country situated in the East Asia and the Pacific region. It shares its border with China in the north, Laos and Thailand in the east, Andaman Sea and Bay of Bengal in the south and with Bangladesh and India in the west. Myanmar comprises of an ethnically diverse population, with 135 distinct ethnic groups officially recognized by the Government. The most prominent group, the Bamars, account for roughly 68 per cent of the population. Other major ethnic groups include the Shan, Karen, Mon and various others. Looking at the population through the lens of religious diversity shows that about 89 per cent of the population is Buddhist, with small proportions of Christians and Muslims, accounting for 6 and 4 per cent of the population respectively.

According to the latest census, Myanmar’s population in 2014 is estimated to be around 51.4 million. The country’s population has undergone a transition in its demographics over the last half-century with about 28 per cent of the population below 15 years of age, and 5 per cent above 65 years of age. While youth bulge between the age of 15 and 30 years has been observed, an emphasis on birth spacing is reflected in decreased fertility rates from six children per family in 1970 to two in 2013. The 2014 census shows that for every 100 persons in Myanmar, 70 persons live in rural areas and 30 persons live in urban areas. Like other developing countries that are in the process of industrialisation and urbanisation, there exists a stark contrast in the rural and urban distribution of population.

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urban standards of living. The regional disparities are made evident by the fact that as of 2012, poverty was twice as high in rural areas where 70 per cent of the population lives. Rural poverty is a product of a multitude of factors like institutional gaps, lopsided development and pre-existing inequity. The condition of rural healthcare is interlinked with factors such as lack of education and low literacy, lesser work opportunities, inaccessible communication provisions and inadequate electrification. However, limitation of healthcare infrastructure and poor sanitation facilities can be seen to be at the root of such inadequacies.

The Township Health System, introduced in 1964, continues to direct the health practices in villages. The Township Health Department is responsible for providing primary and secondary healthcare in villages and has facilities like centralised Station Hospitals or Township Hospitals. While villages have basic health care centres with practising midwives, there are various barriers at each level that deny access to these facilities. The limitation of low number of doctors and health staff in rural areas is compounded due to insufficient financial support and difficult working conditions in rural areas. As a consequence, people have to either take the support of basic health staff or travel to the closest care centre. However, deep-rooted factors like infrastructural limitations with respect to medical facilities and scarcity of practitioners inhibit the use of central care centres as well.

Recent changes in the political situation in the country have spurred a series of fundamental economic reforms. Between 2010 and 2013, Myanmar’s foreign investment has nearly tripled, exceeding the growth of any other East Asia and Pacific country, except Philippines. Moreover, Myanmar’s Gross Domestic Product (GDP) has seen a constant rise since 2011 – from 5.6 to 8.7 per cent. While this growth was arrested due to natural calamities in 2015, it has been successful in stabilising at 7.2 per cent.

Notwithstanding this boom in the economy, the impact on healthcare systems in the country needs to be accounted keeping in mind two major factors: administrative barriers like Government prioritisation of spending; and poverty levels, especially in rural areas. As of 2012, healthcare in the country suffered from decades of neglect and poor prioritisation of spending. The Government spent roughly 2 per cent of its GDP on healthcare, in comparison to its counterparts like Thailand and Cambodia, who spent around 6 per cent each. In 2013, the Government’s move to reallocate a significant amount of funds away from the military and towards the medical system clearly indicated political will to reinforce the health system. However, actual implementation of the same suffered from delays and hurdles due to lack of substantial administrative public health capacity.

The above-mentioned factors indicate that there are many inter-linked and deep-rooted causalities behind the present condition of healthcare in the country. In order to address these issues, the Government has been striving to strengthen healthcare in the country, with special focus on reaching out to women and children over the last decade. In particular, the Government has made concentrated efforts in response to the challenge of high maternal mortality rate (MMR) and under-five mortality rate (U5MR); as seen by the institutionalisation of, and subsequent momentum gained by, the reproductive health package which laid emphasis on safe motherhood

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and family planning. However, child birth still remains a major health risk for a large number of women and new-born children. The country accounts for one of the highest maternal and infant mortality rates in the East Asia and the Pacific region, necessitating the need to work extensively in the maternal and child health sector within the country. In 2010, the MMR in the country was reported to be 205 per 100,000 live births\(^\text{11}\). While in 2012 the U5MR stood at 52 per 1,000 live births\(^\text{12}\) and new-borns accounted for 50 per cent of all under five deaths\(^\text{13}\). Some other health indicators of the country have been highlighted in the table below, presenting an alarming situation and indicating an urgent need for a call for action.

Table 1: List of indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional delivery</td>
<td>36.2 per cent(^\text{14})</td>
</tr>
<tr>
<td>Under-5 Mortality Rate (U5MR), 2012</td>
<td>52 per 1000 live births(^\text{15})</td>
</tr>
<tr>
<td>Maternal Mortality Ratio, 2012</td>
<td>195 per 100,000 live births(^\text{16})</td>
</tr>
<tr>
<td>Mothers exclusively breast feeding</td>
<td>23.6 per cent(^\text{17})</td>
</tr>
<tr>
<td>Diarrhoea as a cause of death of children under five, 2015</td>
<td>16 per cent(^\text{18})</td>
</tr>
<tr>
<td>Malaria as a cause of death of children under five, 2012</td>
<td>7.6 per cent(^\text{19})</td>
</tr>
</tbody>
</table>

Various underlying causes of poor maternal and child health includes accessibility to safe water, sanitation and health facilities, quality of health services, nutritional knowledge and practices and issues around equity. Due attention to health systems strengthening, family and community practices, along with co-ordinated initiatives across several social sectors is needed to meet specific requirements at a localised level and to accelerate progress towards better maternal and child health in general. A recent study by the Ministry of National Planning and Economic Development concluded that “Investment in the health sector needs to be increased by both Government and international partners to provide an equitable, high-quality health system. Therefore, there is a need to prioritise key interventions that can reduce neonatal and child mortality, to extend the full continuum of care to all townships and to improve the health practices and health-seeking behaviour of families and communities\(^\text{20}\).” In conclusion, the country context analysed above highlights various challenges in the enabling environment that have influenced the implementation of ‘Seven Things This Year Initiative’.

\(^\text{15}\) Ibid.
2. Evaluation Purpose and Objectives

2.1 Evaluation Purpose, Objectives and Intended Audience

In 2015, UNICEF Myanmar contracted EY to undertake an independent end-of-project evaluation of the ‘Seven Things This Year Initiative’. The purpose of the evaluation was to assess the accountability of this pilot project in achieving its intended results in order to reflect on the lessons learnt through its implementation over 2012-2015. To this end, the evaluation sought to determine, as systematically and objectively as possible, the relevance, effectiveness, efficiency, impact and sustainability, as well as connectedness and scalability of the project. The relevance, effectiveness and impact in relation to its objectives; the efficiency with which its project outputs and activities have been delivered. The evaluation also looked at the connectedness of project activities to those produced by other actors, and the project's sustainability as well as the feasibility to scaling up and project replication. The intent was to learn from the experience gained while implementing the project in its first phase, which can then be utilised to:

- Generate evidence-based findings to determine project continuance;
- Identify the contextual factors affecting the project;
- Comment upon the scalability and replicability of the project; and
- Capture lessons learnt and good practices which can guide the project design for its second phase.

The main objectives of the evaluation, as specified in the terms of reference (TOR), were to comment upon:

- Progress made towards achieving behaviour change, i.e., the adoption of the seven key family health practices among caregivers;
- Attribution of the intervention to changes in behaviour of caregivers and communities for the seven key family practices, with quantification of the change;
- Appropriateness of the design of the project, including strategies and process, to result in the expected change in behaviour for the seven key family practices and identify components that need to be modified;
- Progress made by MMCWA in institutional capacity and resources to maintain results over time;
- Provide recommendations for repackaging of the focus and interventions, if any, for future programming (including coverage of vulnerable or hard-to-reach populations); and
- Potential sustainability at the project townships and scalability of the project to new areas, including costing.

As specified in the TOR, and validated in the inception process, the primary audience for this evaluation will be the managers and staff in UNICEF Myanmar, in particular in the Young Child Survival and Development (YCSD) and Communication for Development (C4D) sections; MMCWA (the implementing agency), MOHS and the Government of Myanmar. It is expected that the aforementioned key stakeholders will use the information from the evaluation to further strengthen the project in order to scale up the existing model. The expectation is also that the results of the evaluation will also be used by other stakeholders such as state and township leadership and potential development or NGO partners who can draw lessons from the evaluation findings to support similar work.
### 2.2 Evaluation Criteria and Scope

This evaluation was conducted at the end of the two years of implementation of project activities. A rapid qualitative review was undertaken in 2013 by an external consultant for eight villages of Myingyan and Thatong townships to assess the project design and implementation. With the project reaching its conclusion in 2015, this evaluation was planned to allow systematic and objective assessment of its performance with a view to decide its future direction. In line with the TOR, the evaluation was informed by the Organisation for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) criteria. The TOR clearly lists down the evaluation criteria and intended areas of enquiry through the lenses of relevance, effectiveness, efficiency, impact and sustainability, plus connectedness. Each area of enquiry was further detailed while developing an Evaluation Matrix (Annex II), which formed the guiding tool for this engagement.

The scope of the evaluation was defined by the following elements:
- The project was implemented from 2012 to 2014, and for part of 2015;
- Over a period of four years (2012-2015), the project was implemented in 12 townships;
- The implementation period was approximately nine months in each township;
- The project focused on seven key thematic issues: exclusive breastfeeding, nutritional habits for pregnant women and lactating mothers, immunization, hand washing, ensuring use of insecticide treated bed nets for all family members, home care of a sick child, danger signs of a new born;
- An assessment of knowledge levels and practice on the seven behaviours;
- The evaluation scope did not cover the work done by other NGOs working in the similar space;
- Since the evaluation was conducted when the project had been already concluded, the evaluators did not witness how the project was implemented and relied on the documented information and that shared by other stakeholders; and
- In the absence of a baseline study, the impact of the evaluation was not assessed against set indicators.

The evaluation sought to answer the following questions, as per the TOR, which were classified into the following criteria:

**Relevance**
- To what extent is ‘Seven Things This Year Initiative’ relevant and responsive to the Myanmar context and needs at the national, state and township levels?
- To what extent is ‘Seven Things This Year Initiative’ relevant to UNICEF’s renewed focus on equity?

**Effectiveness**
- How effective is ‘Seven Things This Year Initiative’ to empower caregivers especially women/mothers in the promotion of family and community practices and what are the major influencing factors?
- How effective is ‘Seven Things This Year Initiative’ in empowering women/mothers with community dialogue, engagement and motivational skills? Is the approach a strategic replicable process?
- How effective is the community dialogue approach in increasing community awareness and adoption of the recommended behaviours and practices?
- Were contextual factors taken into account in the design/implementation of interventions?
Efficiency
- Does the actual implementation of ‘Seven Things This Year Initiative’ use resources in the most economical manner to achieve expected results?
- How does the cost efficiency vary with other similar initiatives (if data is available)?

Connectedness
- How effectively has UNICEF coordinated with other key actors to ensure that further building blocks of child health that lie outside the scope of the present project are in place to enhance family care practices?

Impact
- How successful has the project been to date in empowering women/mothers in promoting family care practices, community engagement and motivational skills?
- What, if any, gains in children’s health outcomes have been realized?

Sustainability
- What are the major factors that influence the achievement or non-achievement of sustainability (i.e., ownership, leadership, human and financial resources, etc.) of the initiative?
- To what extent are the results achieved likely to continue at the project townships when external support from UNICEF is withdrawn?
- To what extent can ‘Seven Things This Year Initiative’ be replicated and scaled up?
- What are the lessons learnt about ‘Seven Things This Year Initiative’ in the Myanmar context?

2.3 Equity, Gender Equality and Human Rights

In line with the United Nations Evaluation Group (UNEG) Handbook on ‘Integrating Human Rights and Gender Equality in Evaluation’, as well as UNICEF Handbook on ‘How to Design and Manage Equity-Focused Evaluations’, the evaluation integrated equity, gender equality and human rights considerations in the conduct of the evaluation. In particular:

- The evaluation criteria and questions sought information on whether equity, gender equality and human rights issues were integrated into the design, planning and implementation of the project;
- The evaluation followed a participatory and consultative approach throughout the engagement lifecycle. Consultations were held ensuring that the evaluation is able to capture insights from all the key stakeholders involved in the project;
- During the process of data collection, a gender balanced team was maintained with the ratio of women is to men as 2:1 (given that women and girls from the community were the primary respondents);
- The sample for the evaluation was covered from all the 12 intervention townships to ensure equity; and
- The evaluation ensured that a diverse set of stakeholders involved in the project were met during the data collection process to ascertain that the perspective of all the stakeholders is triangulated, analysed and reflected in the evaluation, thereby ensuring equity.
3. Evaluation Approach and Methodology

3.1 Overall Approach

To ensure rigour, the evaluation used a quasi-experimental design to collect both quantitative and qualitative data. As set forth in the TOR, a concurrent mixed methods approach was used to collect both quantitative and qualitative data. The two databases were them compared to determine if there is convergence or difference between the two. Equal weight was given to both the methods for integrating the data to develop findings for the report. The mixing during this approach was done to merge the data or integrate the results of the two databases so that quantitative statistical results are substantiated with qualitative quotes that support or disconfirm the quantitative results. This mixed methods approach is advantageous as it can result in well-validated and substantiated findings.

3.2 Data Collection

To develop an understanding of the project, a structured literature review was undertaken. The documents shared by UNICEF along with those collected from the web search were thoroughly reviewed. Review of secondary data formed the foundation for conducting primary data collection.

For the purpose of collecting information for the evaluation, the evaluation team used surveys, data collection templates and semi-structured interviews. Specific set of tools, tailor-made for each stakeholder were used to collect information. The interaction with diverse set of stakeholders helped in drawing holistic conclusions and insights on the evaluation parameters. As presented in Table 2, a household questionnaire was used as a quantitative tool; administered to the mothers and/or caregiver. The purpose of the tool was to collect and collate objective responses, opinions and understanding linked to the project and its activities. These questionnaires helped in understanding the project’s relevance within the local context, the effectiveness with which the project was implemented and the impact of the project. While a household survey was the quantitative tool, qualitative information was collected in the form of semi-structured interviews with caregivers, family members, UNICEF, Government (i.e., MOHS) and MMCWA officials to develop insights into the planning as well as the implementing processes. Based on the qualitative interaction, case studies were developed to support the quantitative findings, thereby adding depth to the quantitative analysis.

Table 2: Tools for research

<table>
<thead>
<tr>
<th>Research Methodology</th>
<th>Tool Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative research</td>
<td>Household questionnaire</td>
</tr>
<tr>
<td>Qualitative research</td>
<td>Semi structured questionnaire for different identified stakeholders</td>
</tr>
<tr>
<td></td>
<td>Checklist for focused group discussions</td>
</tr>
<tr>
<td></td>
<td>Case study approach</td>
</tr>
</tbody>
</table>

Table 3 summarises how the aforementioned tools were used for diverse set of stakeholders to develop insights into the project. The tools for data collection have been attached in Annex III for reference.
Interactions were conducted with multiple stakeholders at various levels to make the evaluation to be a consultative and participatory process. The first set of stakeholder consultation was done during the inception process. This included interaction with the key stakeholders to allow the evaluator to get familiar with the project and to understand the expectations from the evaluation. The second interaction included face-to-face interaction with the service providers, namely MOHS officials, UNICEF stakeholders, MMCWA president, and members at the MMCWA headquarters, in order to develop insights into the project implementation. Apart from a series of interactions through emails, skype and telephone, the third interaction took place at the pilot testing stage, where a township, namely Oktwin, was covered to collect quantitative as well as qualitative data concurrently. This was followed by a consultative approach to revise the tools for the process of data collection in the twelve townships. However, at this stage, due to the general election in the country, the data collection had to be stopped. Once, the international consultant was granted the permission to enter the country again, refresher training was organized for the data collection team, followed by a rigorous concurrent data collection exercise in 12 townships. The data collection process was the fourth interaction with the stakeholders at various levels. At the end of the data collection phase, UNICEF was de-briefed on the main findings of the qualitative interactions and on the successful completion of data collection. This was followed by a presentation of the preliminary findings to the key stakeholders, who provided their feedback and comments on the analysis. Taking into account the feedback, the consultant worked to develop the report. It is important to mention that throughout the evaluation lifecycle, discussions were conducted, inputs and feedback was sought through emails, Skype and telephonic conversations. The detailed data collection plan along with list of documents to be reviewed are provided in Annex IV and Annex V respectively.

### 3.3 Sample Frame

The evaluation was based on a quasi-experimental design wherein a questionnaire (quantitative tool) was administered to a target sample for ‘case’ and a smaller sample for ‘control’. Given that the project was implemented across 12 townships that varied according to geographic profile and socio-economic factors, it was important for the data collected to respect this diversity. Therefore, a sampling plan that stratifies upwards from a township level, providing statistically significant insights for each township, was proposed.
For ‘case’, 100 samples from each township were selected to provide statistically significant insights with confidence level of 95 per cent and p-value of 0.1. For ‘control’, 60 samples from ‘control’ villages in each township were selected, providing statistically significant insights with confidence level of 95 per cent and p-value of 0.125. The ‘control’ villages were in a five kilometre radius of the ‘case’ villages and shared similar socio-economic characteristics. Any and all analysis applied ‘number of caregivers’ weights to the samples from each ‘case’ township while deriving country level insights. Prima facie, these insights were expected to be statistically significant at a 95 per cent confidence level with a p-value less than 0.03. The corresponding statistics for the ‘control’ townships would stand at 95 per cent with p-value of less than 0.04.

**Figure 3: Sample selection**

![Sample selection diagram](source)

**Figure 4: Sample plan**

![Sample plan diagram](source)

In each township, a total of three villages and one urban ward were selected to cover a sample of 25 each at the four sites. For the ‘control’ site, one village along with one urban ward was covered to collect a total of 60 ‘control’ samples in each township. A total sample of 1200
respondents was selected for ‘case’ and 720 for ‘control’. The selection of respondents for ‘case’ was done from the list of mothers/caregivers covered under the project. Three categories covered under the project – pregnant women, lactating mothers and caregivers/mothers of children under five years of age (with the exception of those women who are pregnant for the first time) – were covered for the evaluation. This exception was made keeping in mind that the question related to exclusive breast feeding and immunization may not hold valid for first time pregnant women. The profile of the sample is provided in Annex VI.

3.4 Data Analysis

The analysis for the evaluation was conducted at three levels. First, the evaluation is expected to provide results based on the comparison of ‘case’ and ‘control’. The data from ‘case’ and ‘control’ was analysed to comment upon the effectiveness and impact of the project. This data is supported by the qualitative information collected through interactions with various key stakeholders. Secondly, the evaluation compares the awareness level and behaviour change across different years to comment upon the sustainability of the project. Thirdly, wherever possible, in the absence of a baseline, a comparative analysis of the findings of the evaluation was done with the Knowledge, Attitude and Practice (KAP) study conducted in 2013 to assess the improvement in the last two years. While the findings may not be representative of the national level data, the comparison assisted in evaluating where the intervention townships stand against a national benchmark. For analysis of the qualitative data, a matrix was prepared to organize the data under different headings. The information was classified under the headings based on OECD/DAC evaluation criteria. Under each heading, the information was further classified into relevant subheadings which were used to develop a template for the analysis of the qualitative findings. For quantitative analysis, the data was entered and cleaned in an excel sheet wherein analytical software were run to conduct comparative analysis for ‘case’ and ‘control’. This was followed by conducting a t-test to check the statistical significance of the findings. Thereafter, the information was combined from both the quantitative and qualitative data collection into a matrix. To ensure validity and reliability of the data, triangulation of data sources was conducted.

3.5 Ethical Considerations

The evaluation was carried out in accord with the UNEG Ethical Guidelines for Evaluation and UNICEF’s Procedure for Ethical Standards for Research, Evaluation, Data Collection and Analysis to ensure that the highest ethical standards were adhered to in the course of the evaluation. Privacy, anonymity and confidentiality were the major ethical issues considered. While a detailed list of ethical considerations are given in Annex VI, the following measures were undertaken and formed an integral part of the evaluation:

- The consent of all participants was obtained prior to beginning the interview process;
- The team provided complete clarity on the purpose behind the evaluation to the stakeholders prior to soliciting their participation;
- The evaluation team ensured that no risk, hindrances or harm of any kind were faced by the stakeholders;
- While no confidential information was collected during the interview process, the team ensured that no sensitive information that was collected could be traced back to any individual;

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22 SPSS version 16 was used to analyse the quantitative data.
The client was kept abreast of all developments and timelines to ensure that the information that was developed could be shared efficiently with the project stakeholders; To maintain impartiality and ensure that wholly representative data was collected, the team ensured that all stakeholders were interviewed, both internal and external; The evaluation team ensured that all stakeholders, irrespective of scale of functioning or position of responsibility, were treated fairly and given equal opportunity; and The team was sensitive to cultural, religious, age, gender and other such differences and were prepared to seek assistance from UNICEF or MMCWA, if clarity was required.

In the conduct of the evaluation, EY thus ensured independence, impartiality, credibility of the evaluation results, accountability and avoidance of any conflict of interest.

3.6 Risks and Limitations

During the course of the exercise, the evaluation team had identified certain risks associated with the evaluation and had designed a mitigation plan based on their longstanding experience. These risks along with their mitigation measures have been enlisted below:

- **Travel within the country for international consultants:** Travel within the country was seen to be a possible risk for international consultants as the country does not allow travel across the townships without permissions and approvals from the Government. For this purpose, a detailed work plan for primary data collection was prepared and necessary permissions were sought from the Government departments to allow travel to specific townships on specified dates.
- **Language barriers:** To overcome the language barrier, the team at EY hired local professional translators to support them during qualitative interactions. Further, all local field researchers were well versed with English as well as the local language.
- **Attention to gender sensitivity of the topics:** Majority of the field teams comprised of women, with a gender ratio of 2:1. This helped the field teams in reaching out to the women and girls in the community.

The evaluation was designed in a way that the foreseeable risks were addressed by developing a mitigation protocol; however, the evaluation was still faced with certain unavoidable limitations. These have been detailed as below:

- **Attrition** of human resource: There has been a high attrition of human resource at various levels. As the stakeholders who worked during the planning and conceptualisation of the project leave, the necessary institutional memory is also lost with them. The new stakeholders involved in the project did not have the institutional history of the project and its evolution. However, in order to develop an understanding of the conceptualisation of the project and mitigate the impact of this limitation, Skype call interviews were fixed with the key stakeholders by seeking prior appointments.
- **Delay in data collection:** Unexpected delays in data collection occurred as the process had to be stopped during the first phase of data collection due to national elections. The permissions from the Government were revoked for the consultant to visit the intervention townships. While there existed delays in the process, no compromise was made on the integrity of data collection as it was resumed after a few months, when the political situation was more stable and open to the involvement of international consultants.

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25 In this context, attrition refers to the drop-out of human resource.
Lack of a baseline: Lack of a baseline was seen as a major limitation, as the end line data could not be compared to a corresponding baseline or midterm data to comment upon the effectiveness or the impact of the project at the intervention site. However, two distinct methods were used to fill the gap of an established baseline. Comparisons were conducted between ‘case’ and ‘control’ as a part of the evaluation methodology. Apart from that, a KAP study conducted in 2013 in 25 townships (including the intervention townships of the project) was used to compare the data. While the KAP study did not cover all the seven topics, it has been used wherever it was possible to draw comparison with the indicators used under the evaluation. Therefore, the evaluation was successful in replicating the presence of a baseline through these measures.

Reported behaviour change: For any evaluation related to behaviour change, it is difficult to assess whether the respondents actually follow the behaviour they claim to follow. Responses are assessed based on the respondents reporting to practice a certain behaviour.

Recall bias: Recall bias is a systematic error in evaluations that involve interviews or questionnaires. It is caused by differences in the accuracy or completeness of the recollections retrieved by study participants regarding events or experiences. It is possible that the respondents may have a recall bias while answering questions during the survey or interview. Since the project was implemented at varied times in different townships, recall bias indicates a possible limitation of such an evaluation.

Attribution of the project results: It is important to note that in the intervention townships, other projects, either by the Government or by other NGOs/CSOs, were also being run. In such a scenario, it would be unfair to attribute any change, positive or negative, solely to the project under study. While attempts were made to map the different stakeholders working in these target areas, an in-depth analysis of their impact was out of the scope of the evaluation.

Use of folk media as a community mobilisation tool: Folk media was a tool used in the target villages to mobilise the community. For the purpose of the evaluation it was important to assess the applicability and effectiveness of this method, however, the same was not possible as the project had reached its culmination before the start of the evaluation. Therefore, the extent to which the evaluation could analyse the use of folk media was limited.

Timeframe of the evaluation: There were certain unforeseen delays in the evaluation due to ongoing national elections in Myanmar. The evaluation team was not allowed to enter the country for the duration of this time period, thereby postponing the evaluation of the project.

Evaluation of efficiency of the project: The evaluation of the efficiency of the project was inhibited due to the lack of provision of the complete set of documents and information required. While UNICEF and MMCWA provided the available documents, these did not cover the entire scope of the evaluation. Further, the extent of evaluability of such documents was also limited and in various instances was not conducive to developing a deeper understanding on the topics. The evaluation was unable to comment upon the efficient utilisation of funds with respect to each project activity across all townships as the information provided was for clusters of townships as opposed to individual townships. Moreover, information availability constrained the evaluation team in accurately commenting upon the per capita expenditure of the project, and analysing the same.

Stakeholder consultations: The extent of participation of stakeholders, i.e., connectedness with local NGOs, could not be analysed to the fullest extent due to a dearth of information. The evaluation attempted to map out the partnerships and comment upon their impact within the restrictions of an information barrier and the scope of the evaluation.
4. Findings

4.1 Relevance

The relevance section aims to understand the validity of the project and its components within the country context; such as the indicators selected under the project and the models of intervention utilised. Further, it attempts to measure the extent to which the project incorporated the concepts of equity in its design and implementation.

**Summary of Findings:**
- Findings revealed that the project, ‘Seven Things This Year Initiative’, was relevant to the country-specific context and needs.
- The models of change appropriately responded to the contextual needs.
- The principle of equity was maintained at each step, as evidenced by the consultative and participatory approach and inclusive growth.

4.1.1 Relevance to the Context and Needs
Maternal health refers to the health of a woman during pregnancy, childbirth and the post-partum period. It is deeply interlinked with child health and has been an issue of growing concern across the world. It is in this context that, in 2012, UNICEF was approached by MOHS to work on key thematic areas identified in the National Action Plan 2011-2012. These thematic areas are discussed in Table 4.

**Table 4: Key focus areas of the project**

<table>
<thead>
<tr>
<th>No.</th>
<th>Thematic Area</th>
<th>Relevance of the Topic</th>
</tr>
</thead>
</table>
| 1.  | Exclusive breast feeding of infants from birth to six months | - Way of providing ideal food for the healthy growth and development of an infant: preventing malnutrition.  
- Critical for protecting infants from infectious and chronic diseases.  
- The national MICS survey of 2009-2010 reported that only 23.6 per cent of mothers exclusively breast fed their children.  
- Evidence from literature suggested that the low levels of adherence to the practice can be attributed to various factors such as incorrect information, inadequate discourse about the benefits of exclusive breastfeeding and health-related problems.²⁶ |
| 2.  | Nutrition of pregnant women and lactating mothers | - Nutrition deserves special attention during pregnancy and breastfeeding given its critical role in maintaining the health of both mother and child.  
- Inadequate nutrition during pregnancy is linked with anemia among pregnant women. Evidence suggests that 60.3 per cent lactating women suffer from anemia, of which 20.3 per cent have severe anemia in Myanmar.²⁷ |

### Evaluation of the Project 'Seven Things This Year Initiative'

| 3. | Taking infants for complete and full course of immunization as per schedule | • Inadequate nutrition during pregnancy is also linked with maternal mortality, which is as high as 195 per 100,000 live births in Myanmar (2012).  
28
• Myanmar accounts for one of the highest infant mortality rates in East Asia and the Pacific.  
29
• Evidence suggests that immunization aids in reduction of mortality and morbidity among infants and children.  
30
• As per an MICS survey in 2009-2010, 88 per cent people got their children fully immunized.  
31 |
| 4. | Ensure that children under five and family members sleep under insecticide treated bed nets | • Malaria prevalence is exceptionally high in Myanmar.  
• Malaria has been reported as one of the most preventable causes of infant mortality.  
• Malaria is the fourth leading cause of death among under-five children in Myanmar, accounting for 7.6 per cent of deaths in children aged between one month and five years.  
32
• Myanmar sees more than 600,000 clinical cases of malaria each year.  
33 |
| 5. | Home care of infants and sick children | • As of 2015, diarrhea accounted for 16 per cent of deaths among children under-five years of age.  
34
• Diarrhea has been identified as an important contributing factor to high U5MR.  
• Understanding how to treat a sick child at home will assist in reducing morbidity and mortality.  
35 |
| 6. | Hand-washing with soap, especially after using the toilet, before handling food, and before eating | • Hand washing helps prevent morbidity and mortality.  
• As per a KAP study, while almost all respondents washed their hands, 60 per cent did not use soap.  
36 |
| 7. | Recognize danger signs when a sick child needs care outside home, seek care and treatment from health care providers | • Knowing the danger signs of when to take the child to the doctor can help prevent mortality by ensuring timely treatment.  
• Increased access to health care services can help in reducing preventable maternal and neonatal deaths. |

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30 [http://www.who.int/bulletin/volumes/86/2/07-040089/en/](http://www.who.int/bulletin/volumes/86/2/07-040089/en/)
32 Ibid.
The above table highlights the well-established synergistic relationship between under nutrition, hygiene, and infectious diseases. Infections result in decreased dietary intake and under-absorption of nutrients which, in turn, reduces a child’s resistance to infection, thus increasing the likelihood of falling in a trap of a repetitive cycle of disease. Therefore, interventions to ensure adequate nutrition, strong immunization and improved hygiene practices prove to be significantly effective in improving health outcomes.

Not only were these seven critical issues in alignment with the UNICEF’s Country Programme core objectives and focus areas, but this was seen as a strategic opportunity for UNICEF to work closely with the Government of Myanmar. In an environment fostered with apprehensions in partnering with international agencies, the willingness of the Government to work with UNICEF had to be respected and reciprocated. Thus, given the socio-political context of the country, MOHS’ initiative to work in coordination with UNICEF indicated a positive change, which could mark the beginning of a sustainable relationship. Thus, UNICEF Myanmar’s project, ‘Seven Things This Year Initiative’, which seeks to promote appropriate care-seeking practices among women, mothers and caregivers of young children, gains greater relevance against the given backdrop.

4.1.2 Responsiveness of the Project to Myanmar Needs and Context
Evidence suggests that creating an enabling environment for safe motherhood and childhood hugely depends on the care and attention provided to pregnant women and new-borns by communities and families, the acumen of health personnel, the availability of adequate health-care facilities and equipment, and medicines and emergency care when needed. However, while these factors play a crucial role, it is equally important to complement these efforts by creating awareness among the community members on how to access these services. Literature reveals that successful health interventions should not only focus on provision of services but also give equal weightage to empowering the community by taking into account the cultural context and their specific needs. Thus, understanding the importance of creating behaviour change, UNICEF introduced the project.

UNICEF made a conscious effort at each phase to ensure that the systems and processes selected align with local needs. In order to foster the ability to respond to unforeseen challenges, a basic level of flexibility was maintained at each phase of the project. Activities and stakeholders were selected in light of contextual requirements to reach intended results and maximise impact.

In order to inform the design of the project, UNICEF hired a marketing agency to conduct a survey on the use of communication medium in the country. The results of the survey highlighted that the MMCWA groups were found to be the most popular among the community members, with about 78 per cent of the respondents accessing these groups in their respective townships. As a leading NGO, MMCWA was the only organization which had its reach at the grass root level through its wide network of volunteers. It also worked closely with the Government, contributing

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complementary assistance and service provision in health care delivery. Thus, MMCWA’s long-standing presence in the country and its relationship with the Government was found to be conducive for collaborating with them for implementing the project. In light of all these factors, MMCWA was considered the most relevant partner for implementing the project. Their partnership could assist not only in reaching the grassroots level easily, but also in working in close coordination with the Government officials.

UNICEF approached MMCWA to gauge their interest in working on six issues shared by the MOHS. MMCWA showed a keen interest to work through their volunteer network spread across the country and got involved in the project right from its planning and conception phase. The participatory and consultative approach followed here was critical in engendering a deep rooted sense of ownership. It encouraged active involvement and inputs from relevant stakeholders like MOHS, UNICEF and MMCWA, which helped in fully utilising their specific expertise and experience. As a result, a seventh issue on ‘nutrition for pregnant and lactating mothers was identified and added, based on MMCWA’s request, extending the scope of the project from six to seven issues. Thus, in order to support the existing service provision on the key seven issues, social mobilisation was chosen as the most relevant approach to create behaviour change among the community members. The foundation of the project was laid on the principle of creating enabling environment for the caregivers to generate behaviour change by developing capacities of the service providers.

The project was implemented using a cascade model. In every village, a core group of seven volunteers was formed, who were then trained on the seven behaviours and communication skills. Each of these volunteers further reached out to seven households in the village, covering a total of 49 households. While this was not a pre-meditated strategy, the design was such that it implicitly fell into the social network theory of change. This theory links different levels of networks, namely, the individual, the family and immediate surroundings, and then society at large. It is based on the understanding that a community’s readiness for change is a precursor to the effective application of evidence-based practices for health promotion. The immediate complication that existed in the design of the project was one of coverage and outreach. Given the limited capacities of stakeholders involved, volunteers from partner organizations could not be sent to each village. In response to this gap, the decision to convert individuals from villages into catalysts of change was taken. This discursive model mirrored a multiplier effect and graduated its locus of change from the individual to peers and then to the community. It expedited the process of reaching spatially expansive areas while providing intrusive channels of entry. This made it the most appropriate approach to be used in this context.

The second stage of this design was the use of a peer educator model of change. Peer education is an approach to health promotion in which country members are supported to promote health-enhancing change among their peers. The application of this model has three inter-linked dimensions. Firstly, it uniquely builds the foundational awareness of all those involved with greater efficiency. This is based on the reality that many people make changes, not only based on what they know, but on the opinions and actions of their close, trusted peers. Therefore, it proved to be appropriate in the seamless dissemination of information. Secondly, it played a crucial role in maneuvering the complex socio-cultural dimensions of Myanmar. Given that villages had tightly-knit communities of their own, it reversed the process from a top-down approach to a bottom-up approach. Since the peers were trusted members of the community, it was easier for them to gain trust and cement the information that was disseminated. Thirdly, the volunteers picked were elevated to the positions of role models. Due to their involvement in the process, they developed a sense of ownership towards the project and its objectives. This suggests that the activity can be sustainable in the future as well. Overall, the project proved to be responsive to local demands
and the social and cultural realities of the community.

4.1.3 Equity
During the project, ‘Seven Things This Year Initiative’, there was a keen focus on empowering women and girls. These attempts were made in tandem with the directive of and utilizing processes that are in line with, and support, the principle of equity. While the history, approach and analysis of rights-based programming and mainstreaming of gender equality differ, the core principles of the project are inclusion, participation and fair power relations. By creating awareness on maternal child health issues, the project looked at empowering communities and supporting their social rights without any discrimination based on sex, national or ethnic origin, religion or geography.

A consultative and participatory approach was at the foundation of the project, as evidenced by the active inclusion of all key stakeholders right from the planning process. Efforts were made to build channels of constructive dialogue between stakeholders, in order to better utilize their experience and understanding. These inputs were then leveraged upon to positively influence the processes and outcomes of the project. However, it was observed that the participation of caregivers as active stakeholders was fairly limited due to weak feedback mechanisms. While interactions were conducted with the mothers by the project staff during their supportive supervision visits, there is a need to introduce a proper mechanism for the same. This can be used as an opportunity to strengthen the spirit of participation within the project. The creation of such feedback mechanisms would provide the project with critical on-ground insights by the relevant parties. Taking cognizance of the same would make the project more responsive to contextual needs and convert the caregivers from passive recipients into active stakeholders. It would, thereby, elevate the activity of the mothers and women by enabling them to influence the course of the project.

Inclusive growth became an integral aspect of the project, as shown by the consistent efforts made to incorporate all relevant partners. There was timely understanding of the fact that the project’s impact would be incomplete if information dissemination was only targeted at women. Therefore, in pursuit of deepening the understanding about the project indicators and ensuring adequate value for the same, efforts were made to involve men as well. This led to sensitization of males and ensured their involvement and support towards the project. While this was a notable achievement, it is one dimension that needs to be strengthened in order to utilize this opportunity to its full extent. Employment constraints on males made it difficult for them to take active part in the meetings. Moreover, of the volunteers who reported having contacted families, only 20 per cent reported having met the males of the household, while 56 per cent reported having met the mothers-in-law. Equality between women and men, girls and boys is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development.

Further, it was also noted that limited information was provided to the evaluation team about the specific selection criteria in place for implementing the project in specific townships and villages. While the project was implemented in 12 out of 25 townships where the KAP study was conducted, the indicators used and their application towards the process of selection was not provided. The project could be further strengthened if there was a special focus on inclusion, by approaching otherwise geographically inaccessible areas or tribes in rural villages. This would facilitate equitable power relations and provide support to those townships that are performing poorly.
Effectiveness is a measure of the extent to which the various project activities have been able to achieve the intended outreach and results. While doing so, it also tries to establish the factors that are responsible for the achievement, over achievement or under achievement of various project components. Through this evaluation, we seek to answer the various questions posed under the TOR on the effectiveness of the project.

Summary of Findings:

- The project had been effective in reaching out to the intended target audience, with about 90 per cent of the respondents reporting the formation of mothers’ groups in their village and about 87 per cent of the respondents reporting having attended monthly meetings. Of the 13 per cent respondents who reported not having attended the meeting, half were housewives while the other half were working women.
- 95 per cent awareness level on exclusive breast feeding infers that the majority of the respondents were aware of the ‘duration’ of feeding and also understood the term ‘exclusive’, which entails that no food, liquid or even water be given to infants.
- When the awareness on nutritional requirements during pregnancy was assessed, it was found that about 97 per cent respondents provided the correct response.
- With 96 per cent awareness levels for steps of hand-washing, the project has been effective in reaching out to the community and making them aware about the detailed steps of hand washing.
- While 90 per cent respondents were aware of the definition of insecticide treated bed nets, only 52 per cent knew how frequently they should be treated.
- While assessing the awareness on immunization, it was seen that 98 per cent people knew the importance of immunising their child; however, technical awareness like when to first immunise the child and the number of visits needed stood at 19 and 70 per cent respectively.
- The findings suggested that while the awareness on the use of Oral Rehydration Solution (ORS) for a child suffering from diarrhoea was considerably high (85 per cent), not many knew about the use of zinc sulphate (1 per cent). Moreover, when further analysis was done on the symptoms of a sick child, it was found that while respondents were aware about taking their children to the hospital in case of fever or vomiting, they had limited or no understanding of any other symptom. This suggested that the project had not been effective in creating awareness on the topic.
- Evidence suggests that the project lacked regularity at the township and village level, due to lack of uniformity in project duration and varying frequencies of holding meetings across villages.
- While studying the systems and processes, it was found that the project is not backed by a robust result-based management and a logical or results framework.

4.2.1 Effectiveness of the Project Approach

This section provides evidence-based analysis on how the project approach was effective in reaching out to the community. The process of empowering women and mothers in promoting family practices involves various steps, which begin with ensuring active participation by the community. Therefore, while the section below is not a direct response to the questions in the TOR, it is a necessary pre-requisite to establishing the effectiveness of the project.

Community participation has been recognized as an extremely critical component in supporting the provision of health services and in delivering interventions at scale. The approach for the
project was based on the principles of participation and community mobilisation. The project reached out to the community in order to support the indicators that align with the service provisions offered by the Government in order to create awareness to access these services. **The evaluation indicates that the community mobilisation approach driven by local volunteers has been effective reaching out to the community and creating awareness.**

Along with the Basic Health Staff (BHS) (who work under the Government mandate on service provision and mobilisation), the volunteers worked to create awareness on the seven topics through monthly meetings and other community events. As shown in the Figure 8, it was observed that the BHS was considered the ‘point of contact’ for majority of the population i.e., 78 per cent respondents reported seeking their support for any questions on the seven topics. While BHS was considered the ‘point of contact’ for many in the community, **the second most popular person was the ‘MMCWA volunteer’, with about 65 per cent of the respondents reporting learning about these topics from them.**

BHS has been working with communities across townships for past several years and has continued to be the first point of contact for the mothers. For the project volunteers to achieve popularity second to the BHS was seen as a major achievement for the project, **highlighting the effectiveness of the project in reaching out to the community and developing trust in a short period of nine months.** This also reflects the potential of the project to reach out to the community in its second phase or if run for a longer duration; and the possible support system (in the form of project volunteers) that can be established through this project.

![Figure 5: Sources of information about MNCH topic (case)](image)

Interactions from the field confirmed that respondents felt reassured with the presence of volunteers in their village. Many would still reach out to the BHS if they had any health concerns, but considered volunteers as an important source of learning.

"We would usually go to the midwife if we had any concerns regarding our child's health. But after the project, 'Seven Things This Year Initiative', I feel I have a support system in the village. I can reach out to the volunteers in times of need and they are willing to lend a helping hand. I feel reassured after talking to them as they explain the reasons why certain behaviour should be practiced."

Caregiver, Intervention township

When the project was checked for its coverage, **it was found that the project had been effective in reaching out to the intended target audience, with about 90 per cent of the respondents reporting the formation of mothers’ group in their village while about 87 per cent of the respondents reported having attended monthly meetings.** The extensive participation received by the project could be attributed to the project approach which facilitated easy interaction and involvement of the community through various activities under the project. By giving each core group leader the task of reaching out to seven women in the village, the formation
of mothers’ group was easily facilitated in each village. This was followed by conducting monthly meetings at a local area in the village, making it convenient for everyone to gather at a common place to hold discussions on the topic. Whenever possible, ‘family days’ were organized to reach out to the community. This was reaffirmed by the community members during the qualitative interaction, where they spoke with great enthusiasm and fondness when asked about the project. They shared that the meetings held in the village provided them a platform to get information, learn about health and hygiene-related issues, and also to address any doubts that they may have on the concerned topics.

A mother from an intervention township said, “I was a part of the mothers’ group formed in the village. I was responsible for reaching out to six women in the village; however, I reached out to 14 women. I would encourage them to get their friends and families in the meetings, so the message could reach a larger audience. Apart from the meetings, I would make sure that I visit the pregnant women and lactating mothers in the village”.

A caregiver from one of the townships where the project functioned recalls the meetings fondly and says, “I used to attend the meetings regularly as it was a platform to get together with my friends and learn new things. I used to get information on several topics like how to raise my child and the hygiene practices to be followed. We used to also learn from each other and address our doubts”.

Of the 13 per cent respondents who did not attend the meetings, about half of them comprised of housewives (which corresponds to 139 respondents), and the other half were working women. These housewives presented an opportunity lost by the project to reach its target audience. Additionally, it was found that working mothers were unable to attend the meetings as the timings were not conducive to their schedules. In some townships, the project explored ways to involve working women by rescheduling the meetings. However, this approach was not feasible for the volunteers, and hence, the project resorted to its pervious schedule.

As shared by the core group leader at one of the townships, “It was rather difficult to convince working mothers and fathers to take out time to attend the meetings. Even if they came for one meeting, it was not possible for them to come regularly. In order to accommodate working mothers and the other members of the family, we thought about changing the meeting time to evenings. However, that was extremely inconvenient for the volunteers and hence we had to continue with the meetings during day time”.

Interaction with a working mother revealed her interest to attend the meetings but her inability to do so, given her work schedule. A 30 year old mother, residing in a village has a five year old son. She affirms that she would have interacted with a working mother revealed her interest to attend the meetings but her inability to do so, given her work schedule. A 30 year old mother, residing in a village has a five year old son. She affirms that she would have liked to attend the meetings, but her business does not allow her to spare time during the working hours. She further added that she has heard that the meetings are extremely helpful for the mothers as they discuss issues around child health. In her words, “I am aware that the project is equipped to make you more attentive towards and aware of your child’s needs. However, the meetings are held between 9:00 a.m. and 11:00 a.m. and it’s not possible for me to attend the meetings at that time”.

When the data was disaggregated for time\(^3\), it was observed that the intervention witnessed the most effective coverage, in terms of formation of mothers’ group, in 2015. In the initial years, the coverage has been reported to be as low as 77 per cent which improved to 99 per cent by 2015. While this could be attributed to individual variations, it indicates that the project has been increasing its coverage over the years.

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\(^3\) The project was implemented over a period of four years from 2012 to 2015 in 12 townships for different time durations. Some townships were covered in 2012 while some were covered much later in 2015 and some were covered in between. The time duration of the project ranged from 6 months in some townships to 14 months in other townships. For the purpose of the evaluation, the data has been disaggregated for time to assess the project achievements over the years.
The project’s mandate was not limited to reaching out to the mothers and caregivers, but also included interaction with the family members through community events like celebration of ‘family day’ or the use of ‘folk media’ to reach out to the larger audience. When the project was evaluated for this aspect, it was reported by 70 per cent respondents that the project reached out to their family members through different activities.

Of these 70 per cent respondents whose families were met, the volunteers interacted with 51 per cent mothers-in-law and 22 per cent husbands, as represented in the figure below. While suggesting that the project has been successful in reaching out to the families, this data also presents the opportunity for the project to further strengthen its reach to such stakeholders that are not directly benefitting from the project, however, are influential members in the family and community environment.

During qualitative interactions, most men/husbands confirmed that they did not attend the meetings as the timings did not suit them. Their exposure to the project was limited to their wives attending the meetings to discuss maternal and child health practices. It was also gathered from the qualitative interactions that involving men may prove to be difficult as it is considered a woman’s responsibility to look after the house and children. Thus, in order to gauge the involvement of other influential members of the community, different strategies could be adopted.

“\nThe project volunteer has briefed me on health and hygiene practices. I encourage my wife to attend these meetings. However, I do not have the time to attend them myself. There is no need for me to get involved in the project as my wife attends the sessions and looks after the children well.\n
Husband of a caregiver, Intervention township

4.2.2 Effectiveness in Increasing Awareness Levels
This section seeks to comment upon the effectiveness of the project in raising awareness of the respondents. For each thematic area, a ‘case’ and ‘control’ comparison, along with time-based disaggregation of the data, has been conducted. While the text below answers how awareness has been increased, the practice of the behaviour has been answered in the ‘impact’ section. ‘Seven Things This Year Initiative’ worked to create behaviour change among the community on
the identified seven issues. While behaviour change was the ultimate objective, the foundation was laid by creating awareness on the topics which could then be translated into practice of behaviour. In order to comment upon the effectiveness of the project, the evaluation looked at the awareness levels on the seven issues in the 12 townships.

**Exclusive Breast Feeding:** In order to comment upon the understanding of the respondents on the topic, they were asked the meaning of exclusive breastfeeding (feeding mother’s milk to the child for the first six months, without giving any other food, including drinking water). About 95 per cent respondents in ‘case’ and 88 per cent in ‘control’ gave the correct response. The difference was found to be statistically significant at 95 per cent confidence interval. Awareness level on exclusive breastfeeding reveals that the majority of the respondents were aware of the ‘duration’ of feeding and also understood the term ‘exclusive’ which entails that no food, liquid or water is given to the infant.

![Figure 8: Respondents aware of definition of exclusive breastfeeding](image)

Increased awareness on the issue is representative of the efforts of the volunteers to reach out to the community members and promote discussions on exclusive breastfeeding. Qualitative discussions from the field support these findings as most women reported that they had discussed ‘exclusive breastfeeding’ in the monthly meeting and were determined to practice the behaviour. In many cases, it was also discovered that women did not exclusively breastfeed their first child as they did not have the information, but have successfully exclusively breastfed their youngest child after learning about the topic through these meetings or BHS. It was evident from the discussions that women considered the project as a valuable platform to learn about health issues.

A woman living in one of the target villages with her two kids, her husband and her parents-in-law shares her experience. Her older son is three years old, while the younger one is 10 months old. She participated in the project and learnt about the seven topics. While she had known about some of them before, she had never paid too much attention to these issues. In her words, “I know BHS would talk about hand washing and the use of insecticide treated bed nets and eating more food during pregnancy, but I never paid too much attention to it. While I knew about these things, no one had explained why these things were important. But through the monthly meetings, we have understood the importance of practising these behaviours”. She shares how she had not known about the importance of exclusive breastfeeding before. She had fed her elder son rice and water when he was an infant, not knowing that she was depriving him of nutrition. “I was told by the elders in the family that rice and water is good for the child. No one ever advised exclusively breastfeeding my son. I wish I had known about the benefits of exclusive breastfeeding earlier; then I would not have deprived my elder son exclusive breastfeeding. But then, how would I know about this, even my mother or mother-in-law did not know about this”.

When the ‘case’ sample was disaggregated for time, it was found that 99 per cent of the respondents were aware of the topic where the intervention was implemented in 2015, even though the project duration in these townships was for nine consecutive months, as opposed to other townships where the project was implemented for longer durations.
However, it is important to note that the results of increased awareness among the respondents may not be attributed to this project alone. It may be a product of reinforcements received from other projects over time. So, while the project may have set the foundation by creating awareness, the cumulative effect of other projects run by local or international NGOs might have contributed to the Government’s efforts of creating positive reinforcement among the community members, thereby ensuring that the message is reached and sustained within the community. When the results of the evaluation were compared with the KAP study conducted by UNICEF in 2013, it was observed that there has been a significant improvement in the awareness level. Both ‘case’ and ‘control’ present a situation which shows improvement in the awareness levels. In 2013, the awareness level of the community indicated that only 37 per cent respondents knew the correct definition of exclusively breastfeeding. In the last two years, there have been concentrated efforts by the Government and the other international organizations working in the space of maternal and child health, and significant improvement is noted in terms of awareness on exclusively breastfeeding in the country. In this evaluation, ‘control’ stands at 88 per cent whereas ‘case’ reflects 95 per cent awareness level. While the sample of the evaluation may not be representative of the national situation, it indicates that the townships have achieved considerable progress when compared against the national benchmark. This could be attributed to the combined efforts of various stakeholders who have helped in building a movement to focus on maternal and child health as a priority issue in the country. ‘Seven Things This Year Initiative’ contributed to the overall movement in the country while producing effective results in increasing awareness in the townships.

Nutrition for Pregnant Women: The awareness on nutritional requirements during pregnancy was assessed by asking the respondents whether ‘additional food needs to be consumed during pregnancy’. It was found that about 97 per cent respondents in ‘case’ and 92 per cent in ‘control’ replied ‘yes’, which is the correct response. The difference was found to be statistically significant when performing a t-test at the confidence interval of 95 per cent. Awareness on the need to consume additional food during pregnancy can help reduce the number of undernourished pregnant mothers. This would help mitigate the risk of complications during pregnancy as well as the possibility of a pre-term or low birth weight new born. With 97 per cent awareness level in the ‘case’ townships, the community represents a sound understanding on the topic.
A housewife with two children reveals her experience in relation to ‘Seven Things This Year Initiative’. She says, “When I had my first child, I was unaware of what to eat during pregnancy. After my child was born, I was told what to eat by my mother-in-law and husband. However, the volunteer informed me about the nutritional habits during pregnancy or while lactating. This helped me a lot when my second child was born. I did not experience as much weakness as the first time and I could breastfeed better. Seeing this, my family supported me as well.”

When awareness levels were looked through the lens of the period of intervention, it was seen that of those covered by the project in 2015, 89 per cent respondents gave the correct response, while approximately 98 per cent respondents covered by the project in the previous three years answered correctly.

These results could also be attributed to certain external factors like work done by other organizations or the effectiveness with which the project was implemented in a particular township (as the pro-activeness of the MMCWA volunteers in a particular township may contribute to increased or decreased awareness or behaviour change among the community members).

Hand Washing: For hand washing, statistically significant results at confidence interval of 95 per cent were observed, with about 16 per cent difference in ‘case’ and ‘control’ on awareness on the steps of hand washing. With ‘case’ at 96 per cent awareness level, the project has been effective in reaching out to the community and making them aware about the detailed steps of hand washing.
Interaction with the community revealed that they learnt about the five steps of hand washing through the meetings. While they were aware of the concept of ‘hand washing’ before the project, they reported to be unaware of the steps of hand washing. After learning these steps, mothers reported to have successfully taught their children and family members to wash their hands using the five steps.

When the data was disaggregated for time, the results ranged from 91 per cent to 98 per cent, with no consistent pattern or particular trend and, hence, it is difficult to attribute the distribution across different years to a particular reason.

**Insecticide Treated Bed Nets:** Awareness on ‘what is an insecticide treated bed net’ was limited to 83 per cent in ‘control’ and 90.3 per cent in ‘case’. With a 7.7 per cent difference in the ‘case’ and ‘control’, the findings were found to be statistically significant at 95 per cent confidence interval. No particular trend was observed in the awareness level over the years, as the coverage in each township was seen more or less similar, ranging from 89 to 93 per cent. The townships where the project was implemented in previous years (2012, 2013 and 2014) reported almost the same awareness level, which suggested that the respondents had not forgotten the information over the period of time.

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44 The five steps of hand-washing include:

1. Wet hands with water;
2. Apply soap, rub for at least 20 seconds (Palms > Back of hands > Between fingers > Back of fingers > Thumbs > Finger tips > Wrists);
3. Rinse with water;
4. Dry with paper towel; and
5. Use paper towel to turn off the faucet.
While there is a possibility that the information was reinforced by other projects in the township, it can be concluded that the project had been effective in creating sustainable awareness among the community members.

When the respondents were checked for their understanding on the need to use insecticide treated bed nets, 92 per cent respondents in ‘case’ and 88 per cent respondents in ‘control’ answered correctly.

However, when the respondents were questioned on how often should the bed nets be treated with insecticides, correct response was received from 52 per cent respondents in ‘case’ and 28 per cent in ‘control’. While these responses show a statistically significant result, the awareness level is considerably low, with only half the respondents in ‘case’ knowing how to maintain these bed nets. With no information on when and how to treat the bed nets, the sustainability of the practice may get hampered in the long run; as the insecticide treated bed nets may get redundant over time while the community remains unaware of its deteriorated condition.

**Immunization:** While assessing the awareness on immunization, respondents were asked ‘when does the first immunization take place?’ This question was analysed with respect to the current Myanmar context, wherein the response ‘immunization at birth’ and ‘within two months of birth’ were considered correct. In the absence of an institutional delivery, which was a common practice in rural Myanmar, it was seen that, in many cases the first immunization was not given at birth. This revealed that about 84 per cent respondents in ‘control’ and 92 per cent respondents in ‘case’
Evaluation of the Project ‘Seven Things This Year Initiative’

Answered correctly as to when the first immunization begins. The high levels of awareness on when to begin immunization suggest that most respondents are aware of the first step in immunization, which is extremely critical to a child’s health.

**Figure 17: Respondents aware of when first immunization for a child begins**

<table>
<thead>
<tr>
<th></th>
<th>Case (%)</th>
<th>Control (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth or within two months</td>
<td>92%</td>
<td>84%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>8%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Further, 98 per cent respondents in ‘case’ and 95 per cent in ‘control’ understood the reasons for immunization, indicating that most respondents were familiar with the reasons to immunise their child. When asked about the ‘number of visits to be made for complete immunization’, a 15 per cent difference was found between ‘case’ and ‘control’, which was statistically significant at a confidence interval of 95 per cent. Ideally, six visits are made; however, many do not consider the immunization given at birth as the first visit. In order to account for this confusion (for the purpose of this evaluation), both the responses, namely, five and six, have been considered correct.

**Figure 18: Respondents aware of the numbers of visits to be undertaken to complete immunization**

<table>
<thead>
<tr>
<th></th>
<th>Case (%)</th>
<th>Control (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 times</td>
<td>48%</td>
<td>42%</td>
</tr>
<tr>
<td>6 times</td>
<td>29%</td>
<td>20%</td>
</tr>
<tr>
<td>Other</td>
<td>23%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Only five per cent respondents in ‘case’ were aware of all the diseases against which immunization is given and no respondent in ‘control’ recalled all the diseases. While these show statistically significant results, the overall awareness on the topic was extremely low. When the data was analysed to check for the number of respondents who knew at least three diseases against which immunization is given, it was found that about 59 per cent respondents in ‘case’ and 42 per cent in ‘control’ reported to know about it. A difference of 55 per cent was observed in the awareness level of the respondents on ‘all diseases’ and ‘at least three diseases’. This suggested that, while the project has not been effective in creating awareness on all the ‘diseases against which immunization is given’, the topic was discussed in the meetings frequently enough to allow the community to recall some information.
In 2013, as per the review findings, 28.7 per cent respondents named at least three diseases that could be prevented through immunization. The comparison shows that there has been a considerable improvement in the townships under study in the last two years. Further analysis revealed that about 73 per cent respondents were aware of ‘polio’ as one of the diseases against which immunization is given. As detailed in the following table, this was followed by ‘measles’ at 69 per cent. However, awareness for ‘diphtheria’ and ‘tetanus’ was the least; with about 28 per cent respondents reporting the same.

Table 5: Awareness about vaccine preventable diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td>73</td>
</tr>
<tr>
<td>Measles</td>
<td>69</td>
</tr>
<tr>
<td>Hep B</td>
<td>44</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>40</td>
</tr>
<tr>
<td>Tetanus</td>
<td>29</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>28</td>
</tr>
<tr>
<td>TB</td>
<td>19</td>
</tr>
<tr>
<td>Others</td>
<td>9</td>
</tr>
<tr>
<td>All</td>
<td>5</td>
</tr>
</tbody>
</table>

The project activities responsible for increasing awareness on the thematic area can be further strengthened, as shown by the lack of complete awareness on all diseases against which immunization is given. While the project had not been completely ineffective in creating awareness, the findings present a scope for improvement for the concerned thematic area.

Home Care of a Sick Child: When the respondents were asked ‘how to treat a child suffering from diarrhoea at home’, about 85 per cent in ‘case’ and 76 per cent in ‘control’ reported ‘ORS only’; whereas only one per cent respondents in ‘case’ and ‘control’ reported ‘ORS and zinc sulphate’, as indicated in the table below.

Table 6: Treatment of child suffering from diarrhoea

<table>
<thead>
<tr>
<th>Child suffering with diarrhoea (in percentage)</th>
<th>Case</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORS (only)</td>
<td>85</td>
<td>76</td>
</tr>
<tr>
<td>Zinc Sulphate (only)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ORS + Zinc Sulphate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>14</td>
<td>22</td>
</tr>
</tbody>
</table>
The findings suggested that while the awareness on the use of ORS was considerably high, not many knew about the use of zinc sulphate. In order to assess the knowledge on the home care of a sick child, the mothers and caregivers were asked under ‘what conditions would they take their child to the hospital’. Of the total four conditions, nobody in ‘control’ recalled all the conditions, while only 0.3 per cent people in ‘case’ reported all the conditions. About six per cent respondents in ‘case’ and four per cent in ‘control’ could recall at least three conditions and about 98 per cent respondents in ‘case’ and ‘control’ reported at least one reason. Further analysis was done to identify the awareness level on each symptom. It was found that most respondents 89 per cent reported ‘high fever’ as a reason to take the child to the hospital; which was followed by 46 per cent response for ‘vomiting and diarrhoea’. Very few responses were received for other reasons, indicating that much more awareness needs to be built on the topic.

Table 7: Awareness of when child should be taken to the health care facility

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High fever</td>
<td>89</td>
</tr>
<tr>
<td>Vomit &amp; Diarrhoea</td>
<td>46</td>
</tr>
<tr>
<td>Unable to eat and drink</td>
<td>16</td>
</tr>
<tr>
<td>Blood stained stool</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
</tr>
<tr>
<td>All</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Interaction from the field resonated with the conclusions drawn from the above findings. While some women recalled this topic being discussed in the meetings, they were unaware of all the conditions under which the child should be taken to the hospital. They knew about taking their children to the hospitals in case of fever or vomiting but had limited or no understanding of any other symptom. Some women also shared that they reached out to the midwife when they were unsure of where to go when the child was sick. This suggested that the project has not been successful in instilling confidence and awareness among women on when to approach the doctor or the hospital directly.

Considering that the awareness on the topic was extremely low, it can be concluded that the project had not been effective in creating awareness on the topic. This is in concurrence with the findings presented in the next section which reveal that only 20 per cent respondents reported that the given topic was covered in the meetings. Low awareness levels, along with limited recall of the topic by the respondents, poses questions on the focus given on this particular thematic area under the project. The absence of a set curriculum, along with limited monitoring, gives birth to the possibility that volunteers may have chosen to focus on selected topics based on their convenience, while some topics may have been neglected while mobilising the community.

**Danger Signs of a New Born:** Of the ten danger signs of a new born, no respondent in the ‘control’ recalled all of them, while only one per cent in ‘case’ knew all of them. When checked for five danger signs, 0.5 per cent in ‘control’ and only 1.5 per cent in ‘case’ gave the correct response. About 62 per cent in ‘case’ and 51 per cent in ‘control’ knew about at least two danger signs. When the ‘control’ samples are analysed exclusively, the awareness on this particular topic is found to be limited as compared to other topics, highlighting the need to promote awareness on this topic under the project. Further analysis revealed that ‘fever’ was the highest reported danger sign among the respondents, with about 62 per cent reporting it. This was followed by ‘diarrhoea’ with 34 per cent responses, and yellow colouring with 31 per cent as represented in
the table below. ‘Low birth’ and ‘preterm’ appeared as the least known responses, with only two per cent of the respondents reporting these signs.

Table 8: Danger signs of a new born child

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>62</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>34</td>
</tr>
<tr>
<td>Yellow colouring</td>
<td>31</td>
</tr>
<tr>
<td>Fits</td>
<td>21</td>
</tr>
<tr>
<td>Difficulty in breathing</td>
<td>19</td>
</tr>
<tr>
<td>Vomiting</td>
<td>14</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Stridor</td>
<td>3</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>2</td>
</tr>
<tr>
<td>Preterm child</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
</tr>
</tbody>
</table>

For the purpose of this evaluation, complete knowledge on the topic is used as a determinant to comment upon the effectiveness on the topic. And hence, the evidence suggests that the project has not been entirely effective in increasing awareness on the topic. Table 20 summarises the findings on the awareness level on the seven topics. For the purpose of the evaluation, effectiveness has been considered a function of awareness level as well as statistically significant difference in ‘case’ and ‘control’. While on some issues the awareness level has been high, some topics had very little or no coverage.

Figure 20: Awareness level

<table>
<thead>
<tr>
<th>Seven Specified Issues</th>
<th>Statistically Significant</th>
<th>Awareness Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition for pregnant women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand washing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insecticide treated bed nets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home care of a sick-child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification of symptoms for treatment of a sick child</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] If the difference in case and control is statistically significant at 95 per cent confidence interval
- [ ] If the coverage is more than 65 per cent
- [ ] If the coverage is less than 85 per cent
- [ ] If the difference is not statistically significant

Source: Created by EY LLP
For ‘exclusive breastfeeding’ and ‘nutrition for pregnant women’, statistically significant results were achieved with high awareness level of more than 85 per cent. However, it is important to note here that for both the topics, awareness levels were high for the ‘control’ sample as well (more than 85 per cent). As most of the population (including the ‘control’ sample) reported to be aware on the thematic area, the content of the topic could be revised to provide detailed information on the nuances of the topic.

For ‘hand washing’ and ‘insecticide treated bed nets’, the project has been effective in creating awareness on the topic. A significant result with good coverage was achieved as majority of the respondents at the intervention site knew about the steps of hand washing. Similarly, for insecticide treated bed nets, awareness on the ‘importance and the need to use’ was found to be effective. However, when awareness on the upkeep of the bed nets was checked, while the results were statistically significant, the coverage was fairly limited.

For ‘immunization’, the project was seen to be effective, with statistically significant difference and a good coverage, as revealed when the respondents were asked about the reasons for immunising the child. However, only about five per cent of the respondents were able to recall all the diseases against which immunization is given, suggesting that more focus needs to be given on the topic.

For ‘danger sign of a new born’ and ‘home care of sick child’, the project effectiveness was not seen to be adequate in terms of coverage and in its ability to create statistically significant results. When the awareness level on danger signs was checked, it was seen that the coverage was extremely low. However, when this was further analysed, a significant difference in percentage and a reasonable coverage was observed for respondents, who could answer at least two danger signs. Given that the intent of the project is to raise complete awareness on the topic, information on the two danger signs was found to be low. However, it indicates that while this topic was covered under the project, appropriate amount of focus was not given on the issue so as to allow people to grasp the concept completely. For ‘home care of sick child’, nobody in ‘case’ and ‘control’ knew all the symptoms. While statistically significant results were found for respondents who knew at least three of these symptoms, the coverage was low.

Based on the findings on the seven thematic areas, it can be concluded that while the project has been effective in creating awareness on some of the topics, it lagged behind in some. The data also suggests that the community, in general, was found to be more aware on certain topics than others. For instance, in the case of ‘exclusive breastfeeding’ and ‘nutrition for pregnant women’, even the ‘control’ group was found to be well aware of the topic, with more than 85 per cent of the ‘control’ sample giving the correct response. At the same time, there were some topics for which the awareness level was found to be extremely low in both ‘case’ and ‘control’. This suggests that the project strategy needs to be revised in order to focus more on thematic areas with low awareness levels, namely, ‘home care of sick child’, ‘danger signs of a new-born’ and ‘immunization’. It is noteworthy to mention that when the project was measured for the awareness level, it was largely seen to be effective in creating awareness regarding basic information on the seven topics. However, wherever the information required technical understanding (i.e., danger signs, diseases against which immunization is given, symptoms for which the child should be taken to the hospital, when should bed nets be treated), the project did not perform too well. It can be said that the project, at this stage, was not equipped to cover technical topics. In order for the project to cover these topics, structural changes in terms of project design (e.g., to focus more on these topics) as well as strategic changes (e.g., to focus on building the capacity of the volunteers on these topics) will have to be made.
4.2.3 Effectiveness in Empowering Women

It is important to note that ‘empowerment’ is an extension of creating awareness and ensuring participation (covered under ‘effectiveness of the project approach’). Empowerment can, thus, be viewed as a final outcome of the activities conducted under the project. The section below should not be read in isolation, but against the backdrop of the previous section on effectiveness.

The project worked to empower women at two levels. Firstly, it worked at the level of empowering the mothers and caregivers. Secondly, at the level of volunteers and core group leaders, it empowered them to become the catalysts of change.

Empowering women at the household level: The project was developed to create behaviour change with special focus on mothers and caregivers. Evaluation of the project revealed that the project worked towards empowering communities to take decisions about their health. While there may be limited number of households who practiced all the seven behaviours, there were many who learnt one or more than one behaviour. The contribution of the project in creating awareness among the community has been established in the previous sections and is highlighted below.

I got information on health and hygiene related topics through the meetings under the project. I already knew about some of the issues discussed in the meetings through BHS. However, I did not know about the symptoms of a sick child when he/she should be taken to the hospital. After attending the meetings, I was able to help my friend whose infant was extremely sick and suffering from diarrhoea and vomiting. I recommended her to take her child to the doctor. She followed my advice and her child recovered after taking medication. As my friend expressed gratitude for helping her, I felt a sense of achievement in being able to support my friend in her time of need”.

Caregiver, Intervention township

The evaluation also established that the project was able to create a culture that promoted positive change among the caregivers and their families. The project encouraged women to spread the message across the community, enabling everyone to participate in the process of change. Interaction with the women revealed that they shared the learning from the meetings with their families and friends. This can be substantiated from the findings which suggest that of the women who practiced the behaviour under the project, a high percentage reported to have mobilised the community on the same issue. This provides evidence of the fact that the project was not only successful in changing the behaviours of the mothers/caregivers, but also motivated them to mobilize the community.

Empowering volunteers and core group leaders: Interaction with the core group leaders revealed that the project had a positive influence on their lives in multiple ways. As the project trained them on the seven issues, preparing them for their role as a core group leader, it provided them with inherent learning, knowledge and skill, which helped in shaping their personalities and behaviours. The project bestowed them with the confidence to facilitate change in the community. It was also found that the cascade phenomena worked extremely well to train the core group leaders. This not only helped in increasing the reach, but also ensured that the learning are passed on from one person to the other.

As quoted by a township level MMCWA member, “The project helped in building the capacities of the volunteers not only on the seven issues, but also on communication skills which helped the volunteers in connecting with the communities”. Another MMCWA volunteer confirmed that the trainings provided to her helped in developing in-depth understanding on the seven issues. She said, “I have worked on maternal and child health issues before, but I have to admit that on some topics, my knowledge was fairly limited and only superficial. After attending the training at Naypyidaw (NPD), I got conceptual clarity on the seven issues. The task of training others in my township motivated me to be attentive in the sessions. This gave me a chance to emulate the
trainers I had met in NDP and further helped me hone my skills”.

Volunteers also shared that while they focussed on creating awareness among the community members, their journey with this project has been much more fulfilling than just achieving the targets mandated by the project. Along with this, their social status in the community changed as they are now viewed as ‘change leaders’. The enriching experience gained by the volunteers motivated them to continue the project, long after it was over. Many volunteers shared how they continued to conduct the meetings even though the project had been concluded in their townships.

“I have learnt from this project that anyone can be a leader and work for the benefit of the community”, said a core group leader from an intervention township. "After getting trained, I have worked with six women and their families. I worked towards creating a behaviour change, but it was a gradual process. Earlier, there was a certain degree of resistance in the community, but now people look up to us and look forward to the meetings. In fact, in my village, women continue to meet and talk about the issues even after the project has officially been stopped”.

There were various inter-linking factors that influenced the project’s process of empowerment. The functioning of the project created an enabling environment for women in the community. It enabled women to become active promoters of healthy behaviours as opposed to remaining passive recipients. The dissemination of information on the seven thematic areas developed their understanding about important family and community practices, thereby empowering them with information that was so far limited. Moreover, the models used for promoting change, like the peer educator model, aligned with the approach of the project which was designed with a conscious effort on mobilizing the community and building their capacities. The project was pivotal in sensitizing the community about the health practices mentioned above. Since it was a unique project that exclusively focussed on maternal and child health, it increased the value that the community attached to these practices. As an extension, it helped them understand the impact of the same on their families and communities.

Given a society where families and communities define norms and play a very important role in the lives of individuals, the support of families is a major influencing factor. The project had a direct outreach and impact on the families, as mentioned in previous sections. About 70 per cent volunteers reported that the project had reached out to their families and a high percentage of respondents reported support from their families on key practices.

4.2.4 Effectiveness of Systems and Processes
This section assesses the effectiveness of the project’s systems and processes. While this has not been covered in the questions of the TOR, it is imperative that the evaluation looks at these parameters while commenting upon the effectiveness of the project.

Project Regularity: It is critical that the project is implemented without any irregularities, delays and gaps. Having a uniform structure to the project not only assists in its smooth functioning, but also aids in developing trust and reliability among the community members. The evaluation assessed the project regularity at two levels:

- Project regularity at the township level; and
- Project regularity at the village level.

Project regularity at the township level: The duration of the implementation of the project was given as nine months in the TOR as well as the concept note. However, it was seen that the project implementation on the ground was not in tandem with the stated duration. Of the twelve
townships, only two townships, Kyaukpadaung and Myingyan, implemented the project for nine consecutive months. It appeared that there was no time based scheduling across townships. In the absence of fixed duration or a fixed schedule, the data suggested that the project might have been run on an ad-hoc basis, without any uniformity. Along with this, gaps, delays and irregularities persisted throughout the project period. For instance, in Kyaukpadaung and Myingyan, the project was implemented for a period of six months in 2012 and was later resumed towards the end of 2013 for a period of three months (November 2013 to January 2014). Moreover, Thaton, Dawei and Hpa-an saw a delay in fund disbursement in the months of May and June in 2013. Complexities in fund flow were given as part of the reasoning for such implementation, which suggested that planning and scheduling could have been improved.

**Project regularity at the village level:** The evaluation suggested that although the meetings were conducted regularly throughout the project, the frequency varied in different townships. About 34 per cent respondents said that the meetings were conducted monthly, 33 per cent reported the frequency as bi-monthly while about 27 per cent were unable to recall the frequency at which it was held, indicating lack of uniformity in the implementation schedule of the meetings and, thus, the project. Interactions with the core group leaders suggested that there was no fixed date for the monthly meetings. The schedule for the meetings was decided by the core group leader and varied each month.

![Figure 21: Frequency of meetings](image)

Defining regular intervals or dedicating a specific day would have encouraged participation by developing a strong association with the project. For instance, the first Saturday of the month could be fixed for conducting meetings in a village.

Apart from the frequency of the meetings, it is also critical to consider the topics discussed during the monthly meetings. The evaluation revealed that of the seven topics for the meeting, respondents reported that some topics were discussed more often than the others. ‘exclusive breast feeding’ was recalled by 75 per cent respondents as the most discussed topic, followed by 66 per cent of the respondents stating that ‘immunization’ was discussed in the meetings. About 20 per cent and 18 per cent respondents recalled discussing ‘home care of a sick child’ and ‘danger signs of new-born’ respectively in the meetings. Only about eight per cent of the population reported that all the seven topics were discussed in the meetings.
It is clear from the graph above that some topics were more frequently discussed in the meetings. It is possible that some topics were preferred by the volunteers while some were, perhaps, neglected. The flexibility offered by the project design can be viewed positively as it allowed adjustments based on contextual needs, but it also led to lack of accountability on what was being discussed and disseminated through these meetings. A combination that can provide flexibility while maintaining some structure to the meeting would be ideal to strengthen the project.

**Capacity Building:** The project was based on the core principle of building the capacity of the volunteers so that they could, in turn, mobilize the community. Trainings provided to these volunteers formed the foundation of the project. The trainings focussed on providing relevant information on seven thematic areas and developing communication and interpersonal skills. A training manual was provided to the volunteers to allow them to refer to the manual whenever needed. The volunteers from the two pilot townships were trained at the MMCWA headquarter at Naypyidaw, whereas for the rest of the townships, the first training was conducted at the township level itself. This was followed by trainings at the village through a cascade phenomenon. Evaluation suggests that a total number of 4,558 people were trained under the project. These people were trained at various levels and at different times during the project lifecycle, as detailed in the table below.

**Table 9: Trainings conducted under the project**

<table>
<thead>
<tr>
<th>Trainings</th>
<th>Number of Trainings</th>
<th>Number of People Trained (in each training)</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headquarters (HQ) level</td>
<td>1</td>
<td>34</td>
<td>2012</td>
</tr>
<tr>
<td>Township level</td>
<td>12</td>
<td>57</td>
<td>At the beginning of the project in each township</td>
</tr>
<tr>
<td>Village level</td>
<td>612</td>
<td>6</td>
<td>At the commencement of the project in each village.</td>
</tr>
</tbody>
</table>

Source: Created by EY LLP based on the information provided by UNICEF

Apart from the trainings conducted at the inception phase of the project, no refresher trainings were organized. Interaction with the volunteers confirmed that apart from these trainings, they did not have any other source of information. In case they had any doubts, they would reach out the BHS who would help them with technical information on the topics. Although there were no formal guidelines shared with the volunteers on working with the BHS or reaching out to them in case of queries, this practice was naturally adopted by most volunteers.
A MMCWA volunteer confirms that after her training at NPD, she had not received any other training. When asked if she felt the need for the same, she shared that she consulted Government doctors and midwife if she had any doubts. She said, that “Refresher trainings will be helpful in revising the concepts learnt during the inception of the project and can also provide a platform for sharing concerns related to technical information or implementation challenges faced by the volunteers”.

**Monitoring and Reporting**: While studying the systems and processes under the project, the evaluation found that the project had a Logical Framework Analysis (LFA) and a Theory of Change (TOC). However, it was not backed by a Result-Based Management Framework (RBMF). The LFA and the TOC were found to be weak and required strengthening. The absence of these two fundamental frameworks suggested that the project was not planned well and lacked the basic structure that would have assisted in its smooth implementation. Under a sound project management structure, developing these frameworks would have indicated that a well thought out strategy had been formulated while planning the project. In the absence of baseline, LFA and RBMF, the project was not underpinned by any proven methodology to monitor its progress or capture its achievements. Consequently, the project was found to be particularly weak in terms of monitoring and reporting. The only reports documented under the project included:

- List of mothers in each village;
- List of villages covered in each township; and
- Quarterly reports and trip reports.

The evaluation gauged that the need for more robust reporting tools. This was validated through analysis that showed that there was no specific format provided by UNICEF to record the trip reports and quarterly reports. Moreover, these were not recorded consistently for all the visits and all the townships. The system to check the number of participants included in the meetings was lengthy and not used as easily accessible information. These were authenticated during the field visit while interviewing the volunteers who confirmed that they had to submit two reporting formats, which limited the scope of information that could be recorded. While qualitative reporting was seen as a weak aspect of the project, some qualitative insights were recorded in the narrative reports during monitoring visits. In order to ensure uniform reporting and overcome some of the challenges observed by the evaluation team in this project, Harmonized Approach to Cash Transfers (HACT) has been introduced. It was first initiated by UNICEF Myanmar in 2010, with the focus on its application to CSO partnerships. However, HACT implementation with Government partners started effective from 1 January 2015. While it was not used under the project, the system is now being gradually institutionalized for all the interventions within UNICEF.

A core group leader, says, “I worked under the project to mobilize community members and conducted meetings every month. I made a list of 49 mothers covered in the village and submitted at the township headquarter. Other than that, we did not submit anything to the HQ. We would discuss the seven topics in the meeting based on the needs of the mothers and address any questions or concerns that they may have”.

The evaluation revealed that the list of mothers covered in each village was limited to 49. It appeared that a targeted approach acted as an inhibiting factor, limiting the coverage of the project. Even if more women joined the project, the same was not being reported, leading to under-reporting of the project’s reach. For instance, interaction with a core group leader in Myingyan revealed that while the project reached about 60-65 women in her village, she only

This procedure expands on the ‘Policy on Harmonized Approach to Cash Transfers to Implementing Partners’ by outlining operational requirements for the management of cash transfers in accordance with the 2014 UNDG Framework on the Harmonized Approach to Cash Transfers (the interagency HACT framework).
Evaluation of the Project ‘Seven Things This Year Initiative’

reported 49 in the reporting format.

Although in some areas, where the villages were small, it inspired the MMCWA volunteers to cover more villages in order to meet the target of 49 mothers. For supportive supervision, monitoring visits were conducted by the Programme Manager who was based out of the Headquarters at NPD. Given the geographical spread, limited visits could be conducted in order to provide supportive supervision to the volunteers across townships.

Apart from this, no monitoring or validation mechanism was established for awarding certificates to the households. The concept of certificates was introduced to encourage and reward those houses who practiced all the seven behaviours. This was a way of recognizing their efforts and giving them a certificate as a token of appreciation, which could inspire others in the community. However, the certificates were awarded based on the availability of stock. Initially, all households were given the certificates but, as the years progressed, none were distributed due to shortage of supply. In the absence of a validation mechanism, where either all or none were given the certificate, this activity did not fulfil its potential.

4.3 Efficiency

This section details the financial structure of the project, its components and various findings on the same. Due to unavailability of the data, the evaluation questions for efficiency have been only partially answered.

Summary of Findings:
- The project had a weak financial management system, which led to ambiguity in guidelines for budgeting and disbursement of funds.
- The formats of invoices that were used for reporting utilisation of funds were not uniform.
- There existed discrepancies in the schedule of disbursement of funds across townships.
- The allocation of funds was not recorded for each township separately.

4.3.1 Efficiency of Processes

While studying the overall financial structure of the project, the evaluation revealed that a total budget of MMK 236,903,715 (approximately USD 215,367) was allocated for the project. However, documents for this budget were not available for different clusters of township for different time periods, which has been cumulated to arrive at the total budget for the project. It appeared that there was a low level of understanding among the stakeholders on the rationale for allocating budget to different townships. The limited guidelines to monitor the allocation of funds by UNICEF was noted as a major limitation in the project design with respect to its financial and monetary systems. A shortcoming of the project that emerged during the evaluation was the lack of fixed targets and goals. Targets are a function of capacities, which need sound financial and technical bases. Within the structure of the project, there existed insufficient milestones for goals and targets to be achieved. Also, there was no objective that was defined at the beginning of the project with respect to covering a particular number of townships across a fixed span of time. The project was initiated in three townships and more target townships were incorporated after different intervals. This suggests that the process of upscaling and implementing the project was not planned appropriately. In light of this information, the evaluation found that there were no benchmarks against which the efficiency of utilised funds could be measured for each township. This disallowed analysis of the extent to which budget estimates matched actual results, which would have helped measure the performance of specific activities in each township.

In the case of ‘Seven Things This Year Initiative’, UNICEF did not fulfil its role of executing a
proven methodology to monitor the progress of the project or to capture its achievements. The lack of scheduled and timely reporting limited the possibility of concurrent financial monitoring of the project, which would have helped identify project variations, cost overruns or delays in key milestones. A secondary dimension within monitoring and evaluation that surfaced while gauging the efficiency of processes was the inconsistency in formats of invoices. The invoices for filing expenditures do not have a uniform format. This can be used as an opportunity to increase uniformity and consistency at the institutional and administrative end of the project.

4.3.2 Efficiency of Fund Disbursement
A key finding was that there existed no time-based scheduling for disbursement of funds across townships. Since the allocation of funds for each township was not decided pre-facto in the form of a budget and schedule, there were instances where disbursement had to be done on a contextual basis. While this ad-hoc fund allocation might add flexibility to the project, the arbitrary nature of the same led to irregularities in the amount of funds allocated. Therefore, uniformity in the schedule of fund disbursement is pivotal in assuring the smooth functioning of project activities.

There existed inconsistencies and delays in receipt of funds throughout townships. This was seen particularly in Thaton, Hpa-an and Dawei which did not receive funds in the middle of its schedule. It must be noted that the reasoning provided for these discrepancies suggests that due to delay in budget disbursement, the project duration in 2012 and 2013 was restricted to six months due to which the second quarter was shifted to July, August and September in Thaton, Hpa-an and Dawei townships. Further, the project was scaled up for an additional three months each in Kyaukpadaung, Myingyan, Thaton, Hpa-an and Dawei, in accordance with recommendations of review meetings in 2013. However, reasoning was not provided for discrepancies in Mindone and Mindat, where funds were disbursed extra months. Therefore, it can be concluded that these inconsistencies were caused by a weak financial management system and diminished the on-ground effectiveness of the activities and acted as a deterrent in gaining momentum and cementing the gains made over time. A table showing distribution of funds across months and townships has been provided in Annex VIII.

4.3.3 Efficiency of Fund Utilisation
The evaluation revealed that the project utilised 100 per cent of funds allocated to each cluster of townships, indicating that there was no over or under-utilisation of funds. The complete utilisation of funds points towards efficient work at a preliminary level. The evaluation then analysed the distribution of funds utilised across different activities. Table 10 maps the percentage distribution of funds utilised by each set of townships. It represents a comparative analysis of funds used in ‘capacity building’ and ‘community mobilization’, as opposed to ‘monitoring and evaluation’ and ‘administrative costs’. It has been noted that the disaggregation of utilization of funds for each activity has not been documented with respect to each township. Townships have been clubbed into groups of three or five while reporting expenditures throughout different time periods. This can be seen as a major flaw in reporting and has led to a shallow understanding about the bases of fund allocation and utilisation. It diluted analysis on measuring expenditure for activities across geographical location and also the rationale for disbursing a certain amount to particular townships.

As shown by the table, most townships have a 70-30 per cent distribution between these two sets (‘capacity building’ and ‘community mobilization’ as opposed to ‘monitoring and evaluation’ and ‘administrative costs’) respectively. While a comment on the adequacy of utilisation cannot be made due to the lack of a benchmark to measure against, it can be inferred that a considerably high amount was spent on ‘monitoring and evaluation’ as well as ‘administrative costs’. Given that the core components of the project were ‘community mobilization’ and ‘capacity building’, it can
be said that a higher amount should have been allocated for the two. Moreover, the fact that the processes related to ‘monitoring and evaluation’ were found to be considerably weak (as discussed in the effectiveness section), it poses questions on the efficiency of the funds spend on monitoring and reporting.

While no guidelines or benchmarks were provided to support such expenditure, it is important to understand that on-ground requirements in such projects could necessitate this form of spending. Given the terrain of Myanmar, it is possible that monitoring and reporting required greater funding in order to reach remote villages. Also, delays in implementation due to political complications and administrative difficulties due to gaps in infrastructure and transportation could be responsible for increased expenditure. However, it is critical for the project to record and report such rationale in order to be able to leverage upon this information and manoeuvre around such difficulties in the future. This ties back to the need to strengthen financial monitoring systems and check mechanisms within the project.
### Table 10: Distribution of funds

<table>
<thead>
<tr>
<th>Townships</th>
<th>Capacity Building (amount)</th>
<th>Capacity Building (%)</th>
<th>Community Mobilization (amount)</th>
<th>Community Mobilization (%)</th>
<th>Monitoring and Evaluation (amount)</th>
<th>Monitoring and Evaluation (%)</th>
<th>Administrative Costs (amount)</th>
<th>Administrative Costs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kyaukpadauung &amp; Myingyan</td>
<td>9,281,000</td>
<td>27</td>
<td>16,232,400</td>
<td>47</td>
<td>4,606,400</td>
<td>13</td>
<td>4,293,800</td>
<td>12</td>
</tr>
<tr>
<td>Thaton, Hpa-an, Dawei</td>
<td>1,2,432,000</td>
<td>20</td>
<td>28,124,400</td>
<td>45</td>
<td>10,318,100</td>
<td>17</td>
<td>11,385,500</td>
<td>18</td>
</tr>
<tr>
<td>Hlaingbwe, Paung, Lashio, Oktwin, Tharbaung, Mindon</td>
<td>29,430,000</td>
<td>26</td>
<td>47,607,000</td>
<td>43</td>
<td>13,460,000</td>
<td>12</td>
<td>20,849,015</td>
<td>19</td>
</tr>
<tr>
<td>Mindat</td>
<td>5,364,500</td>
<td>19</td>
<td>11,095,600</td>
<td>38</td>
<td>1,723,00046</td>
<td>6</td>
<td>10,701,000</td>
<td>37</td>
</tr>
</tbody>
</table>

- The above table shows the financial expenditure across townships for each activity.
- The activity-wise amounts were divided by the total amount spent in the townships to measure percentage expenditure for activities across townships.

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46 The amount for Monitoring and Evaluation includes that for the end line evaluation of ‘Seven Things This Year’ by EY LLP.
4.3.4 Population-wise Distribution
The analysis for per capita expenditure was attempted with the aim of understanding whether the fund allocation under the project was proportionate to its target reach and requirements. For this purpose, the evaluation had to make assumptions related to the target population and cost per household. On the basis of the project methodology and the approach which were focused on reaching out to the entire community, the evaluation assumed that the entire population of the target village is the target audience of the project. However, the information received was not in accordance with the requirement and therefore appropriate analysis could not be carried out. Since the information provided did not include population of target villages, the table has been made using the population estimate provided.

The table shows the expenditure of the project per household in each township. Assuming other factors to be constant, the analysis should show roughly equal expenditure per household across the townships as that would represent that the project spent in accordance with demand. Results of the evaluation revealed that the project spent less in Kyakpadaung and Myingyan even though they had a larger number of households to cover. However, the low expenditure was justified as the project was piloted in these townships. Further, the expenditure per household closest to the average of all expenditures (e.g., Paung) was kept as the base to measure the cost variance. The expenditures across all other townships were measured keeping Paung as the reference point. It was seen that the expenditure varied by more than five per cent in five townships, with Kyakpadaung, Myingyan and Mindat at extreme ends of the spectrum, with the lowest and highest per household expenditures respectively. Thaton had the second highest per household expenditure.
Table 11: Analysis of funds distributed according to population

<table>
<thead>
<tr>
<th>No.</th>
<th>Township</th>
<th>No. of Villages &amp; Wards Covered</th>
<th>No. Households Covered</th>
<th>Total Population (as per 2014 Census)</th>
<th>Cost per Township (as per the financial reports)</th>
<th>Cost per Household (cost per township/no. of households)</th>
<th>Percentage Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kyaukpaduang</td>
<td>63</td>
<td>3,087</td>
<td>261,908</td>
<td>17,206,800</td>
<td>5,573.96</td>
<td>73</td>
</tr>
<tr>
<td>2</td>
<td>Myingyan</td>
<td>63</td>
<td>3,087</td>
<td>276,096</td>
<td>17,206,800</td>
<td>5,573.96</td>
<td>73</td>
</tr>
<tr>
<td>3</td>
<td>Thaton</td>
<td>51</td>
<td>2,499</td>
<td>238,106</td>
<td>22,781,017</td>
<td>9,116.05</td>
<td>119</td>
</tr>
<tr>
<td>4</td>
<td>Hpa-an</td>
<td>51</td>
<td>2,499</td>
<td>421,575</td>
<td>18,550,517</td>
<td>7,423.18</td>
<td>97</td>
</tr>
<tr>
<td>5</td>
<td>Dawei</td>
<td>51</td>
<td>2,499</td>
<td>125,605</td>
<td>19,801,467</td>
<td>7,923.76</td>
<td>103</td>
</tr>
<tr>
<td>6</td>
<td>Paung</td>
<td>51</td>
<td>2,499</td>
<td>218,459</td>
<td>19,133,203</td>
<td>7,656.34</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>Hlaingbwe</td>
<td>51</td>
<td>2,499</td>
<td>155,544</td>
<td>19,507,203</td>
<td>7,806.00</td>
<td>102</td>
</tr>
<tr>
<td>8</td>
<td>Thabaung</td>
<td>51</td>
<td>2,499</td>
<td>154,400</td>
<td>19,307,203</td>
<td>7,725.97</td>
<td>101</td>
</tr>
<tr>
<td>9</td>
<td>Oktwin</td>
<td>51</td>
<td>2,499</td>
<td>159,828</td>
<td>18,961,203</td>
<td>7,587.52</td>
<td>99</td>
</tr>
<tr>
<td>10</td>
<td>Lashio</td>
<td>51</td>
<td>2,499</td>
<td>323,405</td>
<td>19,883,203</td>
<td>7,956.46</td>
<td>104</td>
</tr>
<tr>
<td>11</td>
<td>Mindon</td>
<td>51</td>
<td>2,499</td>
<td>59,357</td>
<td>20,214,803</td>
<td>8,089.16</td>
<td>106</td>
</tr>
<tr>
<td>12</td>
<td>Mindat</td>
<td>51</td>
<td>2,499</td>
<td>42,600</td>
<td>23,223,300</td>
<td>9,293.04</td>
<td>121</td>
</tr>
</tbody>
</table>

Source: Created by the evaluation team based on the information provided by UNICEF
4.4 Impact

This section seeks to answer the questions mentioned under the ‘impact’ section of the TOR. Impact refers to the positive and negative changes produced by a social sector intervention. For the purpose of this project, impact will be measured based on the success of the project in creating behaviour change. Since there is no baseline data which can be used to ascertain the impact of the project from its inception to now, the evaluation will assess the change based on ‘case’ and ‘control’ sample.

Summary of Findings:

- Around 94 per cent women in ‘case’ villages reported practising exclusive breastfeeding. The qualitative interactions with mothers and caregivers in the community have confirmed the same.
- The project has been successful in fostering positive change and creating an enabling environment, as witnessed by the high percentage of women (93 per cent) motivating pregnant women to adopt proper nutritional habits.
- After a comparison between knowledge and utilisation levels of insecticide treated bed nets, it was found that while 90 per cent people are aware of them, only half of them could convert that information into practice.
- When the thematic area of immunisation of child was analysed, it was seen that only six per cent of the respondents did not follow the practice. However, about 90 per cent of the respondents who had not immunised their child had not done so due to a lack of required information, while about 8 per cent did not receive support from their family.
- The findings on the practice of hand washing reveal that in ‘case’ and ‘control’, 99 per cent and 98 per cent respondents respectively reported following the practice.

The lack of a baseline, coupled with the fact that the project does not have a logical framework with indicators, makes it difficult to assess impact. While the project has been successful in creating reported behaviour change, it is difficult to attribute its direct impact on maternal child health outcomes for various reasons. Firstly, the project was implemented for a short period of time, making it difficult to measure its direct impact on the maternal health outcomes. Secondly, since the scale of the project was limited, it may not translate into a measurable impact at the national level. And thirdly, multiple factors affect maternal health indicators in a country and it would be unfair to completely attribute either the project’s success to these indicators or improvement of the indicators to the project. Given these limitations, the contribution of the project to maternal child health outcomes cannot be measured directly. However, the project had been successful in empowering the communities to practice certain behaviours, which has been detailed in the sections below. The project catered to a range of behaviours related to maternal nutrition, infant health, hygiene and preventive health. This evaluation seeks to compare the practice of these behaviours between ‘case’ and ‘control’ in the following section.

4.4.1 Maternal Nutrition

Exclusive Breastfeeding: About 94 per cent respondents in ‘case’ and 88 per cent respondents in ‘control’ reported to practice exclusive breastfeeding. With a difference of six per cent points, the impact was found to be statistically significant at a confidence interval of 95 per cent.

Interaction with the community revealed that the practice of exclusive breastfeeding had

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47 It is important to note that the evaluation did not validate the responses by checking if the behaviour was practiced or not. The responses reported by the respondents were considered valid.
become a norm in the communities where the project was being implemented. For many women, this behaviour had not been practiced for their first child as they did not understand its importance back then; but after the implementation of the project, they ensured that they followed the practice. While most women had learnt about the behaviour from the BHS, the message was reinforced by the project volunteers who discussed exclusive breastfeeding in the meetings. When the data was disaggregated for time, it was seen that the townships where the project was implemented for longer duration (2012, 2013 and 2014) showed better results as opposed to townships where the project was implemented for only six months (2015). This also suggests that the changed behaviour in many townships was sustained over the years (since the practice of these behaviours have been reported in 2016). While this can be viewed as a key achievement for the project, it is important to consider that external reinforcements in the form of other projects would have contributed to the sustenance of the practice.

Figure 23: Respondents practicing exclusive breastfeeding of child

Of the six per cent women, who did not breastfeed their children, the reasons for not practicing the behaviour were further analysed. In 'case' villages, of those who did not practice the behaviour, about 60 per cent did not have the information and 12 per cent respondents did not get support from the families. These numbers present an opportunity for tapping into the groups of people who are unaware of the practice and where the families continued to be reluctant to adopt the practice.

Figure 24: Reasons behind not exclusively breastfeeding child

The principle of community mobilisation rests on the fact that the community is empowered to share the learnings with each other. The community was, thus, asked if they would motivate other women to practice this behaviour. About 92 per cent of the population in 'case' reported to have encouraged other women to practice exclusive breastfeeding, while about 83 per cent in 'control' reported the same; indicating the success of the project in fostering a positive change and contributing to the creation of an enabling environment.
When the data was disaggregated for time, results similar to those observed in practice of exclusive breastfeeding were witnessed. This indicated that the project performed better when it was implemented for a longer duration of time. This also commented on the sustainability of the project wherein the communities continued to practice the behaviour even after the project was concluded long back. It was observed that about 94 per cent women (‘case’) who were aware of the concept of exclusive breastfeeding practiced the behaviour; indicating that majority of the population was able to transform its awareness into practice.

Is breast milk enough?
A mother shared that after attending the meetings under ‘Seven Things This Year Initiative’, she was determined to exclusively breastfeed her infant. But after having twins, she was unsure if her breast milk would be enough to meet the nutritional requirement for both. In order to address this doubt, she consulted the project volunteers who advised her to continue exclusive breastfeeding and explained how it would be sufficient to meet the requirements of both the babies. However, later on, her husband raised concerns on the same issue. He felt that while breast milk may be enough for one infant, exclusively breastfeeding both the infants may not meet their nutritional requirements.
In order to address the apprehensions of her husband sought support from the volunteers. In her words, “My husband and I had an argument about exclusive breastfeeding. He thought it will not be enough for both my children. Although I understood this concern, I had to call the MMCWA volunteer to counsel him on the importance and need for exclusive breastfeeding, which I had learnt during the monthly meetings’. The volunteer met the husband and patiently answered all his queries, assuring him that the breast milk would be the best option for his children.

When these results were compared to the KAP study conducted by UNICEF in 2013, it suggested that only 34.6 per cent population followed exclusive breastfeeding. The difference between that and the current scenario indicates that considerable improvement has been achieved on the practice of the said behaviour.

Nutrition for pregnant women: About 96 per cent of the respondents in ‘case’ and 90 per cent in ‘control’ reported consuming extra food during pregnancy and receiving support from their families. With a statistically significant difference at 95 per cent confidence interval between ‘case’ and ‘control’, these figures highlight that the project was successful in mobilising the women and their families in practising the behaviour. It was seen that of the total women who were aware of the consumption of additional food during pregnancy, 95 per cent reported practising the behaviour.
The core group leaders cited the importance of interacting with the families, asserting it to be a prerequisite to behaviour change.

A project volunteer shared how she goes an extra mile to ensure that she meet the caregiver’s family during the home visits for pregnant women or lactating mothers. She says, “This exercise was not only important to create behaviour change among the family members, but also to ensure that they grew familiar with our presence and the project. Once the family members, including the husbands, understood that we are running this project to support their families and children, they encouraged the women to come for the monthly meetings”. She also mentioned how she often met families who believed that pregnant women should not eat when they were sick. In her words, “Our society is full of unfounded beliefs and it is not so easy to change them since people have believed in them for decades. Thus, it is a gradual process which requires consistent efforts. When I spoke to pregnant women, I realised that instead of consuming more food, they would stop eating food when they experienced nausea during pregnancy. In such a situation, I realised I had to involve the family in the process. Not only did I interact with the mothers-in-law, but also ensured that their families understood the importance of their consuming additional food during pregnancy”.

When this data was analysed for time, it was seen that the townships where the project was implemented earlier (in 2012, 2013 and 2014), showcased better results, as opposed to the townships where the project was implemented in 2015. While this could be attributed to variation in townships, it can be concluded that this was due to the shorter time duration of the project in 2015. When the respondents were asked if they would motivate other women to consume additional food during pregnancy, 93 per cent in ‘case’ and 86 per cent in ‘control’ responded correctly, indicating a positive impact of the project on the community.

4.4.2 Child Health

Immunization: About 79 per cent respondents in ‘case’ and 77 per cent in ‘control’ reported to have immunization cards. The minimal difference in ‘case’ and ‘control’ presents an opportunity to focus on increasing the demand for the cards by encouraging the community members to keep a record of their child’s immunization. There could be various reasons, systemic or organizational, for low coverage of the immunization cards like non-availability of cards or issues related to its distribution. If the project can be evolved, in its second phase, to develop strong linkages with Government services, volunteers can be encouraged to empower the communities on the use of immunization cards or other related Government provisions.
When the respondents were asked about the status of immunization, it was found that 94 per cent in ‘case’ and 91 per cent in ‘control’ reported having immunized their child as per age. This indicates that while the respondents may not have immunization cards, they continued to immunize their children.

**Figure 28: Respondents whose infants are immunized as per age**

![Bar chart showing the percentage of respondents who got their infants immunized per age, with 94% in 'case' and 91% in 'control'.]

A midwife, working for the last 17 years, while explaining her job profile, shares how the project is helping in her work. She says, “My job is to work with women and children for their health and immunization. Apart from conducting immunization sessions and other activities at the clinic, I am also responsible for conducting counseling sessions; but given the workload, it is usually not possible to mobilize the community as I have to look after 20 villages. With the project, ‘Seven Things This Year Initiative’, the volunteers actively work towards creating awareness among the community members”.

**Figure 29: Reasons for not getting infant immunized as per age**

![Bar chart showing reasons for not getting infant immunized, with 87% in 'case' for not knowing about it, and 90% in 'control' for not knowing about it but the center was far.]

When the reasons for not immunising the child were analysed, it was seen that about 90 per cent of the respondents who had not immunised their child did not have the required information, while about eight per cent did not receive support from their family. Both these reasons present a window of opportunity for the project to further strengthen its reach.

**Figure 30: Respondents whose infants are immunized as per age distributed over time**

![Bar chart showing the percentage of respondents who got their infants immunized per age over time, with higher percentages in earlier years.]

When the data was analysed for time, it was seen that the townships where the project was implemented earlier (in 2012, 2013, and 2014) performed better, as compared to the townships where the project was implemented in 2015. As mentioned before, this could be attributed to the duration for which the project was implemented in the townships. As per the KAP
study conducted by UNICEF in 2013, 56.7 per cent respondents reported their children to be fully immunized. When these results are compared to the evaluation (wherein over 90 per cent of all the respondents reported to have immunized their child for age), it highlights that there has been a considerable improvement in the last two years in the townships under study.

**Response to diarrhoea:** Most respondents in ‘case’ and ‘control’ gave their children ORS when they suffered from diarrhoea. About 96 per cent respondents in ‘case’ and 94 per cent in ‘control’ practiced the behaviour, indicating that most community members were aware of the steps to be taken when their child suffered from diarrhoea.

**4.4.3 Hygiene Related Behaviour**

**Hand Washing:** Nearly all respondents in ‘case’ (99.9 per cent) and ‘control’ (99.6 per cent) reported to have a soap at home and almost everyone, with only one per cent difference in ‘case’ and ‘control’, reported that they practice regular hand washing. Positive response was received from majority of the respondents, with ‘case’ at 98 per cent and ‘control’ at 97 per cent on respondent’s willingness to encourage children or family members to follow hand washing practices.

**4.4.4 Preventive Health**

**Insecticide Treated Bed Nets:** About 52 per cent respondents in ‘case’ and 46 per cent respondents in ‘control’ used insecticide treated bed nets. However, when the data was analysed
to see how many mothers who knew about the project actually practised the behaviour, only 55 per cent mothers in ‘case’ practised the same. **This reflects that while people have the information and awareness on the use of insecticide treated bed nets, only half of them converted this information into practice.**

**Figure 33: Respondents using insecticide treated bed nets**

<table>
<thead>
<tr>
<th></th>
<th>Case (%)</th>
<th>Control (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>52%</td>
<td>46%</td>
</tr>
<tr>
<td>No</td>
<td>48%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Interaction with the MMCWA volunteers revealed that the major limitation in practising this behaviour was the lack of availability and the cost of the insecticide treated bed nets. While the demand for insecticide treated bed nets was created through the project, the supply of the bed nets was limited. Efforts were made by the MMCWA volunteers to provide free of cost insecticide treated bed nets, that they had purchased from their own budget, in some townships like Kyakpadaung. However, this could not be replicated in other townships and was not seen as a sustainable strategy. While the Government also distributes insecticide treated bed nets in some townships, discrepancies have been reported in its distribution, with many households not receiving any.

_A medical superintendent shared, "Open areas during rains usually become a breeding ground for mosquitoes, because of which malaria is extremely common in our area. Our Government has made provisions for distributing two insecticide treated bed nets per household; however, not all household received the bed nets. After the implementation of the intervention, there has been increased awareness on the topic. People have not only started using the existing bed nets, but have also taken the initiative of purchasing bed nets"._ He appreciated the project for working with the community to encourage the use of insecticide treated bed nets and considered the project as an important contributing factor for increase in the use of insecticide treated bed nets in the intervention districts.

It is evident from the sections above that the project was successful in creating behaviour change when compared to the ‘control’ group. However, since there were no indicators or targets defined for the project, the evaluation cannot measure the success of the impact of the project. In the absence of a clear demarcation on how much coverage of the practices or what difference between the ‘case’ and ‘control’ would be considered effective, it can only be said that the project has been able to create a positive impact with good coverage on some issues, while some issues need strengthening and prioritisation. It can be concluded that the contribution of the project towards creating behaviour change and, hence, improving maternal and child health in Myanmar has been indispensable. However, as the project was implemented for limited time and on a limited scale, it would not be possible to attribute the project’s direct impact on maternal and child health indicators.

### 4.5 Connectedness

*While answering the question for connectedness, this section highlights how the project worked in convergence with other stakeholders and how it can be strengthened.*
Summary of Findings:
- The project was implemented under the partnership of the three key stakeholders namely, UNICEF, MOHS and MMCWA.
- Little or no coordination with MOHS at the grass root level.
- The project did not witness convergence from other CSO partners.

For an intervention to be effective, it is critical to explore how well it connected with the other players working in the same space and how well it complemented the existing services/programmes. The project ‘Seven Things This Year Initiative’ was conceptualised with the intent to support the existing Government services. The project was implemented under the partnership of the three key stakeholders namely, UNICEF, MOHS and MMCWA. UNICEF worked closely with the MOHS and MMCWA to implement the project. The funds were routed to MMCWA via MOHS by UNICEF. While convergence was observed at the top level, the evaluation did not find strong coordination at the grassroots level.

“Service provisions have been introduced by the MOHS, and this project primarily focuses on creating awareness regarding some of these services. Thus, it effectively complements the work done by MOHS. We feel that the project should be scaled-up so that other townships can also reap the benefits of the project”.
Township health officer

While the BHS was aware of the project, there was no formal mechanism to involve them in the project in any way. Interaction with the Government officials revealed that while they were aware that meetings were conducted in their villages, they had never attended these meetings themselves, nor had they attended any training under the project. The volunteers, however, reached out to the midwives for technical inputs in case they had any doubts or concerns on any topic. This was a practice adopted by most volunteers, without any formal mechanism or communication in place for this.

“Sometimes, while conducting the meetings, we are asked questions for which do not have the information. In such a scenario, we consult each other, and if none of us know the answer, we ask the midwife. She is aware that we work with the community to mobilize them on the seven topics. She always lends a helping hand and addresses all our queries”.
Core group leader, Intervention township

The project was started with the intent to support the existing Government services. However, limited coordination while implementing the project could potentially lower its impact on the community. Thus, establishing a clear role for the Government officials in the project would assist in strengthening convergence at the grass root level. Other than the Government, there were other organizations working in the space of maternal child health, focusing on similar thematic areas or related issues. However, the project did not witness convergence with these partners as each one of them continued to work in their own space without much interaction. Some of these organizations working in the intervention townships have been mapped in Annex IX. Many of these project were implemented either concurrently with the project, or after its completion. In both the cases, coordinating with other partners could have assisted in exploring ways to strengthen the maternal child health movement. Other organizations could have used the existing platforms created by the project to disseminate information.

While the work done by each organization contributed to improvement in the area maternal child health, better results could be achieved if different partners come together to strategically plan how the projects can complement each other. It can be concluded that while the project worked closely with the key stakeholders in the country, namely MOHS and MMCWA, there were other
actors that emerged in the recent years. These partners and the projects continued to work in isolation, with little or no coordination with the project. Sound collaboration and partnership with other UN agencies, NGOs and with Government counterparts would help in expediting the progress while scaling-up the project to achieve results at the national level.

4.6 Sustainability

Under this section the evaluation analysed the sustainability of the project at a macro level in terms of its activities, exit strategy and extent of institutionalisation as well as the sustainability of its results and achievements.

Summary of Findings:
- The project was conceptualised with the aim that the activities remain sustainable beyond the project duration.
- There was no exit strategy for the project.
- Funding for the project has been identified as a concern for the sustainability of the project.
- The project was effective in inducing sustainable behaviour change as the respondents reported to continue practising the adopted behaviour, even though the project had ended much before (in 2012, 2013 and 2014).

In order to comment upon the sustainability, the evaluation examined it at two distinct levels:

- **Sustainability of the project**: This section looks at the sustainability of the project in its entirety. This encompasses analysis on the activities, the exit strategy of the project, possibility of institutionalizing or scaling-up the project and the factors affecting them; and
- **Sustainability of the results/achievements**: This section seeks to evaluate whether the changes produced by the project are sustainable over time.

4.6.1 Sustainability of the Project

Sustainability was an intrinsic component of the project design. While planning the project, the activities were designed with the idea that they can be sustained post the project implementation. Interactions with stakeholders from UNICEF revealed that the project was conceptualised to allow the mothers’ groups to continue their activities even after project completion. ‘Training’ of the volunteers, which formed the foundation of the project, was conducted using a cascade model to allow sustenance of behaviour within the communities. The core group leaders, who were the local women from the village, were trained on the seven topics. Once they had received the training, understood the concepts, internalised the behaviour by practising it themselves and mobilising the communities to practice them; it was expected that they will continue to do so even after the project was formally over. It was thought that the community networks would continue to function and reach out to more members with time.

"Trainings were conducted to build capacities of the volunteers to find solutions to the existing problems on the seven issues. The objective of the training was to provide them with conceptual clarity on 'why' a specific behaviour needs to be followed. Once they gained conceptual clarity on the topics, it was thought that the practice would be naturally sustained over time".

UNICEF officer

While the aforementioned aspects were considered during the planning stage, no exit strategy was planned for the project. There was no transition phase where the project activities were gradually phased out or the responsibility of conducting the meetings was allocated to the local
mothers. In most cases, the project was abruptly discontinued as it completed its designated time period in the township. The component of strategically phasing out the project was found to be completely missing. However, qualitative interactions revealed that in many townships, the project activities continued even after the termination of the project. When the data was triangulated, it was found that the MMCWA leadership in NPD was mostly unaware of the continuance of the project as it was being run due to the initiatives of the core group leader or the local volunteer.

After getting trained at NPD, MMCWA volunteer was working in eight villages under the project. Even after the project was concluded, she continued to work at her intervention sites. In her words, “The project was concluded in December 2014. However, we have continued the meetings in the villages and these are still held every month. We could not stop the meetings as the mothers had grown used to the meetings. Therefore, in consultation with the core group leaders, we decided to continue with these meetings”.

MMCWA volunteer

For many mothers, these meetings continued to be a platform for discussions on health issues as they were unaware that the project was officially terminated. While this situation was limited to a few villages only, it resonated with the intent with which the project was designed. However, the intent was not completely translated into action in the absence of an exit strategy. With no orientation provided to the volunteers to hand over the meetings to the mothers and core group leaders, the continuance of the project was at their prerogative. In an ideal situation, where a systematic hand-over of the project to the mothers should have occurred, the project could have been successfully institutionalized without it being an added responsibility for the MMCWA volunteers.

The project stopped a year ago but the caregiver was unaware, the meetings have been continued for over a year by the volunteer. A mother of two, with a son aged 13 and a daughter aged eight, talks about the meetings and the support provided by the volunteers. She says, “I still go for the meetings every month and consult the core group leader if I have any concerns regarding the health of my family”.

When examining the long term sustainability of the project, funding appeared to be a major concern for the key stakeholders. Interaction with MMCWA leadership revealed that they wanted to continue the project as this was seen as a pioneer project with immense potential to create behaviour change and support the communities. Also, when the mothers were asked their opinion on the need to continue the project, most respondents expressed that these meetings were a valuable platform and if continued, would assist in their learning and development.

“The project was extremely beneficial for the community as we have been successful in creating behaviour change. A lot of women rely on this project and on the project volunteers for information on maternal child health and, hence, strategy to continue the project should be considered”.

Township level MMCWA member

When the same was discussed with MOHS, they acknowledged the contribution of the project in creating awareness in the community and assisting the service provisions offered by the Government. While the project was not institutionalized within the Government system, they were looking for extended support from UNICEF to continue the project and scale it up to other townships.
4.6.2 Sustainability of the Achievements

“Seven Things This Year Initiative’ is based on the concept of creating awareness among women and building their capacities on the seven recognised issues. These women, then, become the leaders who spread the message across the community. Before the project, they would go to the BHS if they had concerns regarding health, but now their capacities have been built to an extent where they can handle some of these issues themselves”. MMCWA volunteer

For any project to be successful, it is important that the results produced can be sustained over time. This is particularly important for a behaviour change intervention, where the project’s impact cannot be limited to the period of the intervention and goes much beyond that.

Creating behaviour change is a complex phenomenon as it derives from people’s habits, beliefs, understanding, knowledge and the society they live in. An intervention has to take into account all these factors while working to create behaviour change at a community level. ‘Seven Things This Year Initiative’ worked with the overarching principle of community mobilisation, which was underpinned by social network theory and peer educator model. Through its implementation, the project was able to create considerable improvement in awareness levels (as discussed in the effectiveness section) and consequently, successful change in behaviour (i.e., impact) for most issues.

Given the fact that the project was spread over a period of four years, concluding in some townships in 2012, and for others in 2013, 2014 and 2015; it was possible to assess the sustainability of the practices over the years. Thus, for all the behaviours in consideration, the awareness level and practice was assessed for time. (The same has been illustrated in detail in the effectiveness and impact section). The findings from the analysis showcased incredible insights on the sustainability of the behaviours. It revealed that the townships where the project was implemented in 2012, 2013 and 2014 showed better results (in terms of practice of behaviour) than where the project was implemented in 2015. This suggests that the practice of the behaviour did not decline as the years passed. In fact, once the seeds of change were cultivated through rigorous efforts in the first year, the practice of the behaviour was sustained over time. The ability of the project to produce sustainable results can be seen as its biggest achievement. Here, it is important to mention that the sustainability of the behaviour cannot be completely attributed to the project under evaluation alone. The external reinforcements received from other projects in the townships would have helped in sustaining the practice. ‘Seven Things This Year Initiative' is seen as an intervention that brings together different synergies, presenting a unique and a comprehensive project at the community level.

Evaluation also revealed that the project came across as a worthy pilot that could be replicated and scaled-up in other townships based on the foundation of community mobilisation and drawing on the principles of the peer educator model and social network TOC. However, in order to scale-up the project, it is extremely critical to address the barriers faced by the project today. These multifaceted barriers present a situation that requires work on a wide range of issues, which have been discussed in Section 7 of the report.
5. Conclusions

UNICEF Myanmar’s project, ‘Seven Things This Year Initiative’, was a noteworthy social mobilisation project aimed at engaging women, mothers and caregivers in Myanmar in order to enhance their role and contribution towards betterment of maternal and child health. It was observed to be highly relevant when seen against the background in which it was expected to deliver, given the country’s poor health standard and practices with respect to maternal and child health. It was phased with the vision of spreading awareness and creating behavioural change by promoting seven key family health practices. The conclusions from the evaluation have been categorized under the evaluation criteria, as follows:

- **Relevance**: The evaluation assessed whether the project was relevant to the country context and needs. In 2012, the project was one of the few projects working on the theme of maternal and child health in Myanmar. Given the country context, the fact that the project continued uninterrupted and was successful in its implementation can be seen as a major achievement. Further, relevance was measured with respect to the partnerships forged by UNICEF to support the project. It was seen that the project uniquely collaborated with Government nodal agencies like the MOHS and NGOs like the MMCWA in its pursuit to follow a consultative and participatory approach. This partnership made MOHS and MMCWA the primary stakeholders of the project, and was pivotal in providing necessary functional expertise required at every stage. While the MOHS supplemented with structural inputs and smooth functioning, the local agency of MMCWA was the implementing partner due to its large reach and coverage. Through the implementation of the project, UNICEF worked towards building the institutional capacity of MMCWA by conducting trainings and establishing systems and processes to be followed under the project. With respect to its intervention strategies, the project was structured in a way to utilize the synergistic relationship between two social change models, namely, the social network theory and the peer educator theory, in order to adequately respond to contextual requirements at a regional and local level. The challenge of reaching out to women across the wide geographical coverage was circumvented by the application of the social network model which converts individuals into catalysts of change and creates linkages across networks of individuals, families and communities. Supplementing this, the peer educator model was adopted to manoeuvre around the biases that close-knit communities have towards outsiders; by converting women from within the community into role models and promoting seamless transition of information through building trust and sense of ownership among the community.

- **Effectiveness and Impact**: Overall, the project was effective in its coverage as confirmed by the fact that roughly 90 per cent of the respondents reported that a mothers’ group was formed in their village and household meetings were conducted properly. However, there is mixed evidence in terms of the project’s effectiveness and impact with respect to awareness levels and behavioural change respectively. Evidence suggests that levels of practice are high in places where strong awareness levels have been noticed. Statistics for parameters like exclusive breastfeeding, steps of hand washing and nutritional habits of pregnant women mirror each other at roughly 95 per cent. On the other hand, low levels of awareness were seen in relation to danger signs for a new born child, insecticide treated bed-nets and immunization of infants. Therefore, it can be said that there exists a strong causal link between awareness and practice within this context. Evidence also suggests that information that was complex and required technical inputs was found to be weak among the community.
• **Efficiency:** The evaluation revealed that the project needs to strengthen existing monitoring and evaluation systems, since these structural limitations hampered various aspects related to project regularity, documentation and budgeting, as well as concurrent monitoring. The project duration was inconsistent across most of the townships, which does not align with the project design. Incomplete information on budgeting led to difficulties in measuring its efficiency. Moreover, improper documentation and ad-hoc scheduling caused gaps in consistency, arresting the effectiveness of the local project activities.

• **Sustainability:** The aforementioned limitations directly fed into the project's ability to sustain itself at a national and local level. At the village level, the project has been successful in creating able networks that can drive change going into the future. It has intentionally involved relevant partners from all levels in order to develop a sense of ownership, which has, in turn, further validated its approach. However, the structural issues that plague the project need to be mitigated or overcome in order to sufficiently upscale or replicate the project.

It would be unfair to attribute the project’s success or failure to its impact on the national maternal mortality rate and under-five mortality rate, considering these indicators are a function of a multitude of factors. However, the project has helped understand various lessons that would help not only in the second phase of implementation, but also guide other relevant projects and positively affect the prioritisation of maternal and child health in the country.

In light of all these factors, it can be concluded that the intervention has the potential to grow further to successfully meet and surpass its intended objectives, provided it overcomes the barriers it currently faces.

### 6. Lessons Learnt

The evaluation of the project helped understand certain essential lessons which can be employed to strengthen and evolve the existing model of implementation for this project, and also to inform better practices for other similar projects more effectively and efficiently. The key learning of the project have been enlisted below and have been used to develop recommendations in the following section of the report.

1. **The importance of planning:** The project provides a unique example of a partnership between a Government ministry (MOHS), UNICEF, and MMCWA, which reached out to communities in 12 townships across Myanmar. While the project achieved normatively favourable results in the face of a volatile socio-political context, the evaluation observed that its progress could have been further augmented in the presence of a strong planning phase. The lack of rigorous planning negatively impacted the development of a robust Results Based Management Framework and a detailed TOC; as a consequence of which the project missed elements like defined outcomes, outputs and activity-wise indicators. The lack of such benchmarks did not allow comparison of results with specific pre-defined targets, thereby inhibiting the evaluation in assessing whether the project had been successful in meeting its intended objectives. Further, the absence of such elements resulted in limited scope of course correction through the stages of the project, which could have helped mitigate certain recurring barriers it faced. While this shows the need for proper planning in the context of the project, it proves to be an effective lesson for all such projects to improve overall functioning and progress.
2. **Employing contextually feasible methodology**: The evaluation found that the project had employed appropriate methods to reach out to its target audience and create the desired impact. The project achieved reasonable results by deploying women from within the villages as agents of change, using a cascade model to reach out to a large population through a small group of trained women and organizing monthly meetings. However, it is important for the project to not only focus on mothers, but also lay emphasis on other individuals within a household who influence decision-making like mothers-in-law, grandmothers and men. Therefore, in order to ensuring positive decision-making it is important for the project to identify the reference points for women in the decision-making process and attempt to incorporate them within the project. This exemplifies the need for all projects to ensure that the methods utilized within their methodology cater to contextual requirements and leverage on the strengths presented by their environment.

3. **Need for regular and systematic monitoring and evaluation**: Through the course of the evaluation it was observed that the project had a weak monitoring and reporting system. The primary problem was that the project did not provide any guidelines for the frequency of supervisory visits and number of reports to be delivered. This led to a lack of clarity on the progress of activities conducted and challenges faced, leaving limited scope for mid-course correction. Also, feedback mechanisms, which are an extension of the monitoring cycle, were seen to be plagued with a lack of organisation and structure. In the absence of uniform formats and checklists, the data gathered from the field was extremely limited. This limited the scope of on-ground understanding of the project and eliminated internal quality checks. These examples brought to light the importance of appropriate monitoring frameworks and the impact they have on the proper functioning of the project, its success and evaluation.

4. **Importance of relevant partnerships and interlinkages**: ‘Seven Things This Year Initiative’ has been underpinned by the principle of partnership, as seen by the involvement of several relevant stakeholders from the time of its conception. In such projects, it is pivotal to develop a strongly interlinked network of relevant parties to ensure the successful implementation of the project. There should be a focus on ensuring diversity within the stakeholders, in order to leverage upon their varying experiences and skills, which would converge to make the project comprehensive and holistic. In this light, while partnerships with Government ministries is pivotal for the smooth functioning and eventual institutionalization of the project, it is important to also focus on CSOs in order to gain adequate support to help the project attain desired objectives. For the successful implementation of the project, a strategic approach to strengthening partnerships with other stakeholders could also be developed.

5. **Financial guidelines and their impact on efficiency of projects**: The project did not entail the use of uniform formats for financial reporting. Guidelines for allocating budget to townships were provided, however, their evaluable was extremely limited. Moreover, there were delays in disbursing the funds, which consequently affected project implementation in the villages. A robust financial management system with properly laid out procedures, formats, guidelines and responsibilities with specific timelines could assist in avoiding such delays.

6. **Importance of informed selection of target audience**: The evaluation witnessed that, as a part of its concept note, the project had not only aimed at mobilising mothers of the reproductive age, but also mothers-in-law and grandmothers. Further, the project also branched out to men and boys at various implementation levels through activities like community days, theatre etc. Such cross functional targeting revealed that the project attempted to involve all such stakeholders that can influence behaviours, in order to create sustainable community level
change. It is important that projects should undertake a formative research, for example in the form of a barrier analysis, in order to develop a comprehensive understanding of all bottlenecks and enabling and limiting factors. This would enable a well informed and contextually feasible mapping process and would guide the design and implementation of the project.

7. Recommendations

Based on the findings, conclusions and lessons learnt from the implementation of the project, the evaluation provides five main recommendations. At this stage, while it is not clear if the project will be carried forward in its second phase, some of the following points should be considered when and if planning its second phase. These have been listed in order of priority and validated alongside MOHS, MMCWA and UNICEF.

1. **Sound Result-Based Management Framework:** As part of the project design, it is imperative for UNICEF to develop a RBMF with clearly defined outcomes and outputs for the project. Activities should also be detailed for every output along with the relevant objectively verifiable indicators (process indicators and impact indicators). These indicators can follow the SMART (Specific, Measurable, Attainable, Realistic, Timely) criteria in order to maximise their applicability. The appropriate development and utilisation of such a system would define accountability of results and, in turn, ensure constant monitoring and assessment of progress towards desirables. By concretising the project expectations and accommodating for change processes, it would effectively eliminate uncertainty and ambiguity of outputs in the project. The approach to developing a sound RBMF must be consultative and participatory in nature, and engage certain key stakeholders like Government ministries and CSOs. The involvement of the Government and CSOs in the planning process would encourage the creation of a mutually beneficial relationship, thereby increasing their sense of ownership towards the project which would expedite its institutionalization process as well. Moreover, it is important for the project to build upon the first stage of implementation, by using the on-ground findings to strengthen the second phase. This would provide perspective on contextual realities and allow the project to tailor itself in order to meet on-ground needs. Therefore, the development of a RBMF in such a manner would hugely benefit the project in maximising its impact and in achieving its objectives. It is also recommended that a formative research can be undertaken to influence the design of the project in order to understand various factors influencing the maternal child health space in the country (including the enablers and disablers). The scope of the study could be extended to capture various myths and misconceptions prevailing in the community around the area of maternal child health.

   **Addressee:** UNICEF  
   **Time period:** Design stage for phase 2

2. **Appropriate monitoring and evaluation of the project:** Developing a sound monitoring and reporting system is extremely critical for the success of the project. Post the development of a strong RBMF, it is necessary to put a supervisory system in place that helps in monitoring the functioning of the project. To ensure that the project is being implemented effectively, it is necessary to introduce reporting formats that capture information on the coverage of the project along with the impact of activities. These would provide a valuable base of properly documented information that could supplement the feedback loop in the future. Moreover, apart from quantitative data, collection of qualitative information is essential as it can inform the planners, decision-makers and implementers of an intervention on causes (why) and processes (how) which enabled or hindered the achievement of planned results and targets.
Supervision meetings with project managers and other volunteers would allow them to share the challenges faced at the grass-root level. Moreover, a participatory process of finding solutions can contribute to ongoing capacity building, while also improving facilitator confidence and supporting sustainability.

**Addressee:** UNICEF  
**Time period:** Design stage for phase 2

3. **Introducing platforms for support-provision:** Given the technical nature of the project, capacity building of volunteers was deemed to be an important task in order to ensure the successful implementation and continuation of the project. In that light, UNICEF organised trainings for volunteers in collaboration with MMCWA at the beginning of the project. In order to reinforce the knowledge imparted to volunteers and rejuvenate their association with the project, it is recommended that platforms to develop their capacity on a regular basis should be established. Refresher trainings for the volunteers could be one such practice. While the duration and frequency of these trainings could be a function of the duration of the project and its contextual realities, it is suggested that sufficient time should be allocated to enhance/upgrade technical information and providing opportunities to practice the skill of information dissemination. Further, it is recommended that these refresher trainings be used as a platform for collectivised problem-solving and sharing best practices from the field. It can also be utilized as an avenue for distributing manuals and/or reading material for reference to volunteers.

**Addressee:** Implemented by MMCWA with technical support from UNICEF  
**Time period:** Design stage for phase 2

4. **Developing mechanism to ensure sustainability of the project:** In order to ensure sustainability, UNICEF can advocate with the Government or other like-minded organizations and donor agencies to institutionalize the project and provide financial sustainability. This can be routed through finding suitable partners to fund the continuation of the project or for up-scaling during its next phase of implementation. Quantitative findings and significant change stories collected from the monitoring and evaluation framework can be used by UNICEF as an advocacy tool. Secondly, since the community mobilization activities of the project utilize social network and peer educator models, the project is already building capacities of the women and mothers within the community by equipping them with valuable skills and information. To further cement this process of change, it is suggested that the last quarter of the project be designated as a period of transition wherein the project will function as a pilot for women volunteers. The capacity of local women at this time can be built to steer the mother’s group meetings; as the peer educators (i.e., volunteers) provide hand-holding support and perform the role of a supervisor, they can be roped-in to help overcome immediate gaps and maintain quality of activities. This would give the volunteers real-time experience of how to run the project in the absence of MMCWA, thereby bringing the cycle of project continuation to its logical conclusion and ensuring sustainability.

**Addressee:** Policy makers of UNICEF and MOHS  
**Time Period:** Design stage for phase 2

5. **Knowledge Management:** While a robust monitoring and reporting system would allow for the data to be collected periodically, it is recommended that MMCWA should come up with a system or process of analysing this data – quantitative and qualitative – and using the same to develop case studies, advocacy material, etc. The same could also feed into future planning
and inform successive project phases. It was also observed that the institutional memory is lost as and if the concerned human resources leave the organisation. In order to address this barrier, it is recommended that more focus needs to be given on developing systems and processes to strengthen knowledge management.

**Addressee:** UNICEF  
**Time Period:** Design stage for phase 2